Medication Reconciliation:

The purpose of Medication Reconciliation is to assure that patients receive appropriate medications while hospitalized.

Reconcile:

- *According to Dictionary.com, RECONCILE is defined as: 1. to bring into agreement or harmony; to make compatible or consistent*

Why reconcile?

- *Reconciliation is designed to improve communication at patient transfer points.*
- *Over half of all medication errors occur at transfer of care, i.e. admission, transfers out of specialty areas, and at discharge.*
- *Thus, once the home medication history and the current medication orders are brought "into harmony or agreement," we should be assured that patients receive the appropriate medications across the continuum of care.*

Medication Reconciliation Process should include the following:

- *Obtaining an accurate home medication history including drug name, dosage, frequency, route and time last dose taken.*
- *Comparing this home medication history against medication orders at each stage of the patient's hospitalization.*
- *Resolving ANY discrepancies, including omissions, duplications, adjustments, deletions or additions.*

Medication History – what's included?

- *All current medications - including prescription, OTC, herbal or vitamins, samples, eye drops, creams, patches, inhalers or nebulizers.*
- *Drug name, dose (include SR or XL if applicable) route, and frequency.*
- *Time last dose taken.*

Medication History – when is it done?

- *Upon admission*
- *Fax a copy to pharmacy*

Medication Reconciliation upon admission

- *Reconcile admission medication orders against the home medication history.*
- *If discrepancies arise, MD will be notified for a clarification.*
- *Pharmacist or nurse will then document that the medications have been reconciled. If there are discrepancies, staff will document that MD has been notified and is aware.*

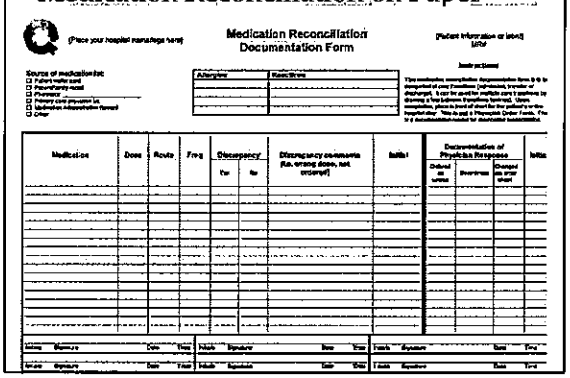
Medication Reconciliation upon patient transfers

- *Staff will reconcile new orders (transfer orders) against the current MAR and the home medication history list.*
- *If there are discrepancies, the MD will be contacted for clarification.*

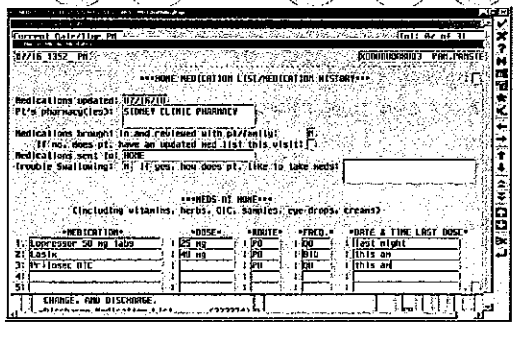
Medication Reconciliation upon discharge (including discharge from acute care and admission to swing bed)

- *Staff will reconcile discharge medication orders with the current medication list and the patient's home medication history.*
- *It's vital for staff and patients to review the discharge medication list closely, and that the patients and or caregiver understand their discharge medications instructions.*

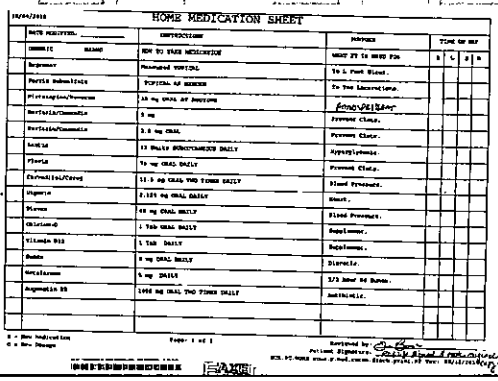
Medication Reconciliation on Paper


Medication Reconciliation Documentation Form

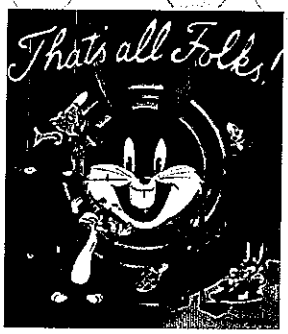
Electronic Medication Reconciliation



Home Medication Sheet


HOME MEDICATION SHEET

Medication Reconciliation

- Upon admission
- At every transition of care
- Upon discharge

- Questions?