Sullivan County Department of Public Health

Title: Medication Reconciliation **Number**: CP-14 **Page Number:** 1 of 2	Original Approval: 6/19 Reviewed/ revised: 11/19, 5/22, 5/24

Statement/ Purpose:
To accurately and completely reconcile medications across the continuum. Medication reconciliation is intended to identify and resolve and discrepancies with medication therapy.

Authority:

Application:
All SCDPH CHHA Staff

Terminology:

Responsible Party:
Training and Quality Improvement Coordinator

Cross-Reference:
Admission to CHHA

Procedure:
1. At Start of Care (SOC) the admitting clinician will document the list of the patient's medications including prescribed and Over the Counter (OTC). This includes all oral, topical, sprays, powders, drops, ointments.
2. Old medications of any kind not currently being used need to be discarded promptly and properly. If the patient refuses to do so, educate as to why discarding is important and if they still refuse, document in the medical record. Teach patient/ family/ caregiver the hazards of using medication not currently prescribed.
3. Compare the list of the patient's current medications with the medications being order/ prescribed by the Primary Care Provider (PCP) and reconcile any discrepancies.
4. Communicate with the PCP any discrepancies and document the resolution in the Case Communication Note section. Reference this note in the Medication Guidelines.
5. Any OTC medications approved by PCP will be recorded on the medication sheet. For OTCs not signed for by the PCP but still taken by the patient, create a note documenting that the PCP was made aware.
6. Place list of OTC medications not approved under the patient note in order for this to be visualized during subsequent patient admissions at SOC.
7. By the 3rd Clinical Visit- provide a patient with a complete and up to date list of all medications. Utilize the multi-colored medication folder. If a patient refuses the folder, document accordingly.

Clinician Visits:
1. Ask the patient at each visit about any changes or new medications including prescribed and OTC.
2. Visualize all medication containers at least weekly to verify that doses or frequencies have not changed. Notify

PCP and obtain order if necessary.

3. For discontinued medications, teach the patient/ caregiver proper disposal methods.
4. Continue to document medication teaching at each visit.
5. For OTC medications that are not approved by the PCP, continue to review hazards of possible interactions and document teaching provided.
6. Each RN or therapist is responsible to verify accuracy of the medication folder at each visit.