



POLICY: R-V-1
DEPARTMENT: Community Services
CATEGORY: Medication and Treatment
EFFECTIVE DATE: April 2018
SUPERSEDES VERSION DATED: December 2015
Page 1 of 6

Policy & Procedure Manual

PROCESSING PHYSICIAN'S ORDERS – R-V-1

POLICY:

All Physician's Orders will be promptly and effectively communicated, processed and documented.

PURPOSE:

1. To ensure accurate processing of Physician's Orders.
2. To ensure that direct support professionals are administering medications and treatments as ordered by the Physician/Health Care Professional.

PROCEDURE:

When an Individual is Discharged from Hospital:

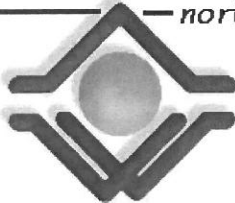
1. Follow Discharge section of Hospitalization/Medical Emergency Policy R-IV-4.

When an Individual is Attending Health Related Appointments:

1. Follow Health Related Appointments Policy R-IV-3.

I. RECEIVING PHYSICIAN'S ORDERS:

1. If there are any changes in medications or treatments from the Primary Healthcare Provider, the original prescription is to be faxed from their office directly to Janzen's Pharmacy at 300 N. Lillie St. (Fax 807-345-8508) whenever possible. If a paper copy of a prescription is provided, staff are to fax it to Janzen's Pharmacy and provide the original prescription provided to Janzen's via courier bag provided by the Pharmacy. Janzen's will supply a photocopy for the Medication Record Book upon delivery of any new prescriptions (see Appendix A).
2. If a medication/treatment Order is obtained from any other Health Care Professional, the Janzen's Progress Notes & Physician's Orders sheet will be used (see Appendix B), and the original must be dropped off or faxed to Janzen's. If this form is faxed and there are changes in medications/treatments, ensure the original order is sent to Janzen's Pharmacy when the medication/treatment is delivered. If an Order is obtained that does not pertain to medications/treatments, the original can be



sent to Janzen's Pharmacy with the next medication order.

3. In some cases, the Physician may write the Order on a prescription pad (see Appendix C) rather than using Janzen's forms. The Order will be faxed to Janzen's Pharmacy.
4. Process the orders as described in Section II- Processing Physician's Orders.
5. Ensure family members, and anyone administering medications to this individual are aware of the changes.
6. Place the Physician's Order in the Medication Record Book so that it is **facing the MAR sheets.**
7. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D) and educate the individual about the change and the medication regime.

Keeping Physician's Orders Current

1. Only keep current Physician's Orders in the Medication Record Book. All others can be filed in the Medication section of the individual's Personal Binder.
2. Once a month the medication representative in each home will check to make sure only current Physician's Orders for each individual are in the Medication Record Book.
3. If an individual has several pages of Physician Orders on multiple sheets, a Medication Review Sheet will be requested from Janzen's Pharmacy. When the Medication Review Sheet arrives from the Pharmacy it will be checked against all current Physician Orders. If accurate, the sheet will be signed in the bottom left hand corner in the checked by section and will be taken to the family physician to sign. It will be placed in the Medication Record Book so that it is facing the MAR sheet. The orders it is replacing will be filed in the Medication section of the individual's personal binder.

Physician's Order Called to Janzen's Pharmacy

NOTE: A PHYSICIAN'S ORDER FOR MEDICATIONS WILL NOT BE TAKEN OVER THE PHONE (EXCLUDING NON-PRESCRIPTION MEDICATIONS). THE PHYSICIAN MUST CALL THE ORDER IN TO JANZEN'S PHARMACY.

1. Janzen's Pharmacy will send a copy of the phone order when they deliver the medication to the group home. In blue/black ink, write "Meds. Received" and your initials on the copy of the phone order (See Appendix B, Sample 1).
2. Process the Order as described in Section II - Processing Physician's Orders.



