SUNY DOWNSTATE Medical Center

**Patient Name**
**MRN**

# MEDICATION RECONCILIATION FORM

## ADMISSION / POINT OF ENTRY RECONCILIATION

- The first nurse to interview the patient should initiate completion of this form. Additional nurses and clinicians may continue to use the same form for the same patient.
- **Circle all sources of information:** Patient Caregiver Rx bottle EMS Primary provider Other:_____

**ALLERGIES AND ADVERSE DRUG REACTIONS**: _____

| **ACTIVE MEDICATION LIST** **Date of Admission / Point of Entry:** | | | | | | | **RECONCILIATION** |
|---|---|---|---|---|---|---|---|
| **List below all medications patient was taking at time of admission.** ***(Dosing information REQUIRED, if available.)*** | | | | | | | **Continue on Admission?** |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Last Dose** (Date/Time) | **Date** | **Initials** | Circle **Y** (yes) *or* **N** (no)* |
| 1. | | | | | | | Y N |
| 2. | | | | | | | Y N |
| 3. | | | | | | | Y N |
| 4. | | | | | | | Y N |
| 5. | | | | | | | Y N |
| 6. | | | | | | | Y N |
| 7. | | | | | | | Y N |
| 8. | | | | | | | Y N |
| 9. | | | | | | | Y N |
| 10. | | | | | | | Y N |
| 11. | | | | | | | Y N |
| 12. | | | | | | | Y N |
| 13. | | | | | | | Y N |
| 14. | | | | | | | Y N |
| 15. | | | | | | | Y N |
| OTC Medications, Herbals, etc. | | | | | | | |
| | | | | | | | Y N |
| | | | | | | | Y N |
| | | | | | | | Y N |
| | | | | | | | Y N |

*If order to be discontinued, see Admitting Note for comments.

**Medication list recorded by RN/MD/PA/NP/LPN/RPh**

| **Initials** | **Print Name/Stamp** | **Signature** | **Date** | **Initials** | **Print Name/Stamp** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

**Reconciling Prescriber (MD/PA/NP/CNM)**

| **Print Name/Stamp** | **Signature** | **Title** | **Date** |
|---|---|---|---|
| | | | |

| **TRANSFER RECONCILIATION** | **DISCHARGE RECONCILIATION** |
|---|---|
| ▪ See Physician Orders for active medication orders upon transfer.<br>▪ See Medication Administration Record for last dose given. | ▪ See Patient Discharge Plan for list of medications patient should continue after discharge.<br>▪ Discharge plan should include stopped medications. |
| **Reconciling Prescriber (Provide name, date, signature.)** | **Reconciling Prescriber (Provide name, date, signature.)** |
| | |

☐ Check here if multiple pages needed. Please indicate: Page ____ of ____

# Instructions for Medication Reconciliation Form

## Admission

- The first nurse to interview the patient at the point of entry or admission should initiate completion of the Medication Reconciliation Form. The nurse shall document on the triage form/data base, "See Medication Reconciliation Form." If the patient reports no medications are taken at home, indicate on form.
- The first clinician to interview the patient shall continue to document medications on the same form (or initiate one if he or she is the first health-care provider to interview the patient). The physician may document on the data base, "See Medication Reconciliation Form."
- Indicate sources of information for the admission medication list on the form.
- For each medication the patient was taking at the time of admission or point of entry, document the name, dose, route, frequency and date and time of last dose taken. Providers who recorded medications should initial next to each entry and sign the form.
- All medications for the same patient must be listed on the same page. If multiple pages are needed, please check box at bottom of page and indicate total number of pages.
- The ordering prescriber reviews the list of medications the patient was taking at admission and chooses to continue or discontinue each medication. For discontinued medications, provide comments in the Admitting Note.
- Signature of the ordering prescriber indicates that medication orders have been reviewed and reconciled.
- All medication orders must be reconciled within 24 hours of admission.
- The Medication Reconciliation Form shall be placed in front of the Physician's Order Forms in the medical chart.

## Transfer

- For transfer reconciliation, physician orders of the service from which the patient is transferred should be reviewed for active medications the patient was taking at the time of transfer.
- The Medication Reconciliation Form and the Medication Administration Record (MAR) should be compared. The MAR should be consulted for the time and date of administration of the last dose of each medication.
- After consulting the Medication Reconciliation Form for the active admission medication list, the prescriber accepting the patient shall also sign the form as a Reconciling Prescriber and indicate date.
- The prescriber accepting the patient must choose to continue or discontinue each pre-transfer medication. For medications discontinued after transfer, the progress notes should be consulted for comments.

## Discharge

- Upon patient discharge, the discharging prescriber shall list medications the patient should continue after discharge on the Patient Discharge Plan.
- The prescriber at the time of discharge shall review the active admission medication list (i.e., Medication Reconciliation Form) for medications the patient was taking at the time of admission to ensure there has been no error of omission of medications since hospitalization.
- The discharge plan should include stopped medication orders.
- Signature on the Patient Discharge Plan indicates that medication reconciliation at the discharge stage has been completed.

| Hospital-Wide Official Unauthorized Abbreviation List | | |
|---|---|---|
| **Do Not Use** | **Potential Problem** | **Use Instead** |
| U | Mistaken for "0" (zero), the number "4" (four) or "cc" | Write "unit" |
| IU | Mistaken for IV (intravenous) or the number 10 (ten) | Write "International Unit" |
| Q.D., QD, q.d., qd<br>Q.O.D., QOD, q.o.d, qod | Mistaken for each other. Period after the "Q" mistaken for "I" and the "O" mistaken for "I" | Write "daily"<br>Write "every other day" |
| Trailing zero (X.0 mg)<br>Lack of leading zero (.X mg) | Decimal point is missed | Write X mg<br>Write 0.X mg |
| MS, MSO4 and MgSO4 | Can mean morphine sulfate or magnesium sulfate<br>Confused for one another | Write "morphine sulfate"<br>Write "magnesium sulfate" |