



## Week 6: Medication Reconciliation

### Monday

If a resident's medication orders reflect the wrong medication, the wrong dose, the wrong time, or the wrong route, adverse drug events are likely. We prevent this by reconciling their medications on admission and with any changes. **Review which staff reconciles medication on admission. Discuss with the team the policy for admission medication reconciliation.**

How many times are admission orders reviewed?  
Is the contacted pharmacy made aware when orders are for a new admission?

How are diagnoses, indications and allergies identified?  
Are medications reviewed with the previous facility during report?  
**Review the [Interact Medication Reconciliation Worksheet](#).** How does this compare to the facility's medication reconciliation processes?

#### Medication Reconciliation Worksheet for Post-Hospital Care



##### Part 1: Hospital Recommended Medications Needing Clarification

Medications Recommended by Hospital or Pharmacy for which Clarification is Needed	Clarification Needed?	Recommend for Final Medication Order (Remove this Column)

\*Residents under diagnosis or admission, admission date, date of admission, use date, follow-up, or both needed for medication reconciliation. See Affected Patient Safety Notification, Medication Application.

##### Part 2: Medications Prior to Hospitalization Needing Clarification

Medications Taken Before Hospitalization (Not Carried on Hospital Recommended List)	Comments on Status of Medication (Indication, Allergy, and Action Date Change on the Hospital Record)	Recommend for Final Medication Order (Remove this Column)

Resident/Patient Name \_\_\_\_\_ Date \_\_\_\_\_

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### Tuesday

After admission, every nurse that gives medication is responsible for giving medication correctly. Along with the Five Rights of medication administration (**right patient, right drug, right dose, right route, right time**), nurses will need to be aware of the indications for medications, any needed lab work or monitoring and possible adverse reactions.

Discuss the systems in place at your facility to ensure medications are given properly. Review the [Five Rights](#) with staff.

#### **Five Rights:**

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Route
5. Right Time



## Wednesday

Doctors, nurse practitioners and pharmacists should be involved in medication reconciliation.

### Ask your team these questions:

1. When is this review triggered in your facility?
2. If there has been a behavior change, is medication reviewed for possible side effects?
3. Who can you reach out to internally and at the contracted pharmacy if you are unsure if orders or administration are appropriate or with any other questions?

Remember you have medication experts on your team.



## Thursday

Medication reconciliation should not stop at admission. Changes in condition or changes in locations should trigger a medication review.

Are physicians or pharmacists notified when a resident's condition changes? Are they notified when a resident becomes more or less compliant with medication or diet?

These changes could result in the need for closer monitoring or medication changes.



Residents with over eight scheduled medications are at higher risk for drug-to-drug interactions.

**Do you have a process to handle those higher risks?**

## Friday

Medication needs to be administered according to company policy. Using a computer system to assist with medication administration helps prevent medication errors. **Discuss the drawbacks staff see in using the computer system.**

Do you experience fatigue due to repeated drug interaction alerts? How can those drawbacks be eliminated? **Review some [lessons learned about implementing and using technology in a clinical setting.](#)**