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3. Place the order in the Medication Record Book so that it is **facing the MAR sheets**.
4. Document in the Daily Log Book and Individual's Personal Binder that a medication order was received.
5. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D) and educate the individual about the change and the medication regime.

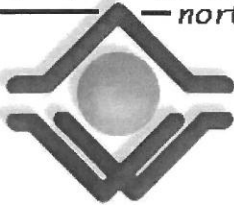
Telephone Recommendation Orders

1. All Physician's recommendations (i.e. hold a medication, apply ice, non-prescription medications, etc.) received over the phone will be transcribed in blue/black ink on to the order section of a Progress Notes & Physician's Orders. Repeat the recommendation to the Physician before transcribing. Indicate the date and time the recommendation was obtained and write "P.O. (Phone Order)", the Physician's name and your name directly underneath the order (see Appendix B, Sample 2).
2. Process the order as described in Section II - Processing Physician's Orders.
3. Document in the Daily Log Book and Individual's Personal Binder that a telephone recommendation was received.
4. The original copy of the recommendation can be sent to Janzen's Pharmacy with the next medication order, and a copy will be placed in the Medication Record Book **so it is facing the MAR sheets**.
5. Update the individual's Medication and Treatment Purpose Form found in the Medication Binder (see Appendix D) and educate the individual about the change and the medication regime.

II. PROCESSING PHYSICIAN'S ORDERS

Medication/Treatment Time Changes

1. On the MAR Sheet, using a pink highlighter, highlight the medication and draw a horizontal line, using a pink highlighter, from the last dose initiated to the end of the row. On this line print "Time Changed" and your initials (see Appendix E, sample 1).
2. On the form entitled "MARs Correction Form" check the box "Time Change" followed by the medication or treatment that you would like Janzen's Pharmacy to move. This form is then faxed to the Pharmacy and retained in the Medication Record Book. If the change is deemed appropriate by the pharmacist, the Pharmacy will then provide a new MAR/TAR sheet reflecting the change. In the event the time change affects the



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PacMed medication roll, the Pharmacy will make arrangements to modify the PacMed roll with the new times. The new MAR sheet shall be started together with the PacMed roll containing the new administration times (see Appendix F)

3. When starting a new MAR/TAR sheet, using a ruler draw a line through the remaining calendar days left on the old MAR/TAR. On the new MAR/TAR using a ruler, draw a line through the calendar days that have already passed until the date on which the new MAR/TAR will start. Inconsistencies
4. Next to the Physician's Order write "Time Changed" and your initials in blue/black ink. For orders on the Medication & Order Review, (see Appendix A, sample 1); on the Progress Notes & Physician's Orders, (see Appendix B, sample 4); and on a prescription (see Appendix C, sample 1). Using a pink highlighter, highlight the previous order on all current Physician Order forms.
5. Place the Physician's Order in the Medication Record Book so **that it is facing the MAR sheets.**
6. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D) and educate the individual about the change and the medication regime.

Note: "Change of Direction" stickers will only be used for time changes and can be obtained through Janzen's. Any changes in dosage of medication must be sent back to Janzen's for re-labeling.

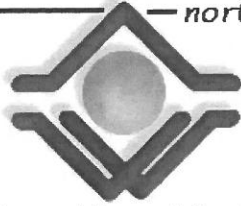
New Medication/Treatment Ordered:

The following classifications of drugs and some examples of each will be considered Controlled Drugs.

Controlled Drugs

- Narcotics and opioid analgesics: Tylenol #1-4, Oxycocet, Morphine, Hydromorphone
- Anxiolytics: Lorazepam, Clonazepam, Diazepam, buspirone
- Antidepressants: citalopram, bupropion, venlafaxine, sertraline
- Antipsychotics: risperidone, olanzapine, quetiapine, haloperidol
- CNS stimulants: methylphenidate, Concerta, Adderall
- Hypnotics: zopiclone, zolpidem, trazodone

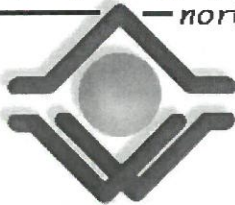
It is the responsibility of the staff in the group home to ensure that when an order is received for an individual, the medication is researched. When determined the drug falls into the above listed classification of Controlled Drugs follow Controlled Drugs to Obtain, Store and Administered Policy R-V-5.



