PRAIRIE NORTH REGIONAL HEALTH AUTHORITY	POLICIES & PROCEDURES **Number:** 15579(P) **Category:** Continuing Care/Home Care **Title:** Medication Reconciliation in Home Care – Admission Procedure
Approved by: VP of Integrated Health Services Gloria A. King	**Source:** Home Care Managers **Date Effective:** April 29, 2013

Review Date:					
Initial:					

PROCEDURE

1. Client is admitted to Home Care for medication management: monitoring or administration.

2. Complete the Best Possible Medication History (BPMH) with the client and family in the client's home.

3. The prescriber reviews the form, addresses or clarifies any discrepancies and indicates whether or not Home Care nursing may administer the medications or other products.

4. The reconciled list is returned to Home Care.

Best Possible Medication Interview

1. The information will be taken from as many sources as are available for the client.

2. Sources include: Client, Family/Caregiver, Prescription vials/Blister pack, Community Pharmacy, Physician/RN(NP) prescription, PIP, Physician/RN(NP) samples, other.

3. Non-physician/RN(NP) directed natural, alternative and OTC products should be included.

Completing The Best Possible Medication History

1. Any discrepancies between the sources of information will be documented and coded (See Medication Reconciliation/BPMH form). Comments are added in the explanation column to further clarify the discrepancy for all codes greater than 0.

2. Medications ordered by Physician/RN(NP) but administered elsewhere are documented on the BPMH and specifics described in "Explanation" (e.g. Cancer clinic administer Chemo, physician administers Vitamin B12). The prescriber is not expected to reconcile these orders therefore the nurse would write "FYI" in "Continue column: draw a line through "Stop" and "Comments".

3. The completed Med Rec/BPMH form will be faxed to the most responsible prescriber for reconciliation.

Reconciling The Med Rec/BPMH Form

1. It is the prescriber's role to reconcile any discrepancies listed on the Med Rec/BPMH form. Reconciliation requires the prescriber to indicate to **continue** or **stop** each medication, note any comments required for clarification and to sign and date the completed form.

2. Once the discrepancies have been reconciled, the prescriber must fax the completed form back to the Home Care Nurse.

3. The completed Med Red/BPMH is processed and filed in the client's chart and is considered to be the most current orders.

4. The nurse faxes the reconciled Med Rec/BPMH form to the Community Pharmacy.

Procedure For Processing Physicians/RN(NP) Orders After Medication Reconciliation Is Complete:

1. Medications are transcribed to the Medication Administration Record.

2. Medication Administration Record is dated and signed by the transcribing RN/LPN.

3. The Med Rec/BPMH is dated and signed by the RN/LPN indicating the reconciliation has been completed.

4. The reconciled Med Red/BPMH form remains in the client's file, and is filed sequentially in the doctor's order section of the chart with the most current date on top. Ensure the original unsigned Med Rec/BPMH for is shredded.

5. High Alert Medications: Per Policy 12406(P) Acute and Emergency Services: insulin, high potency narcotics, and chemotherapeutic agents, must be reconciled prior to being administered by Home Care.

REFERENCES

Accreditation Canada. (2012). *Required Organizational Practices 2012*. Ottawa, ON: Author.

Safer Healthcare Now. (January 2011). *Medication Reconciliation in Home Care: Getting Started Kit.* Retrieved April 23, 2013 from http://www.saferhealthcarenow.ca/EN/Interventions/medrec/Documents/Home/Medication%20Reconciliation%20in%20Home%20Care%20Getting%20Started%20Kit.pdf

Saskatchewan Registered Nurses' Association. (2007). *Medication Administration: Guidelines for Registered Nurses.* Regina: Author