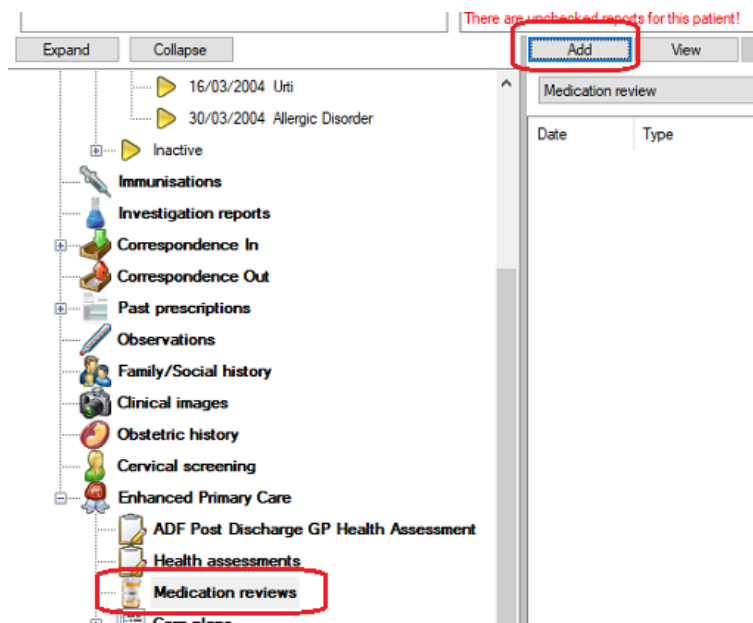


Best Practice – Home Medication Review

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**.

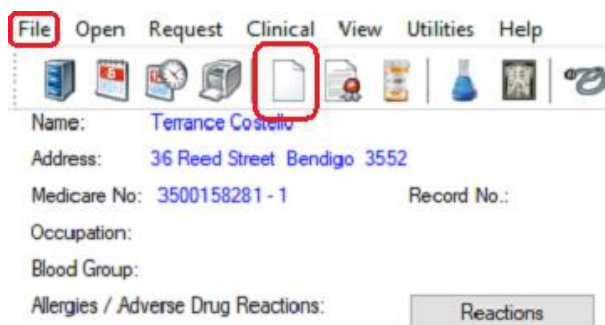
Medication Review

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> <input type="checkbox"/> No problems identified <input type="checkbox"/> Duplication with another product <input type="checkbox"/> Inadequate therapeutic effect <input type="checkbox"/> Potential interactions with other drugs <input type="checkbox"/> Difficulty with administration <input type="checkbox"/> Dose too low <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Compliance poor <input type="checkbox"/> Difficulty using device <input type="checkbox"/> Dose too high <input type="checkbox"/> Possible contra-indication <input type="checkbox"/> Potential for abuse <input type="checkbox"/> Inadequately monitored					
<p>Actions:</p> <input type="checkbox"/> Cease medication <input type="checkbox"/> Monitor more frequently <input type="checkbox"/> Check FBC <input type="checkbox"/> Check serum level <input type="checkbox"/> Increase dose <input type="checkbox"/> Change route of administration <input type="checkbox"/> Check renal function <input type="checkbox"/> Check INR <input type="checkbox"/> Decrease dose <input type="checkbox"/> Change formulation <input type="checkbox"/> Check liver function					
<p>Other: <input type="text"/></p>					

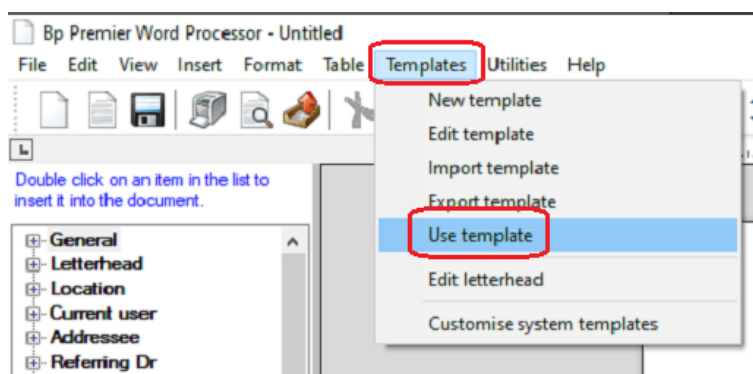
Buttons: Preview, Print, **Save**, Cancel

Option 2. Using the template in the Word Processor

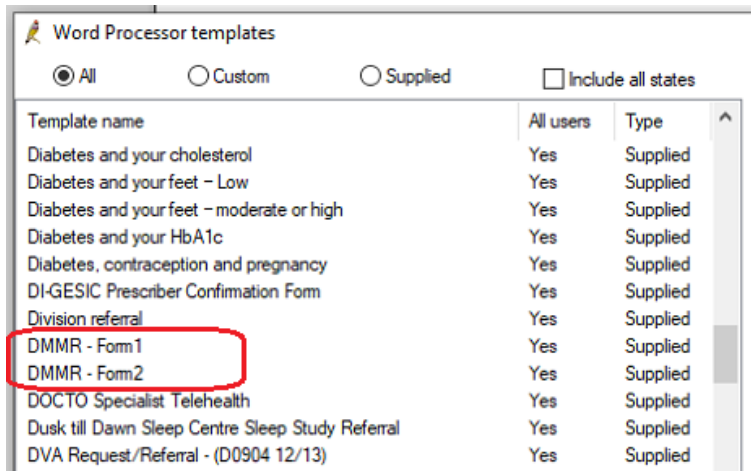
1. From patient screen either click **File > New Letter (F4)** OR click **blank paper icon**



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

For any further assistance, please contact your CQI officer or email cqisupport@swsphn.com.au