**Worksheet # 13**

**Medication Reconciliation**

**Learning Objectives**

1. Collect complete patient medication history to identify problems.
2. Identify generic names and dosage forms.
3. Identify actual and potential drug related problems.
4. Conduct patient interview in a professional manner.

**Preceptor:** Discuss this activity with the student and please sign-off in E-value that it has been accurately completed.

**Instructions:**  As many as 50% of all medication errors and up to 20% of adverse drug events in the hospital can be attributed to patients transitioning among various units within the hospital.

**How is medication reconciliation conducted at your facility?**

**Participate in the medication reconciliation process with appropriate hospital personnel**

**Part 1 (Verification):** Use this form to compare or reconcile the medications a patient is taking at home to the physician’s admission, transfer or discharge medication orders, whichever is available to you at the time.

**Part 2 (Clarification):** When a home medication has **NOT** been reconciled, engage in a discussion with your preceptor or whomever you are conducting the medication reconciliation with, and develop a plan for correcting at least 1 medication discrepancy in a patient.

**Part 3 (Reconciliation):** Document the discrepancy and how it was corrected.

Patient #1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Name** | **Strength** | **Directions** | **Indication**(if known) | **Physician order matches home meds\* √** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*When the physician’s orders **DO NOT** match the home medications, please write what the physician ordered in place of the home medication in the space provided.

**Documentation:** For each discrepancy identified answer the questions below.

* Type of or reason for discrepancy:
* How was the discrepancy corrected: