

# Pharmacy – Pharmacist Generated Discharge Prescription



## This Quick Reference Guide will explain how to:

Reconcile and plan discharge prescriptions and complete associated documentation.



### For Credentialed Pharmacists only

- This QRG is to be utilised by Pharmacists credentialed in Discharge Prescription Planning only
- Pharmacist must be notified that patient is suitable for discharge

## Discharge Reconciliation

1. Navigate to Orders and Referrals
2. Click Reconciliation and Discharge
3. The reconciliation window will appear

Orders Prior to Reconciliation			Orders After Reconciliation		
Order Name/Details	Status		Order Name/Details		
<b>Continued Home Medications</b>					
<b>aspirin (aspirin 100 mg oral tablet)</b> <i>1 tab(s), Oral, daily (with or after food), 112 tab(s), 0 Refill(s)</i>	Documented	<input type="radio"/>			<b>Documented = Home medication</b>
<b>aspirin (aspirin 100 mg oral tablet)</b> <i>100 mg given as 1 tab(s), Oral, daily (with or after food)</i>	Ordered	<input type="radio"/>			
<b>atorvastatin (atorvastatin 40 mg oral tablet)</b> <i>1 tab(s), Oral, daily, 30 tab(s), 0 Refill(s)</i>	Documented	<input type="radio"/>			<b>Ordered = Inpatient medication</b>
<b>atorvastatin</b> <i>40 mg given as 1 tab(s), Oral, night</i>	Ordered	<input type="radio"/>			
<b>Medications</b>					
<b>metformin (metformin 500 mg oral tablet)</b> <i>500 mg given as 1 tab(s), Oral, BD (with or after food)</i>	Ordered	<input type="radio"/>			

### Symbol Legend:

	<b>Continue medication after discharge</b>	This will not be included on the discharge script but it will appear on the discharge summary. <b>Only use when a patient is transferred to a non-Western Health hospital.</b>
	<b>Create new prescription</b>	Adds medication to discharge script and discharge summary. <b>Always use for ongoing medications including home meds regardless of whether or not patient needs supply, as per WH policy.</b>
	<b>Do not continue medication on discharge</b>	The medication will cease and will not be printed on the discharge script or discharge summary.

4. Make a selection for the first medication
5. The Ordering Physician window will appear
6. Enter Medical Officer's name and select **Protocol w/ Co-sign**

**Ordering Physician** X

\*Physician name

\*Order Date/Time  
15/01/2024  0950  AEDT

\*Communication type

Fax  
Phone  
Verbal  
Written w/ No Co-sign  
**Protocol w/ No Co-sign**  
**Protocol w/ Co-sign**

OK Cancel



7. Continue selection for remaining medications:

- If there are duplicated medications (e.g. a documented home medication converted to an active inpatient medication will have two entries), the following scenarios may apply:

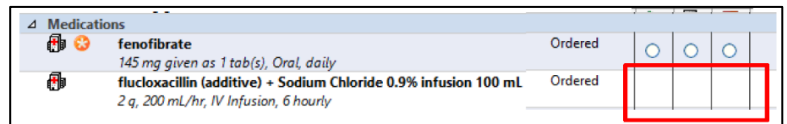
There is no change in patient’s own medication:	There is a change in patient’s own medication (i.e. intentional dose change: )
Continue the documented medication Discontinue the ordered medication	Continue the ordered medication Discontinue the documented medication OR Continue the documented medication  and modify Discontinue the ordered medication

Do Not Continue Remaining Orders

**\*Tip\*:** Continue the medications you wish to prescribe then click

8. Inpatient infusion orders cannot be reconciled upon discharge.

- If intravenous or subcutaneous medications are required on discharge (e.g. for HITH), add them as ampoules or vials



9. Make modifications to medications order details if required

10. Add any additional discharge medications by clicking **+ Add**

11. Complete mandatory fields and select appropriate PBS code if applicable. For non-PBS items where the quantity is unknown, enter “1 box(es)” into the Dispense field.



**PBS Phone Authority**

If PBS phone authority is required, write *'pending approval'* in the **PBS approval number field**.

Details for **enoxaparin (enoxaparin 40 mg/0.4 mL injectable solution)** Send To: Microsoft Print to PDF (fr...

Details  Order Comments  Diagnoses  PBS

Dose	*Route of Administrat...	*Frequency	Duration	*Dispense	30 90	*Refill
40 mg	Subcutaneous	daily		30 syringe(s)		0

Indication:   
 PBS Status:   
 PBS Restriction ID:   
 \*PBS Approval Number:   
 Type Of Therapy:  Acute

PBS Code:   
 PBS Script Number:   
 Brand Substitution Not Permitted:  Yes  No  
 Stop Date/Time:



12. Review the printer location to ensure the correct printer is selected. If unsure where the script will be printed,

select 'Do Not Send: other reason (Rx)'

Send To: Do Not Send: other reason (Rx) ▾ ...

13. Click Reconcile *and* **Plan**

14. Notify Medical Officer that Discharge Reconciliation has been planned

## Documentation



### Discharge Script Planning Documentation via Pharmacist Generated Discharge Prescription (PGDP) note

The Pharmacist Generated Discharge Prescription (PGDP) note must be documented for each patient - this includes documenting information on which medications require specialised approval e.g. PBS phone authority or permit, any medication changes and information for doctor to review etc.

1. Navigate to 'Pharmacist View' in the Table of Contents

2. On the Discharge Tab under Create Note click on

PGDP Note

3. The PGDP note template will appear

4. Complete the applicable fields and click

Sign/Submit

5. The note type 'Pharm Generated Disch Prescription Note' and note title 'PGDP Note' are auto-populated. Click Sign.

**P** Sign/Submit Note

<p><b>*Type:</b></p> <p>Pharm Generated Disch Prescription Note ▾</p>	<p>Note Type List Filter:</p> <p>Position ▾</p>
<p><b>*Author:</b></p> <p>WHSTEST, Pharmacist P2 2 - CLINAO</p>	<p>Title:</p> <p>PGDP Note</p>