1. Upon delivery of a new prescription, Janzen's Pharmacy will provide a new MAR/TAR sheet. When starting a new MAR/TAR sheet, using a ruler draw a line through the remaining calendar days left on the old MAR/TAR. On the new MAR/TAR using a ruler, draw a line through the calendar days that have already passed until the date on which the new MAR/TAR will start.
2. Next to the Physician's Order, in blue/black ink, write "noted" and add your initials. For orders on the Medication & Order Review (see Appendix A, sample 2); on the Progress Notes & Physician's Orders (see Appendix B, sample 2); and on a prescription (see Appendix C, sample 2).
3. Place the Physician's Order in the Medication Record Book so **that it is facing the MAR sheets.**
4. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D) and educate the individual about the change and the medication regime.

Discontinuing Medications/Treatments

1. Next to the Physician's Order, in blue/black ink, write "D/C" and your initials. With a pink highlighter, draw a horizontal line through the discontinued medication/ treatment. For orders on the Medication & Order Review (see Appendix A, sample 3); on a Progress Notes & Physician's Orders (see Appendix B, sample 3); and on a prescription (see Appendix C, sample 3).
2. **FOR MEDICATIONS/TREATMENTS NOT IN THE PACMED ROLL:** On the M.A.R. using a pink highlighter highlight the discontinued medication. In blue/black ink draw a horizontal line from the last dose initialed to the end of the row. Print "D/C" and your initials on the line (see Appendix E, sample 2). A corresponding note must be made in the individual's Personal Binder. **FOR MEDICATIONS IN THE PACMED MULTIDOSE ROLL:** Janzen's Pharmacy will arrange to pick up the roll and remove the discontinued medication. Upon delivering the updated PacMed roll, the Pharmacy will provide a new up to date MAR.
3. Remove the Medication/Treatment (s) and place them in the medication wastage/disposal box in accordance with Medication Wastage/Disposal Policy R-V-7.
4. Place the Physician's Order in the Medication Record Book so **that it is facing the MAR sheets.**
5. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D) and educate the individual about the change and the medication regime.



Changing Medication/Treatment Dosages

1. Change the dose of a medication/treatment by first discontinuing the present dose as indicated in the section Discontinuing Medications/Treatments. Start the new dose as indicated in the section New Medication/Treatment Ordered.

Physician's Recommendations

1. When a Physician writes a recommendation order, (i.e. apply ice), next to the order, in blue/black ink, write, "Noted" and your initials. For orders written on the Medication & Order Review (see Appendix A, sample 4); on the Progress Notes & Physician's Orders (see Appendix B, Sample 5); and on a prescription (see Appendix C, sample 4).
2. Place the Physician's Order in the Medication Record Book so **that it is facing the MAR sheets.**
3. Update the individual's Medication and Treatment Purpose Form found in the medication binder (see Appendix D).

RECOMMENDED BY: Director, Community Services

APPENDICES: 6

OPERATIONAL ACCOUNTABILITY: Administration, Community Services

ORIGINAL POLICY DATE: May 1992

AUTHORIZED BY: Executive Director

SIGNATURE:

Medication Review

Janzen's Pharmacy Lillie St
300 Lillie St N., Thunder Bay ON P7C 4Y7
Phone: (807) 344-0405 Fax: (807) 344-0483

Authorizing Period: Apr 01, 2018 to Jun 30, 2018

Patient: JANE PACMED

Prescriber: SARAH ECKLER

Area: _____ Height: _____
Room: _____ Weight: _____
Gender: Female BP: _____
Birth Date: Nov 30, 2010 Pulse: _____
Age: 7 BP Measurement Date: _____

