Medication Reconciliation Tips

- Medications should be reconciled following hospitalizations, ER visits, specialist appointments, long gaps in time between patient encounters or other reasons deemed appropriate.

- Medication reconciliation step-by-step:
  1. Assemble the medication lists (physician’s chart, patient’s medication list, discharge medication list, prescription bottles, samples, etc).
  2. Review and compare the previous lists and new lists against the physician’s orders. Remember to validate how the patient is actually taking a medication. It could be different than prescribed.
  3. Identify, clarify and document medication discrepancies. Check for:
     - Drug-duplications
     - Drug omissions
     - Drug-drug interactions
     - Drug-disease contraindications
     - Changes in dose or directions
     - Patient taking differently then prescribed or not taking at all
  4. After an accurate medication list has been gathered and any discrepancies are identified, clinical decision making can then take place with respect to a patient’s conditions and medications.
  5. Communicate and share the reconciled medication list with patients, caregivers and any other specialty physicians.

- Detailed medication reconciliation helps to better understand drug adherence and identify non-adherent individuals, which can impact treatment decisions. It provides the opportunity to assess barriers and improve medication adherence.

- Encourage patients to keep an accurate list of medications and provide them with a medication list prior to leaving the office.

- Get the patients involved with their health care. Educate patients on their medications and ensure understanding and ability to take the medication as prescribed.

References: