



Comprehensive Review of All Medications



Note: During this Comprehensive Assessment, the following review of all medications has been completed. Medications have been evaluated for potential adverse effects and for drug reactions. Documentation related to negative findings (if any) are detailed within the skilled visit note.

☛ All medications were evaluated for *ineffective drug therapy*

- None-The patient is experiencing **NO** obvious *ineffective drug therapy* from medications listed on the medication record
- The following medications are identified as *ineffective drug therapy*:

1. _____ 3. _____ Comments:
 2. _____ 4. _____

☛ All medications were evaluated for *significant side effects*

- None-The patient is experiencing **NO** obvious *side effects* from medications listed on the medication record.
- The following medications are causing *significant side effects*:

1. _____ 3. _____ Comments:
 2. _____ 4. _____

☛ All medications were evaluated for *drug interactions*

- None-The patient is experiencing **NO** obvious *drug interactions* from medications listed on the medication record.
- The following medications are potentially causing *drug interactions*:

1. _____ 3. _____ Comments:
 2. _____ 4. _____

☛ All medications were evaluated for *duplicate drug therapy*

- None-The patient is experiencing **NO** obvious *duplicate drug therapy* in medications listed on the medication record.
- The following medications are recognized as *duplicate drug therapy*:

1. _____ 3. _____ Comments:
 2. _____ 4. _____

☛ All medications were reviewed for *non-compliance with drug therapy*.

- None-The patient *is compliant* with all medications listed on the medication record.
- The patient is *non-compliant* with the following medications:

1. _____ 3. _____ Comments:
 2. _____ 4. _____

Staff Signature/Title _____

Date _____

NOTE: This document MUST be completed at each of the following OASIS time points!!

OASIS Time Point: SOC Resume Follow-up Discharge