Checklist for medication reconciliation

When a patient arrives

Update the patient's medication list to include the medicines the patient is currently using.

- Make sure you know the responsibilities of different professional groups in the medication reconciliation process of your work unit.
- Up-to-date medication list must include medicines prescribed by a physician that are in use, over-the-counter medicines, dietary supplements and natural products, and information about possible drug allergies.
- Use a minimum of two sources of information:
    - **The patient or another person responsible for the patient's medication. Note!** Ask if the patient has a medication list or the packages for their medicines with them.
    - **Prescription Centre. Note!** Find out which medicines are actually in use and with what dosages. Check the patient's prescriptions to see whether they are covered by multi dose dispensing from community pharmacy.
    - **A medication list already in the electronic health record system. Note!** This information on medications may soon be out of date.
    - **Information on medications available from previous health care providers. For example**, a medication list, patient transfer report or the Patient Data Repository.
- **Involve the patient or person responsible for their medication** (e.g., an informal caregiver or other health and social sector professional) **whenever possible.**
- Other useful interview questions:
    - What are the names of the medicines that you use, their strengths, dosages, times that they are administered, and the dosage form (remember, for example, eye drops, transdermal patches, ointments)?
    - What medicines do you use regularly or as needed?
    - Do you use non-prescription over-the-counter medicines, vitamins, other dietary supplements, or natural health products? Be sure to ask about pain medicines, medicines affecting blood coagulation, such as low-dose ASA and omega-3 products.
    - Have there been changes to your medications recently? Have you altered your medication yourself or left any medicines unused? Why?
    - Do you have any drug allergies? What kinds of reactions have occurred?

- **Record or update the current medications and possible drug allergies into the electronic health record system.**
- Inform the attending physician of any medication discrepancies, ambiguities, or problems so they can evaluate which medications should be used.

If a patient is transferred or discharged

Make sure:

- Make sure you know the responsibilities of different professional groups in the medication reconciliation process of your work unit.
- The physician has prescribed continued medications for the patient, and the patient's medication list has been updated into the electronic health record system.
    - The physician has written up any necessary new prescriptions.
    - The physician has removed unnecessary prescriptions from the electronic health record system and the Prescription Centre, and updated the dosage instructions of valid prescriptions.
- Inform the next unit providing health care if the medications used by the patient at home were not reconciled or remain unclear.
- The patient or person responsible for their medication and the next unit providing care must be informed of the continued pharmacotherapy and of any changes to medications made during the course of treatment and of the duration on the treatment.
    - **Give the patient being discharged an <u>updated</u> medication list containing information on the medications to be used at home, and review it with the patient before they are discharged.** Encourage the patient to keep the list with them.
    - Make sure that possible changes in medications are noticed when necessary in multi dose dispensing medications that come from community pharmacy.