

# LIMM Medication Review Form

## Patient details

Ward	Bed	Name	Sex	Date of birth	Age	Admission date	Admission date ward	Discharge date	Apodos* <input type="radio"/> No <input type="radio"/> Yes	Version		
Present complaint(s) (information from emergency ward / other ward):						Transferred from ward:		Type of residence (e.g. own home, nursing home)				
<b>Relevant medical history</b> Year      Diagnose						<b>Relevant medication history</b>					<b>Hypersensitivity or allergy</b>	

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

## 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

### 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)			
	Clinically relevant drug-drug interactions			
	Medication or dose not adapted to patient characteristics (e.g. renal or liver function)			
	Unnecessary drug treatment Indication for a specific drug treatment missing			
	Short course medication      Started      Recommended length of treatment      Stopped			

