IREDELL HEALTH SYSTEM

Medication Reconciliation	
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P&T Committee	Date: 06/2022

Standard:

Ensure a timely, comprehensive and accurate medication history is captured and documented in the hospital EMR within 24 hours of admission by pharmacy personnel. The primary care provider will reconcile the medication list after the medication list has been marked as complete by pharmacy. The process is designed to improve patient safety and reduce medication related errors.

For the purpose of reconciliation, the term 'medication' includes any prescription medication, sample medication, herbal remedy, vitamin, nutraceutical, over the counter drug, or any product designated by the FDA as a drug.

Policy:

I. Emergency Department Admissions:

A. The home medication list should be initiated by the Emergency Department RN and a good faith effort should be made to obtain accurate medication information. Medication lists should always be marked as incomplete by Emergency Department RN.

B. If the nurse suspects a patient could be admitted, she/he will enter "admit" in the comment field of First Net to alert pharmacy so work can begin on gathering and entering an accurate medication list. The goal is to have the list completed before admission so the provider can reconcile the medications.

C. Upon a patient's admission, Pharmacy will review and clarify the home medication list. This list will then be visible to the Medical Provider as being complete, via a green check mark in the reconciliation status bar beside 'Meds History' (see example). Pharmacy completion will occur within 24 hours of admission.

D. The Medical Provider should then review the list and determine whether to continue, discontinue, or alter home medications. If the list has not been completed by Pharmacy before the Medical Provider is ready to reconcile home medications, the Provider should postpone full reconciliation and address only immediate patient needs.

E. If the list has been completed by Pharmacy but not yet addressed by the Medical Provider within 24 hours of admission, the Inpatient RN should contact the Medical Provider to complete the reconciliation process as soon as possible.

II. Outpatient Surgery Same-Day Admits / Observation Patients:

A. For patients admitted through the Outpatient Surgery Department, the home medication list will be completed by Pharmacy prior to the patient's scheduled Pre Admission Testing (PAT) appointment, via a telephone interview. If the patient is unable to be reached by phone or a medication list is unable to be obtained for any reason, the Outpatient Admission RN should collect list during PAT visit and Pharmacy will review within 24 hours after post-op admission.

III. Direct Admissions:

A. For patients admitted directly to an inpatient unit, the medication list should be initiated by the Inpatient Admitting RN and a good faith effort should be made to obtain accurate medication information, including names, dosages, frequencies, routes, and compliance. Medication lists should always be marked as incomplete by Inpatient Admitting RN.
B. Upon a patient's admission, pharmacy will be notified of patient's admission via an electronic monitoring system. Pharmacy will review and clarify the home medication list. This list will then be visible to the Medical Provider as being complete, via a green check mark in the reconciliation status bar beside 'Meds History' (see example). Pharmacy completion will occur within 24 hours of admission.

C. The Medical Provider should then review the list and determine whether to continue, discontinue, or alter home medications. If the list has not been completed by Pharmacy before the Medical Provider is ready to reconcile home medications, the Provider should postpone full reconciliation and address only immediate patient needs.
D. If the list has been completed by Pharmacy but not yet addressed by the Medical Provider within 24 hours of admission, the Inpatient RN should contact the Medical Provider to complete the reconciliation process as soon as possible.

Procedure:

I. Obtaining Medication History:

1. Open the patient's electronic medical record via Power Chart.
2. Select the 'Medication List' tab.
3. Select 'Document Medications by Hx'.
4. Select '+ Add' and open the' Common Hx Medication' Folder. Scroll left to right to select medications from the folder. NOTE: Using the search box to find medications will take you outside of the folder.
5. If a medication is not listed in the folder, you may then use the search box to browse full database.
6. Choose medications with "sentences" attached to them that include the dose, frequency, and/or PRN indication. The sentence part of the entry may be modified before finalizing.
    a. Document the name of the medication, including the correct form such as ER, XL, SL, SA, etc.
    b. Identify the strength or concentration of the medication.
    c. List the dose of the medication in the most appropriate form, such as milligrams, milliliters, number of tabs, number of units, etc.
    d. Include the route of the medication.
    e. Also note the frequency at which the patient takes the medication, using the appropriate SIG code to represent the preferred time of day.
    f. Record the indication for any PRN medications.
7. Complete the 'Compliance' tab for each medication, revealing the source of the information as well as when the last dose was taken.
8. Any medication appearing on the list that the patient is no longer taking should be completed off the list or noted as "not taking" when applicable.
9. Any medication included in the list as a prescription, designated by a medication bottle icon, should always be completed off the list and re-entered as a documented home medication.
10. If a patient presents a list of home medications to be used as a source, make a copy of the list, apply patient identification sticker to the list and place in patient's paper chart. .
11. Document the name of the patient's preferred pharmacy.

NOTE: All patient medications brought into the hospital should be sent home or locked up in the pharmacy after the medications have been listed. If the patient declines to relinquish their medications and the medications are left at the bedside, the nurse should explain the danger of taking any medications in addition to those given by the nursing staff as ordered by the physician. This conversation should be documented within the record.

II. Revising Home Medication List

Home medication history may be revised at any point during the hospitalization by utilizing the medication history list in the EMR. In the event a correction is made to the home medication list, the Medical Provider will be notified by a pharmacist and an additional reconciliation process completed.

INITIAL EFFECTIVE DATE: 06/2016
DATES REVISIONS EFFECTIVE: 06/2019, 08/2022
DATES REVIEWED (no changes):