

Medication Reconciliation Checklist - Home Health

At Start of Care, Resumption of Care, Recertification and Significant Change in Condition...

✓ Step 1 - Verify

Gather from hospital or other facilities, such as physician offices, dialysis centers, etc.:

- Hospital/facility History and Physical
- Hospital/facility Discharge Summary
- Hospital/facility Discharge Instructions including medications, f/u appointments, f/u labs

Gather information from patient / pt. representative:

- List:** ABC (Always Bottle Check) Find and review all medication prescription bottles or containers currently being used. This includes prescriptions, over the counter pills, ointments, herbal, topical, inhalers, eye drops, patches, ASA, Tylenol, Ibuprofen, sinus/allergy medication... everything. Don't just copy a list that the patient / patient representative hands you. List the date first prescribed and by which physician.
- Compliance:** Ask the patient / patient representative if the patient is taking all of the medications. Look at the dates on the prescription bottles. How long has it been since they have been filled? Does this align with the amount of medications in the bottles/containers? Do they have any trouble getting the prescriptions filled (transportation / financial issues)? Is there anything that would prevent the patient from taking a medication? Include adverse effects, undesired effects or contraindications based on changes in health status?
- Financial Liability:** Ask the patient how much money he / she is spending each month on medications. Are there financial concerns? Could the patient have access to physician samples, review alternatives with a pharmacist, or talk with a social worker?
- Physicians:** How many different physicians are prescribing medications to the patient? Ask the patient / patient representative, but also look at the medications. Gather the phone number(s) and address(es) and determine the physician specialties. Sometimes physicians aren't aware that the patient is seeing different physicians and therefore may not be aware of all the medications that patient is taking or the possibility of drug interactions or duplications.
- Pharmacies:** How many different pharmacies is the patient using (mail order, large chain pharmacy, small town pharmacy, VA)? Ask the patient / patient representative, but also look at the medications.
- Allergies:** Does the patient have any allergies?



✓ Step 2 - Reconcile

Compare the physician orders, history and physical, discharge summary and discharge instructions with what the patient reports as the home medication regimen. Make every attempt to identify any discrepancies or duplications.

✓ Step 3 - Clarify

Notify the physician(s) of any discrepancies and clarify the medication regimen. Report any adverse effects & drug reactions, including ineffective drug therapy, significant side effects or drug interactions, duplicate drug therapy and non-compliance with drug therapy. Let the physician know how many pharmacies and physicians are being utilized.

✓ Step 4 - Communicate

Communicate the reconciled medication regimen to the patient / patient representative and all physicians.

At Transfer or Discharge:

If the patient is transferred/discharged to a facility, send the current medication profile.

Oklahoma Association
for
HOME CARE

*Additional information on
Medication Reconciliation is available at OAHC.com.*