Phone: (807) 626-8470 Fax: (807) 622-3548
Facility: **OPTIONS NORTHWEST**
Cycle: _____
Admitted: Feb 17, 2018
Drug Holiday: _____
Creatinine: _____ CrCl (mL/min)

Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES

Conditions: DIABETES MELLITUS

| Auth Date | Rx# | Drug | Qty | Instructions | R/O | Qty Auth | D/C | Hold |
|---|---------|--|-----|---|-----|----------|-----|------|
| Mar 19, 2018 | 4373455 | FUROSEMIDE APO-FUROSEMIDE 40MG TABLET | 10 | TAKE 1 TABLET DAILY | | | ✓ | |
| Mar 19, 2018 | 4373456 | PAROXETINE HCL ACT-PAROXETINE 20MG TABLET | 5 | TAKE 1/2 A TABLET (10MG) DAILY | | | | |
| Mar 19, 2018 | 4373454 | METFORMIN HCL ACT-METFORMIN 500MG TABLET | 20 | TAKE 1 TABLET TWICE DAILY. | | | | |
| Mar 19, 2018 | 4373453 | FERROUS GLUCONATE TEVA-FERROGLUC 300MG TABLET | 10 | TAKE 1 TABLET DAILY AT SUPPER | | | ✓ | |
| Mar 19, 2018 | 4373452 | ATORVASTATIN CALCIUM ACT-ATORVASTATIN 20MG TABLET | 10 | TAKE 1 TABLET AT BEDTIME | | | | |
| Jul 17, 2017 | 565432 | ACETAMINOPHEN PEDIATRIX 160MG/5ML LIQUID | 1 | TAKE 5ML EVERY 6 HOURS WHEN REQUIRED | | | | |
| Feb 17, 2018 | 4321570 | DOCUSATE SODIUM APO-DOCUSATE SODIUM 100MG CAPSULE | 42 | TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED | | | | |
| | 4321556 | RISPERIDONE ACT-RISPERIDONE 3MG TABLET | 42 | TAKE 1 TABLET AT BEDTIME WHEN REQUIRED | | | ✓ | |
| Risperidone 3mg A.m and bedtime | | | | | | | | |
| Ferrous Gluconate take 1 tab at breakfast | | | | | | | | |
| Phenobarb 30mg twice daily | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Prescriber's Signature: _____

Dr Black

Date: _____

April 2/18

Medication Review

Janzen's Pharmacy Lillie St
300 Lillie St N., Thunder Bay ON P7C 4Y7
Phone: (807) 344-0405 Fax: (807) 344-0483

Authorizing Period: Apr 01, 2018 to Jun 30, 2018

Patient: JANE PACMED

Prescriber: SARAH ECKLER

Phone: (807) 626-8470

Fax: (807) 622-3548

Area: _____ Height: _____
Room: _____ Weight: _____
Gender: Female BP: _____
Birth Date: Nov 30, 2010 Pulse: _____
Age: 7 BP Measurement Date: _____

