MEDICATION RECONCILIATION

From Admission to Discharge in Long-Term Care

1 ADMISSION

AT ADMISSION:

The goal of medication reconciliation at admission is to ensure that all medications ordered are complete, accurate and congruent with what the resident was taking prior to admission to the facility and that any discrepancies with the medications ordered are intentional.

Compare:

Best Possible Medication History (BPMH)

vs

Admission orders

to identify and resolve discrepancies

2 TRANSFER

AT TRANSFER:

The goal of medication reconciliation at internal transfer is to ensure that all medications orders are completely and correctly transferred with the resident to the transferring unit and that any discrepancies with the medication list are intentional.

Compare:

Most Current Medication List

vs.

New Transfer Order

to identify and resolve discrepancies

3 DISCHARGE

AT DISCHARGE:

The goal of medication reconciliation at discharge or external transfer is to communicate an up-to-date, complete and accurate list of the resident's current medications, thereby equipping the next provider of care with adequate information to perform medication reconciliation.

Communicate:

Most Current Medication List

and

Recent changes

(include new medication orders, adjusted doses and discontinued medications)

to the next care provider

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