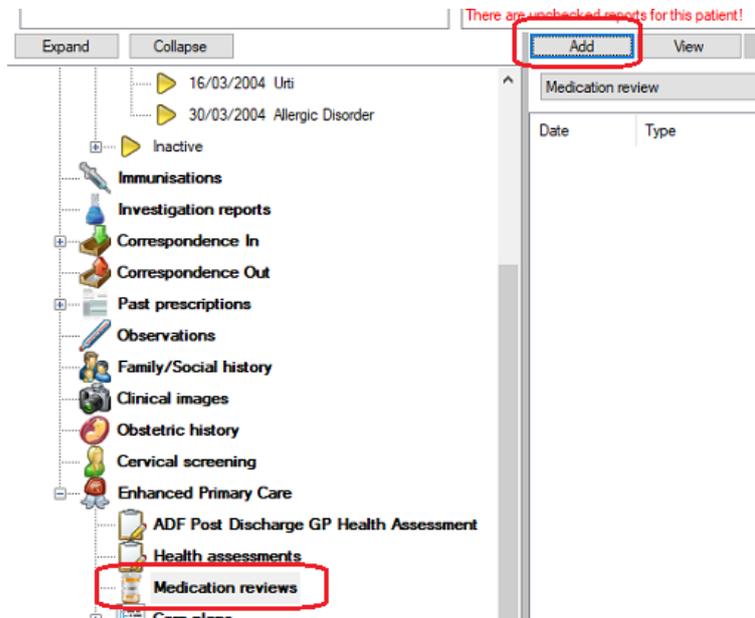


Best Practice – Home Medication Review

There are two (2) options for completing an HMR:

Option 1. Using the template within the Enhanced Primary Care section on BP.

1. From patient screen, expand **Enhanced Primary Care**, click **Medication reviews** then click **Add**.



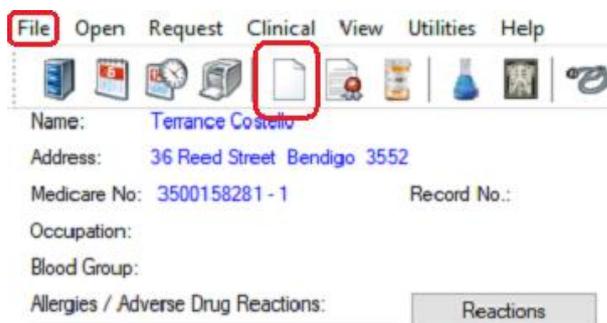
2. Complete fields as required, then **Save**.