Facility: **OPTIONS NORTHWEST**

Cycle: _____

Admitted: Feb 17, 2018

Drug Holiday: _____

Creatinine: _____

CrCl (mL/min) _____

Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES

Conditions: DIABETES MELLITUS

| Auth Date | Rx# | Drug | Qty Instructions | R/O | Qty Auth | D/C | Hold |
|---|---------|---|--|-----|----------|-----|------|
| Mar 19, 2018 | 4373455 | FUROSEMIDE APO-FUROSEMIDE 40MG TABLET | 10 TAKE 1 TABLET DAILY <i>D/C BF SAMPLE 3</i> | | | ✓ | |
| Mar 19, 2018 | 4373456 | PAROXETINE HCL ACT-PAROXETINE 20MG TABLET | 5 TAKE 1/2 A TABLET (10MG) DAILY | | | | |
| Mar 19, 2018 | 4373454 | METFORMIN HCL ACT-METFORMIN 500MG TABLET | 20 TAKE 1 TABLET TWICE DAILY | | | | |
| Mar 19, 2018 | 4373453 | FERROUS GLUCONATE TEVA-FERROGLUC 300MG TABLET | 10 TAKE 1 TABLET DAILY AT SUPPER <i>TIME CHANGE BF SAMPLE 1</i> | | | ✓ | |
| Mar 19, 2018 | 4373452 | ATORVASTATIN CALCIUM ACT-ATORVASTATIN 20MG TABLET | 10 TAKE 1 TABLET AT BEDTIME | | | | |
| Jul 17, 2017 | 565432 | ACETAMINOPHEN PEDIATRIX 160MG/5ML LIQUID | 1 TAKE 5ML EVERY 6 HOURS WHEN REQUIRED | | | | |
| Feb 17, 2018 | 4321570 | DOCUSATE SODIUM APO-DOCUSATE SODIUM 100MG CAPSULE | 42 TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED | | | | |
| | 4321556 | RISPERIDONE ACT-RISPERIDONE 3MG TABLET | 42 TAKE 1 TABLET AT BEDTIME WHEN REQUIRED | | | ✓ | |
| <i>Risperidone 3MG A.M and bedtime</i> | | | | | | | |
| <i>Ferrous Gluconate take 1 tab at breakfast</i> | | | | | | | |
| <i>Phenobarb 30MG twice daily noted BF Sample 2</i> | | | | | | | |
| <i>Apply tensor bandage to left ankle x72 hrs noted BF Sample 4</i> | | | | | | | |

Prescriber's Signature: _____

Dr. Beck

Date: _____

April 2/18



JANZEN'S PHARMACY

300 N. Lillie St. Thunder Bay, ON P7C 4Y7 Ph. 807 344 0405

**ORDER SHEET AND PROGRESS NOTES
OPTIONS NORTHWEST**

NAME :

DRUG ALLERGIES / SENSITIVITIES

DOB:

HC # :

UNIT:

ROOM

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | | | | | | | |
|-------------------|---|----------------|-------|---------------------------------------|--------------------|-----------------------|-----|--|--|--|--|
| DATE: | TIME: | DATE: | TIME: | | | | | | | | |
| | | | | STAFF #1 SIGNATURE | | STAFF #2 SIGNATURE | | | | | |
| | | | | DATE / TIME | | DATE / TIME | | | | | |
| | | | | Initial as performed (NR = Not Req'd) | | | | | | | |
| | | | | Pharmacy Faxed | Family Notified | MAR | TAR | | | | |
| | | | | D/C'd / Change of Order | | | | | | | |
| | | | | Meds Pulled | | | | | | | |
| | | | | Meds Flagged | | | | | | | |
| SIGN: | <input type="checkbox"/> OK TO START NEXT MED ROLL | SIGN: | | Direction Change Sticker | | | | | | | |

*Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm. PRE-PKGD ITEMS: stock size*

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | | | | | | | |
|-------------------|---|----------------|-------|---------------------------------------|--------------------|-----------------------|-----|--|--|--|--|
| DATE: | TIME: | DATE: | TIME: | | | | | | | | |
| | | | | STAFF #1 SIGNATURE | | STAFF #2 SIGNATURE | | | | | |
| | | | | DATE / TIME | | DATE / TIME | | | | | |
| | | | | Initial as performed (NR = Not Req'd) | | | | | | | |
| | | | | Pharmacy Faxed | Family Notified | MAR | TAR | | | | |
| | | | | D/C'd / Change of Order | | | | | | | |
| | | | | Meds Pulled | | | | | | | |
| | | | | Meds Flagged | | | | | | | |
| SIGN: | <input type="checkbox"/> OK TO START NEXT MED ROLL | SIGN: | | Direction Change Sticker | | | | | | | |

*Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm. PRE-PKGD ITEMS: stock size*



JANZEN'S PHARMACY

300 N. Lillie St. Thunder Bay, ON P7C 4Y7 Ph. 807 344 0405

ORDER SHEET AND PROGRESS NOTES
OPTIONS NORTHWEST

NAME: Jane Paemed

DOB: Nov 30, 2010 HC # :

