



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> ▪ Renal Medication Flow Sheet Standard: Non Electronic Kidney Health Record Sites 	SECTION 60.20 Documentation Standards – Hemodialysis
	CODE 60.20.05
AUTHORIZATION <ul style="list-style-type: none"> ▪ Professional Advisory Committee, Manitoba Renal Program 	EFFECTIVE DATE May 2005
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PURPOSE:

To provide standards for the completion of the manual Renal Medication Flow Sheet form #NS01708 (see 60.20.05a Appendix A) at non electronic kidney health record (Non eKHR) sites.

OBJECTIVE:

1. To ensure the patient's medication profile is available in the Manitoba Renal Program (MRP) patient health record on a flow sheet. This flow sheet will include medications to be administered in the dialysis unit, medications the patient takes at home, as well as medications prescribed by a non-dialysis physician.
2. To facilitate medication reconciliation.
3. To trend any medication changes.

DEFINITIONS:

eKHR site: a dialysis site in Manitoba that has implemented the electronic kidney health record (eKHR) Medications Module (Health Sciences Centre except for Home Hemodialysis, Seven Oaks Hospital and St. Boniface Hospital).

Non eKHR site: a dialysis site in Manitoba that does NOT use the eKHR Medications Module (Health Sciences Centre Home Hemodialysis, Local Renal Health Centres and Brandon Regional Health Centre).

POLICY:

STANDARDS:

1. Manual Renal Medication Flow Sheets will be addressographed and placed on each patient's chart at the front of the Medication Flow Sheets Section/Tab.
2. The manual Renal Medication Flow Sheet will be kept in the patient's chart for 3 years.
3. Allergies will be recorded by the Nurse/Unit Clerk and if unknown NKA written in the area.

4. All current medications, including medications to be administered in the dialysis unit, medications the patient takes at home, as well as medications prescribed by a non-dialysis physician will have their dose, frequency and route listed on the manual Renal Medication Flow Sheet and co-signed by the Unit Clerk/Nurse processing the order (with the exception of stat and single dose medications, dialysate bath, vaccines, and one-time PRN medications taken from the dialysis standing orders). Oral anticoagulation therapy will be included on the manual Renal Medication Flow Sheet with dosage information recorded on a separate record i.e. Coumadin.
5. The pharmacist reviewing the medications with the patient will note on the manual Renal Medication Flow Sheet all discrepancies with medications taken by the patient. Any discrepancies noted by other healthcare providers should be communicated to the pharmacist.
6. With each new addition of a column due to a new medication order, a medication review, or comments requiring medication clarification, a check mark (✓) below the date column next to the appropriate medication will be used to indicate that there were no changes made to that medication.
7. Medications taken by the patient will not be put on hold. The physicians will write a discontinue order for these medications.
8. The Unit Clerk/Nurse will draw a straight line through the discontinued medication order and write D/C in the corresponding space in relation to the date the medication was discontinued.
9. If the patient's medication profile exceeds allotted spaces on first page, continue profile on next available page (form is double-sided) and indicate page ___ of ___ of current medications.
10. Once last column of form is utilized Nurse/Unit Clerk will recopy the manual Renal Medication Flow Sheet with current medication information only.
11. Any change to medication orders or recopying of manual Renal Medication Flow Sheet will require an initial(s) as per facility policy in corresponding column.