| Medication Reconciliation |
| --- |
| 1. Obtain medication lists from all of the patient’s health records and compile these onto a single list on the CCC Patient Plan. It may be necessary to review discharge summaries and visit notes to determine if recent referrals have been made and to contact those providers to obtain medication lists. |
| 1. During development of the Patient Action Plan with the patient, ask the patient to display containers for all prescription medications, OTC products and herbal and nutritional products being taken. If not available, ask the patient to supply medication lists that providers have given to the patient. If not available, ask the patient to recall the medications. In all cases, the patient should be prompted about patches, creams, eye drops, inhalers, sample medications, shots, optics, herbals, vitamins, minerals, and food supplements such as high-protein foods and energy drinks being taken. Ask the patient to document all medications being taken, their description, dose, route, and directions for taking (sig). |
| 1. Compare what the patient states is being taken against the lists gleaned from the review of the patient’s health record(s). Identify any medication discrepancies and ask the patient about them. Mark these on the CCC Patient Plan for further review of health record(s) and discussions with the patient’s health care team. |
| 1. Continue to conduct the medication reconciliation risk assessment by asking the patient the following questions and documenting responses on the CCC Patient Plan or in formal notes. |
| * Do you have any allergies? If so, to what drug/food and what was the reaction? |
| * Does anyone normally help with medication administration? [*If yes*, allow that person to assist with answering questions; if not, the patient must answer all questions without assistance.] |
| For *each* medication the patient has listed on the Patient Action Plan, ask: |
| * When did you start taking this drug, or how long have you been taking this medication? |
| * How many times in the past 2 weeks have you forgotten a dose of this medication, or think you may have taken the medication more times than prescribed? |
| * Does your doctor require you to periodically have lab tests, check your blood pressure, or do anything else to monitor your condition? |
| * Have you had or do you now have any side effects from taking this drug? If so, what happened? Did you stop taking the drug? Reduce the amount of the drug you are taking? Contact your doctor? |
| For each medication the patient has NOT listed on the Patient Action Plan but which appear on current medication lists from the patient’s health record(s), ask: |
| * Are you taking this medication now? [*If taking*, ask the same questions as above.] |
| * Did you ever take this medication? If yes, why did you stop? If not, why not? [*if patient is not taking the medication on the list*.] |

|  |
| --- |
| * Are you taking any other medication or substance that has not been prescribed for you but you find helpful to take? *If yes*, ask: |
| * How do you feel when you decide to take this product? |
| * How frequently do you take this product? How much do you take at a time? |
| * How do you feel after taking this product? |
| * Have you discussed taking this medication with your provider? |
| * Do you have any conditions for which you are NOT taking any prescription or non-prescription medications or other types of curative products, but which you believe medication may be helpful? [Note these conditions on the CCC Patient Plan.] |
| * Other than the side effect(s) you mentioned [*if applicable*], do you periodically experience any other changes in how you feel? Do you think these are related to any of the medications you are taking or when you don’t take them, or to anything you eat, drink, or do? [Prompt for dizziness, nausea, pain, mood, shakiness, memory loss, numbness, etc. that may suggest a reaction to any of the medications being taken or not being taken, or other substance use. Note these symptoms on the CCC Patient Plan.] |
| * Do you have any questions or concerns about your medications? |
| 1. For any discrepancies, reactions, or unusual symptoms, follow up by checking the patient’s last lab work and vital signs, and discuss with the patient’s primary care provider, other prescriber, and/or pharmacist. |

Copyright © 2014 Stratis Health and KHA REACH. Updated 12/19/2014