UNIT: Syndicate ROOM

DRUG ALLERGIES / SENSITIVITIES

Penicillin, opioids,
morph analogues

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | |
|--|-------|---|--------------------|---------------------------------------|-----------------------|
| DATE: Apr 3/18 | TIME: | DATE: | TIME: | | |
| Tylenol 3 1-2 tabs Q4h when needed med received BF | | Appendix B Sample 1 | | STAFF #1 SIGNATURE | STAFF #2 SIGNATURE |
| | | | | DATE / TIME | DATE / TIME |
| | | | | Initial as performed (NR = Not Req'd) | |
| | | Pharmacy Faxed | Family Notified | MAR | TAR |
| | | D/C'd / Change of Order | | | |
| | | Meds Pulled | | | |
| | | Meds Flagged | | | |
| SIGN: Pharmacist name / P.O. physician name | | <input type="checkbox"/> OK TO START NEXT MED ROLL | | SIGN: | |

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REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | |
|--|-------|---|--------------------|---------------------------------------|-----------------------|
| DATE: Apr 3/18 | TIME: | DATE: | TIME: | | |
| Soak right foot 3x daily in warm water noted BF Appendix B Sample 2 | | | | STAFF #1 SIGNATURE | STAFF #2 SIGNATURE |
| | | | | DATE / TIME | DATE / TIME |
| | | | | Initial as performed (NR = Not Req'd) | |
| | | Pharmacy Faxed | Family Notified | MAR | TAR |
| | | D/C'd / Change of Order | | | |
| | | Meds Pulled | | | |
| | | Meds Flagged | | | |
| SIGN: | | <input type="checkbox"/> OK TO START NEXT MED ROLL | | SIGN: | |

Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size



JANZEN'S PHARMACY

300 N. Lillie St. Thunder Bay, ON P7C 4Y7 Ph. 807 344 0405

ORDER SHEET AND PROGRESS NOTES
OPTIONS NORTHWEST

NAME :

DRUG ALLERGIES / SENSITIVITIES

DOB:

HC # :

UNIT:

ROOM

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | |
|--|--|----------------|-------|---------------------------------------|--------------------|
| DATE: Apr 3/18 | TIME: | DATE: | TIME: | STAFF #1 SIGNATURE | STAFF #2 SIGNATURE |
| <p>Discontinue teraseptic lotion to face twice daily</p> <p>D/C BF Appendix B Sample 3</p> | | | | DATE / TIME | DATE / TIME |
| | | | | Initial as performed (NR = Not Req'd) | |
| | | | | Pharmacy Faxed | Family Notified |
| | | | | MAR | TAR |
| | | | | D/C'd / Change of Order | |
| | | | | Meds Pulled | |
| | | | | Meds Flagged | |
| | | | | Direction Change Sticker | |
| SIGN: | <input type="checkbox"/> OK TO START NEXT MED ROLL | SIGN: | | | |

Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | |
|-------------------|--|----------------|-------|---------------------------------------|--------------------|
| DATE: | TIME: | DATE: | TIME: | STAFF #1 SIGNATURE | STAFF #2 SIGNATURE |
| | | | | DATE / TIME | DATE / TIME |
| | | | | Initial as performed (NR = Not Req'd) | |
| | | | | Pharmacy Faxed | Family Notified |
| | | | | MAR | TAR |
| | | | | D/C'd / Change of Order | |
| | | | | Meds Pulled | |
| | | | | Meds Flagged | |
| | | | | Direction Change Sticker | |
| SIGN: | <input type="checkbox"/> OK TO START NEXT MED ROLL | SIGN: | | | |

Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size



JANZEN'S PHARMACY

300 N. Lillie St. Thunder Bay, ON P7C 4Y7 Ph. 807 344 0405

ORDER SHEET AND PROGRESS NOTES
OPTIONS NORTHWEST

NAME :

DRUG ALLERGIES / SENSITIVITIES

DOB:

HC # :

UNIT:

