THE INDISPENSABLE TOOL FOR THE CLINICAL PHARMACIST

OXFORD HANDBOOK OF CLINICAL PHARMACY

EDITED BY Philip Wiffen | Marc Mitchell
Melanie Snelling | Nicola Stoner

Provides practical, quick-reference information in a bullet-point format ideal for daily use by pharmacists

Complements the British National Formulary

Covers a range of new topics including COPD, HIV, TB, mental health, and neurological disorders

OXFORD MEDICAL PUBLICATIONS

Oxford Handbook of Clinical Pharmacy

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Third Edition

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Medicines reconciliation

Medicines reconciliation is defined by the National Prescribing Centre as the process of obtaining a current and accurate medication list, including documentation of any discrepancies, changes, additions, or deletions.[6] There are two stages to medicines reconciliation: basic (stage 1) and full (stage 2). Stage 1 involves the identification of a patient's current list of medication, whereas stage 2 includes the comparison of the current list to the most recent available list for the patient, and identifying and acting upon discrepancies.

Guidance issued by NICE[7] states that:

- pharmacists should be involved in medicines reconciliation as soon as possible
- the responsibilities of pharmacists and other staff involved in medicines reconciliation are clearly defined.

Strategies should be incorporated to obtain information from patients with communication difficulties, such as speaking to a parent or carer.

For each medication, documentation of the following information will be required:

- Drug name
- Dose
- Frequency
- Formulation
- Duration of treatment
- Indication
- Any problems with medication, such as with administration (e.g. inhaler), ADRs, or allergies
- Is the patient taking their medication according to the prescribed instructions?

It is essential that details of all types of medication are obtained from a number of sources, including the following:

- Medicines prescribed by the GP.
- Medicines prescribed by the hospital.
- Over-the-counter medicines.
- Alternative (e.g. herbal or homeopathic) medicines or vitamins.
- Recreational drugs—discuss with patient before documenting, as many patients may not want this documented.
- All forms of medicine (e.g. tablets, liquids, suppositories, injections, eye drops/ointments, ear drops, inhalers, nasal sprays, creams, patches, and ointments).
- If a compliance aid (e.g. Dosette® box) is used, who fills it?

Medication will often have to be verified if patients cannot remember the details of their medication and have not brought their medication with them. Local hospital procedures may specify a minimum number of sources that are required and sources may include:

- checking against the POD supply
- checking against GP letters

- checking records of prescriptions used in the community (FP10 prescriptions in UK)
- telephoning the GP's practice, and requesting a faxed copy of the patient's current medication, or checking against electronic patient record.

As part of medicines reconciliation, it is vital that any allergies are established along with the nature of the reaction.

In addition to the above-mentioned information, the following should be documented as part of the medicines reconciliation process:

- Date and time
- Information provided to the patient as a result of this process
- Signature
- Name, profession, and contact information
- If appropriate, any discrepancies or pharmacist recommendations may be documented in the medical notes. See ➔ 'Writing in medical notes', p. 59 for further information.

References

6. National Prescribing Centre. 'Medicines Reconciliation: A Guide to Implementation', https://www.nicpld.org/courses/fp/assets/MM/NPCMedicinesRecGuideImplementation.pdf
7. NICE (2015). 'Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (NG5)', www.nice.org.uk/guidance/ng5