

Appendix 1: Structured medication review form used by clinical pharmacists in the Acute Care for Elders units at Vancouver General Hospital. © 2015 Vancouver General Hospital. Reproduced by permission.

HISTORY SHEET		CHOOSING WISELY Initiative	
Site:		Date 11/2/2015	
MRN	999999999	Hospital	SPH
Patient Name	Patient Name	Program/Ward	Medicine
Date of Birth	4/7/2016	Most Responsible Physician	Doctor.name

Pharmacist Medication Review

Patient Identification and Relevant History
 Notes on patient history

Medication Review and Recommendations

Obtained From:

- PharmaNet
 Patient
 Caregiver
 Family
 Physician
 Other
 Notes - Other

Drug	Regimen	Indication	Recommendation
Piperacillin/Tazobactam	BDDD	Could also type free text	Change duration to:1
Atenolol		Other: Cdif	Change formulation to:2
Baclofen		T2DM	Change regimen to:3
Cefoxitin		Prolonged QTC	Consult specialty service:4
Digoxin		Chronic Renal disease	Decrease dose to:5
Folic acid		Acute kidney injury	Discontinue drug 6
Fentanyl		Depression	Formulation change to: 7
Haloperidol		Electrolyte disturbance	Increase dose to: 8
Aripiprazole		Venous thromboembolism	Initiate drug: 9
Linezolid	4Q2	Delirium	Order lab test(s): 10
Meperidine		Chronic pain	Pharmacare special authority 11
Naloxone		Acute MI	Regimen change to: 12
Salbutamol		Heart failure	Change duration to: 13
Vancomycin		Arthritis	Change formulation to: 14
Tacrolimus	5hq1	B12/folate deficiency anemia	Change regimen to: 15

Supplementary material for Chan WWT, Dahri K, Partovi N, Egan G, Yousefi V. Evaluation of collaborative medication reviews for high-risk older adults. *Can J Hosp Pharm.* 2018;71(6):356-63.