ROOM

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | | | |
|--|-------|--|-------|---------------------------------------|-----------------|--------------------|-----|
| DATE: Apr 3/18 | TIME: | DATE: | TIME: | STAFF #1 SIGNATURE | | STAFF #2 SIGNATURE | |
| Ferrous Gluconate 1 tab at breakfast | | | | DATE / TIME | | DATE / TIME | |
| | | | | Initial as performed (NR = Not Req'd) | | | |
| Time change BF Appendix B Sample 4 | | | | Pharmacy Faxed | Family Notified | MAR | TAR |
| | | | | D/C'd / Change of Order | | | |
| SIGN: Dr. Black | | <input type="checkbox"/> OK TO START NEXT MED ROLL | | Meds Pulled | | | |
| | | | | Meds Flagged | | | |
| | | SIGN: | | Direction Change Sticker | | | |

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REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size

| PHYSICIAN'S ORDER | | PROGRESS NOTES | | | | | |
|-------------------|-------|--|-------|---------------------------------------|-----------------|--------------------|-----|
| DATE: | TIME: | DATE: | TIME: | STAFF #1 SIGNATURE | | STAFF #2 SIGNATURE | |
| | | | | DATE / TIME | | DATE / TIME | |
| | | | | Initial as performed (NR = Not Req'd) | | | |
| | | | | Pharmacy Faxed | Family Notified | MAR | TAR |
| | | | | D/C'd / Change of Order | | | |
| SIGN: | | <input type="checkbox"/> OK TO START NEXT MED ROLL | | Meds Pulled | | | |
| | | | | Meds Flagged | | | |
| | | SIGN: | | Direction Change Sticker | | | |

Unless specified, Rx qty's as follows: NARCOTICS & PRNS: 90 days at max. daily dose in appropriate part fill qty's, at pharmacist discretion;
REGULARLY SCHEDULED MEDS: 90 days, 7 days at a time; BULK TOPICALS: 50gm; PRE-PKGD ITEMS: stock size

Dr. Imma Fakeson, M.D.
123 Pretend Street
Thunder Bay, ON P7A 4M1
Phone: 577-5555 Fax: 344-5555

Name: _____

Address: _____

Date: _____



Give Epival 500mg at 0800 and 1600 instead of AM and HS

Time changed L.G. (Sample 1)

Phenobark 30g B.I.D.

noted L.G. (Sample 2)

Discontinue Tegretol 200mg B.I.D.

D/C L.G. (Sample 3)

Soak left foot in warm water for 10 minutes, 2x daily

Noted L.G. (Sample 4)

Physician Signature: _____

- OPTIONS northwest -
MEDICATION/TREATMENT PURPOSE FORM

INDIVIDUAL'S NAME: Jane Parned

| NAME OF MEDICATION/ TREATMENT | DATE STARTED | DATE COMPLETED | DATE EXPLAINED TO RECIPIENT | REASON MEDICATION/TREATMENT IS GIVEN |
|----------------------------------|-----------------|-------------------|-----------------------------------|---|
| Furosemide | mar 28/17 | Apr 3/18 | mar 28/17 | water retention |
| Paroxetine HCL | mar 28/17 | | mar 28/17 | anti-depressant |
| Metformine HCL | mar 28/17 | | mar 28/17 | Control blood sugar level |
| Ferrous Gluconate | mar 28/17 | | mar 28/17 | iron supplement |
| Atorvastatin | mar 28/17 | | mar 28/17 | cholesterol |
| Acetaminophen | mar 28/17 | | mar 28/17 | pain management |
| Docusate Sodium | mar 28/17 | | mar 28/17 | stool softener |
| Risperidone | mar 28/17 | | mar 28/17 | anti-psychotic |
| Phenobarb | Apr 3/18 | | Apr 3/18 | anti-convulsant |
| Tylenol #3 | Apr 3/18 | | Apr 3/18 | pain management |
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MAR by Dosage