Medication Review

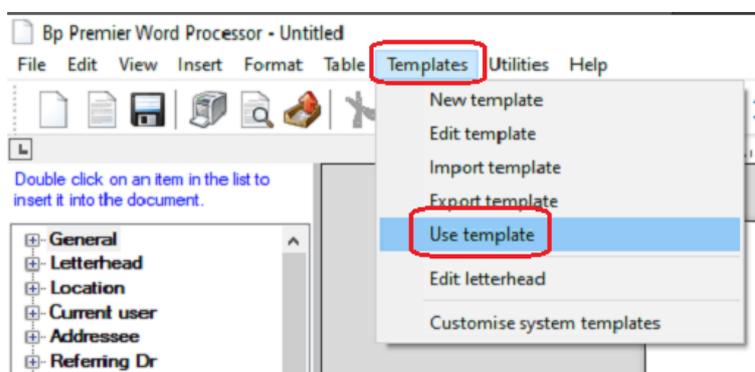
Drug name	Strength	Dose	Regular	Last script	Reason for prescription																											
<p>Dose: <input type="text"/></p> <p>Indication: <input type="text"/></p> <p>Problems:</p> <table border="0"> <tr> <td><input type="checkbox"/> No problems identified</td> <td><input type="checkbox"/> Dose too low</td> <td><input type="checkbox"/> Dose too high</td> </tr> <tr> <td><input type="checkbox"/> Duplication with another product</td> <td><input type="checkbox"/> Adverse reaction</td> <td><input type="checkbox"/> Possible contra-indication</td> </tr> <tr> <td><input type="checkbox"/> Inadequate therapeutic effect</td> <td><input type="checkbox"/> Compliance poor</td> <td><input type="checkbox"/> Potential for abuse</td> </tr> <tr> <td><input type="checkbox"/> Potential interactions with other drugs</td> <td><input type="checkbox"/> Difficulty using device</td> <td><input type="checkbox"/> Inadequately monitored</td> </tr> <tr> <td><input type="checkbox"/> Difficulty with administration</td> <td></td> <td></td> </tr> </table> <p>Actions:</p> <table border="0"> <tr> <td><input type="checkbox"/> Cease medication</td> <td><input type="checkbox"/> Increase dose</td> <td><input type="checkbox"/> Decrease dose</td> </tr> <tr> <td><input type="checkbox"/> Monitor more frequently</td> <td><input type="checkbox"/> Change route of administration</td> <td><input type="checkbox"/> Change formulation</td> </tr> <tr> <td><input type="checkbox"/> Check FBC</td> <td><input type="checkbox"/> Check renal function</td> <td><input type="checkbox"/> Check liver function</td> </tr> <tr> <td><input type="checkbox"/> Check serum level</td> <td><input type="checkbox"/> Check INR</td> <td></td> </tr> </table> <p>Other: <input type="text"/></p> <p>Buttons: Preview, Print, Save, Cancel</p>						<input type="checkbox"/> No problems identified	<input type="checkbox"/> Dose too low	<input type="checkbox"/> Dose too high	<input type="checkbox"/> Duplication with another product	<input type="checkbox"/> Adverse reaction	<input type="checkbox"/> Possible contra-indication	<input type="checkbox"/> Inadequate therapeutic effect	<input type="checkbox"/> Compliance poor	<input type="checkbox"/> Potential for abuse	<input type="checkbox"/> Potential interactions with other drugs	<input type="checkbox"/> Difficulty using device	<input type="checkbox"/> Inadequately monitored	<input type="checkbox"/> Difficulty with administration			<input type="checkbox"/> Cease medication	<input type="checkbox"/> Increase dose	<input type="checkbox"/> Decrease dose	<input type="checkbox"/> Monitor more frequently	<input type="checkbox"/> Change route of administration	<input type="checkbox"/> Change formulation	<input type="checkbox"/> Check FBC	<input type="checkbox"/> Check renal function	<input type="checkbox"/> Check liver function	<input type="checkbox"/> Check serum level	<input type="checkbox"/> Check INR	
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<input type="checkbox"/> Check serum level	<input type="checkbox"/> Check INR																															

Option 2. Using the template in the Word Processor

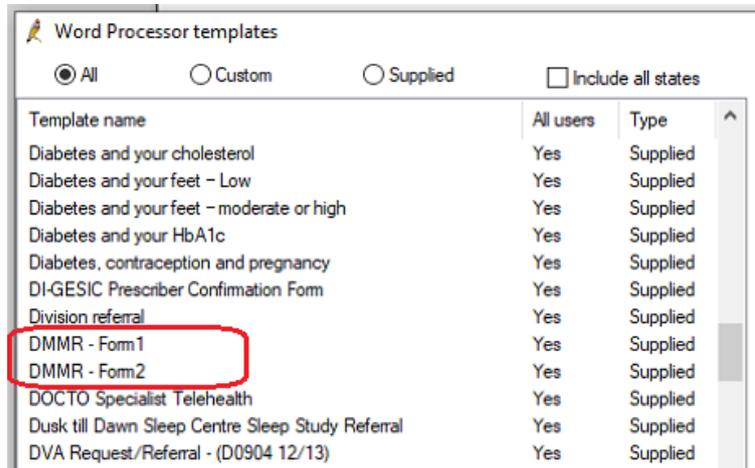
1. From patient screen either click **File > New Letter (F4)** OR click **blank paper icon**



2. Click on **Templates > Use template**



3. Select **DMMR** template



Word Processor templates

All Custom Supplied Include all states

Template name	All users	Type
Diabetes and your cholesterol	Yes	Supplied
Diabetes and your feet – Low	Yes	Supplied
Diabetes and your feet – moderate or high	Yes	Supplied
Diabetes and your HbA1c	Yes	Supplied
Diabetes, contraception and pregnancy	Yes	Supplied
DI-GESIC Prescriber Confirmation Form	Yes	Supplied
Division referral	Yes	Supplied
DMMR - Form1	Yes	Supplied
DMMR - Form2	Yes	Supplied
DOCTO Specialist Telehealth	Yes	Supplied
Dusk till Dawn Sleep Centre Sleep Study Referral	Yes	Supplied
DVA Request/Referral - (D0904 12/13)	Yes	Supplied