LIMM Medication Review Form

Patient details

Ward	Bed	Name	Sex	Date of birth	Age	Admission	Admission	Discharge	Apodos*	Version	
					-	date	date ward	date	O No		
									O Yes		
Present	compl	nint(s) (information from emergency ward	l / othe	er ward).		Transferre	d from ward:	Type of resi		wn	
Tresent	compi	unit(s) (mior mation from emergency ware	ı / Otlic	a waruj.		Transierre	u ii oiii waru.	Type of residence (e.g. own home, nursing home)			
								lionic, nursi	ing nome)		
Relevan	t medi	cal history				Relevant medication history					
Year	Diagr	ose									
						Hypersonsitis	vity or allergy				
						_ iiypersensitiv	ity of allergy				
Nursing care info Other relevant information (e.g. smoking, alcohol use)											
O urinary catheter											
O diapers											
O feeding tube											
o recting the											
*A. J. i											

Hospital care progress

Please indicate if the information is from ward rounds or from the medical record

Date	Information from medical record or from ward round discussions	Date	Information from medical record or from ward round discussions
	ward round discussions		Tound discussions

^{*}Apodos is a multi-dose system with machine-packed medicines in small, fully labeled plastic bags, used in outpatient settings.

Identified drug related problems (DRP) Score out DRPs which are no longer relevant; date and sign.

Suggested and implemented actions

Date Sign	Potential and actual DRPs	Suggested action (pharmacist's suggestions)	Discussed w. physician Date/ Sign	Implemented actions (by physician or pharmacist)
	Medications requiring therapeutic drug monitoring			
	Inappropriate medications			
	Improper handling of medications (e.g. crushing, splitting, inhaling)			
	illiming)			
	Clinically relevant drug-drug interactions			
	Medication or dose not adapted to patient characteristics (e.g. renal or liver function)			
	Tenar of fiver function)			
	Unnecessary drug treatment Indication for a specific drug treatment missing			
	Indication for a specific drug treatment missing			
	Short course Started Recommended Stopped			
	medication length of treatment			

Date Sign	Potential and actual DRPs	Suggested action (nharmacist's suggestions)			Discussed w. physician Date/ Sign	Implemented actions (by physician or pharmacist)		
	Untreated symptom or disease							
	Medication has caused inappropriate change of laboratory test results, medication related symptoms or adverse drug reactions.							
	Generic or analogous substitution according to the regional							
	interchangeable medication list							
	Other DRPs							
	Errors or DRPs identified during the medication reconciliation							
	and interview (please see the Medication Interview Questionnaire)							
	,							
Medica	ation review conducted; date and signature.							