

SUBJECT: Medication Reconciliation / Inpatients

INFORMATION

This policy is for the purpose of establishing the roles of physicians, nurses, and pharmacists in the medication reconciliation process in order to assure quality patient care. This policy applies to all physicians, nurses, and pharmacists, as well as qualified students of such disciplines under appropriate supervision.

For all inpatients the checkpoints for medication reconciliation will occur at admission, transfer, and discharge. A complete list of medications shall be obtained, documented and/or updated at all checkpoints, with the involvement of the patient (may include family/caregiver). This process involves verification of all current medications the patient is taking, clarification that the medication and dosing are appropriate, ongoing or intentionally discontinued, and reconciliation to document changes in regimen.

Medications include, but are not limited to:

- Prescription medications
- Sample medications (actual use of samples is not permitted for inpatients)
- Vitamins/Minerals
- Nutraceuticals/Natural products
- Over-the-counter medications
- Vaccines
- Diagnostic and contrast agents
- Radioactive medications
- Respiratory-therapy medications
- Parenteral nutrition
- Blood derivatives
- Intravenous solutions
- Any product designated by the FDA as a drug (may include topical products, inhalants, implantable drugs and devices with drugs, etc.)

INSTRUCTIONS

1. A medication reconciliation database form must be present in each admission packet for inpatients.
2. The physician or nurse who first interviews the patient will initiate completion of the medication reconciliation database form. This physician or nurse will sign and date the medication reconciliation database form.
3. The subsequent confirmation interview will be conducted by the other discipline (physician or nurse -- the other discipline not conducting the first interview) within 24 hours of admission. This interviewer will sign and date the form.
4. The medication reconciliation database form shall be the source of medication-related history information in the patient's medical record. Individual or partial documentation of a medication history in the medical admission/history & physical and physical/progress notes or nursing admission/assessment is not recommended.
5. The medication reconciliation database form content will be reviewed by a pharmacist or other health care professional (nurse/physician) as soon as possible but no later than within

48 hours of admission. This reconciliation should compare the medication reconciliation database form to existing therapy. The professional (nurse/physician) will sign and date the medication reconciliation database form.

6. The medication reconciliation database form should be reviewed and updated with medication therapy that warrants continuation upon patient transfer (i.e., ICU to floor) within the Hospital when definitive changes in level of care or service have occurred, or prior to discharge from the Hospital.
7. The nurse is responsible for transferring, communicating, and/or sending the medication reconciliation list of patient medications at discharge to appropriate patient, family member, or caregiver.

Approved: _____
Richard Lofgren, M.D.
Chief Medical Officer

Approved: _____
Karen Stefaniak
Chief Nursing Officer

Authorized: _____
Murray B. Clark, Jr.
Associate VP for MC Operations