Janzen's Pharmacy Lillie St (807) 344-0405

Apr 1, 2018 to May 1, 2018

Patient: JANE PACMED
Area:
TP#: ON
Admission Date: Feb 17, 2018
Birth Date: Nov 30, 2010
Age: 8 **Weight:** kg/ lbs
NH#: 553 OPTIONS NORTHWEST
Physician: SARAH ECKLER
 (807) 626-8470

Diet:
Med Conditions: DIABETES MELLITUS
ALLERGIES: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES
Notes:
POLICY: R-V-1 APPENDIX E

| 08:00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 01 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| FUROSEMIDE APO-FUROSEMIDE yellow rnd "APO 40" 40MG TABLET TAKE 1 TABLET DAILY CA #4373455 A AU Mar 19 2018 APX | X | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D/C BF Sample 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METFORMIN HCL ACT-METFORMIN wht-offwht rnd/flm c 500MG TABLET TAKE 1 TABLET TWICE DAILY CA #4373454 A AU Mar 19 2018 ACT | X | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH ALERT HIGH ALERT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAROXETINE HCL ACT-PAROXETINE pnk, oblg bich, C1 5 6 20MG TABLET TAKE 1/2 A TABLET (10MG) DAILY CA #4373456 A AU Mar 19 2018 ACT | X | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17:00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 01 |
| FERROUS GLUCONATE TEVA-FERROGLUC green round 300MG TABLET TAKE 1 TABLET DAILY AT SUPPER CA #4373453 A AU Mar 19 2018 TEV | X | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME CHANGE BF Sample 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METFORMIN HCL ACT-METFORMIN wht-offwht rnd/flm c 500MG TABLET TAKE 1 TABLET TWICE DAILY CA #4373454 A AU Mar 19 2018 ACT | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH ALERT HIGH ALERT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21:00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 01 |
| ATORVASTATIN CALCIUM ACT-ATORVASTATIN wht, elpt flm- AV 20/ 20MG TABLET TAKE 1 TABLET AT BEDTIME AR #4373452 A AU Mar 19 2018 ACT | X | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CODES | NURSE'S SIGNATURE | INIT | NURSE'S SIGNATURE | INIT | NURSE'S SIGNATURE | INIT |
|-------------------------------|-------------------|------|-------------------|------|-------------------|------|
| 1 - DRUG REFUSED | | | | | | |
| 2 - NAUSEA/VOMITING | | | | | | |
| 3 - HOSPITALIZED | | | | | | |
| 4 - L O X | | | | | | |
| 5 - DRUG ORDERED NOT RECEIVED | | | | | | |
| 6 - PULSE BELOW 60/MIN | | | | | | |
| 7 - SLEEPING | | | | | | |
| 8 - HOLD - SEE NURSE'S NOTE | | | | | | |
| 9 - DRUG HOLIDAY | | | | | | |
| 10 - OTHER | | | | | | |




MAR Correction Form

300 N Lillie Street, Thunder Bay, ON P7C 4Y7

Tel. (807) 344-0405 Fax. (807) 344-0483

www.janzens.ca

To notify the pharmacy of MAR changes.
If one resident has significant changes fax MAR pages instead.

| Date | Resident | Type of Change | Details | Signature |
|----------|----------------|---|-------------|---|
| Apr 3/18 | Jane Pacmed | <input checked="" type="checkbox"/> Time change <input type="checkbox"/> Error <input type="checkbox"/> Med d/c'd or no longer needed <input type="checkbox"/> Other | Risperidone |  |
| | | <input type="checkbox"/> Time change <input type="checkbox"/> Error <input type="checkbox"/> Med d/c'd or no longer needed <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Time change <input type="checkbox"/> Error <input type="checkbox"/> Med d/c'd or no longer needed <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Time change <input type="checkbox"/> Error <input type="checkbox"/> Med d/c'd or no longer needed <input type="checkbox"/> Other | | |
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| | | <input type="checkbox"/> Time change <input type="checkbox"/> Error <input type="checkbox"/> Med d/c'd or no longer needed <input type="checkbox"/> Other | | |