

## Med Reconciliation – In-Patient Process

To improve patient safety, patient's home medications and allergies will be reconciled with his/her inpatient medications upon admission, at time of any transfers and upon discharge.

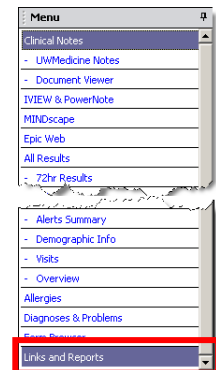
### Admit Orders/Reconciliation

- At admission the provider will print out the **Home Meds: Admit Orders/Recon** Form. This will serve as the official admit order form for all medications.

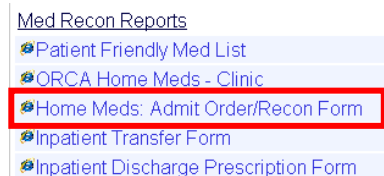
*Note: If a patient has an empty list, print out a blank form, complete it with the patient and fax to Pharmacy along with the admission orders.*

### Printing Home Meds/ Admit Order (HMOF)

- Open patient's chart.
- Scroll down and select **Links and Reports** Menu item.



- Click on **Home Meds: Admit Orders/Recon Form** – it will generate a form that lists the patient's current home medications.



- Click **Print** icon.
- Complete the order form by:
  - Reviewing medications and allergies and update if indicated
  - Draw a line through medications the patient is no longer taking
  - Write corrections to dose or sig in the **"Corrections"** column
  - Add home medications not listed on the blank lines provided in the section **"Additional HOME Medications only"**

- Circle **“Order”** to continue a home medication as an inpatient order
  - Order new inpatient medications on the blank lines provided in the section **“Admission Orders: New Hospital Medications”** section
  - Sign, date and time ALL pages
  - Attach the HMOF to the admit orders for processing
6. Place the **Home Meds: Admit Orders/Recon** form with the patient’s Admission Orders to be faxed to pharmacy.

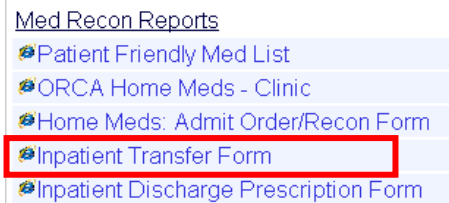
*Note: After receiving the **Home Meds** Form Pharmacy will update the **Home Medication** list in the **Med Profile** tab in ORCA as necessary.*

## Transfer Medication Reconciliation

In order to improve patient safety and comply with Patient Safety mandates, a patient’s current home medications will be reconciled with their transfer orders every time a patient is transferred. This includes transfers for changes in level of care and transfers to the OR.

### Printing Inpatient Transfer Form

1. Open patient’s chart.
2. Scroll down and select **Links and Reports** Menu item.
3. Click on **Inpatient Transfer Form** – includes two sections - Active Inpatient orders and Home Medication List.
4. Click **Print** icon.
5. Complete the order form by:
  - Indicating changes to medication orders in the **“Changes”** column
  - Circle **“ORDER”** for medications the patient is to receive upon transfer
  - TPN, insulin, heparin, epidurals, PCA and albumin orders require pre-printed forms
  - Additional orders may be written on the available lines
  - Sign, date and time ALL pages of the transfer form
6. Attach the Transfer Form to the patient’s other transfer orders.



## Discharge Medication Reconciliation

- At discharge patient’s current inpatient list needs to be reconciled again with patient’s home medications.
- Printing out the Inpatient Discharge Prescription Form presents patient’s current and home meds in alphabetical order with home meds bolded.

## Printing Inpatient Discharge Prescription Form

1. Open patient’s chart.
2. Scroll down and select **Links and Reports** Menu item.
3. Click on **Inpatient Discharge Prescription Form**.
4. Click **Print** icon.
5. Complete the order form by:
  - Reviewing allergies and update if indicated
  - Reviewing BOTH the Pre-Admission **Home Medications (BOLD)** and *Inpatient Medications (Italics)*. Watch for Duplicates!
  - Drawing a line through medications to be discontinued at discharge
  - Write NUMBER to dispense for all medications to be continued, including PRN medications
  - Write “zero” if supply not needed or going to SNF
  - Add additional medications if needed
  - To prevent forgery, indicate the number of prescriptions written in the box in the lower right corner on each page

Med Recon Reports

- [Patient Friendly Med List](#)
- [ORCA Home Meds - Clinic](#)
- [Home Meds: Admit Order/Recon Form](#)
- [Inpatient Transfer Form](#)
- [Inpatient Discharge Prescription Form](#)

HOME / Inpatient	Draw a line through Medications to be DISCONTINUED at discharge	Directions	Write # to Dispense ("zero" if supply not needed/SNF)
Inpatient	Carbamazepine 200mg tab(carbamazepine)	200 mg Oral Every 12 hours	30
Inpatient	Docusate 250mg cap(docusate)	250 mg Oral Every 12 hours	30
<del>Inpatient</del>	<del>HydromorPHONE 2mg tab(hydromorPHONE)</del>	<del>2 mg Oral Every 4 hours as needed Pain</del>	<del>30</del>
HOME	phenytoin(Dilantin)	200 mg Oral Twice daily	zero
<del>Inpatient</del>	<del>Phenytoin ER 100mg cap(Dilantin)</del>	<del>200 mg Oral Every 12 hours</del>	<del>30</del>
Inpatient	Senna 8.6mg tab(senna)	2 tabs Oral Every 12 hours	30

Allergies: NKA;

Additions or Changes to Discharge Medications	Directions	Quantity
Acetaminophen 650 mg	650 mg po q4-6 hours for pain	30

6. Fax the order to pharmacy.