



## TITLE: GUIDELINES FOR COMPLETING THE MEDICATION RECONCILIATION FORM

---

**PURPOSE:** To assure that each patient's medication history is documented by staff upon admission and reconciled by the physician. Upon discharge, the form will be used to assure that all medications have been addressed.

**NATURE OF THE FORM:** The MEDICATION RECONCILIATION FORM is a legal document that documents the safe and effective medication management of the patient's medication. The form will be used to identify the patient's current medications, dosages and scheduling. Medication reconciliation will be performed to clarify any discrepancies between the patient's actual medication regime and the most recent record of prescribed medication. This will allow for medical practitioners to review the information and order the appropriate medication and dosages for patients upon admission and discharge from Providence Hospital. Patients will have all medication reconciled within 24 hours of admission. The MEDICATION RECONCILIATION FORM is a one-sided form, to be completed in black ink, and should be the first form placed in the medical record.

**RESPONSIBLE PERSON:** The RN / LPN, Physician or Pharmacist may complete the form.

- INSTRUCTIONS:**
1. Upon initiating this form, the patient's identification label will be placed in the upper right corner of this form.
  2. Complete the date and time lines, as indicated
  3. Complete the drug allergies line, as appropriate, indicating the actual drug, food & environmental allergies, or "NKDA".
  4. The medication history will be obtained from the patient and/or family members present at time of admission to the hospital. Medications will be obtained from patient's transfer summary for nursing / group home patients.
  5. Complete the name, dose, frequency and route of each medication.
  6. Check the "Yes" or "No" checkbox to indicate if home medications were ordered on admission.
  7. Form must be signed by the RN /LPN completing this form on admission. (Note: two signature lines are available, if more than one nurse is completing this form).
  8. Physician must sign and date this form to ensure the reconciliation process has taken place and all needed medications have been ordered.
  9. **After completing this form and within 24 hours of admission, this form must be faxed to the Pharmacy Department. Check the "Yes" box (top of Pg 1) once the form has been faxed to the Pharmacy Department.**
  10. Upon discharge, check the "Yes" or "No" checkbox for home medications that are being continued after discharge home.