The Capsule
July 2021

Backordered Meds
- Unasyn 1.5gm
- Dexilant 60mg
- Gentamicin Opthalmic Oint.

New Generics
- Formoterol 20mg/2mL (Perforomist)
- Arformoterol 15mcg/2mL (Brovana)
- Brinzolamide Opth. Susp. (brand name: Azopt Opth.)

What is Medication Reconciliation?

The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

Key components of medication reconciliation

*Nurse or other qualified professional at the facility (NP, PA, physician) should complete a medication reconciliation on all new admissions and readmissions

1. Compare the discharge medication list to the medications the patient was taking in the hospital and at home
   a. note newly prescribed drugs or omissions without explanations.
   b. note differences in a prescribed drug's form (e.g., extended release versus immediate release), dose, frequency of administration, or route of administration.
2. Review body of the discharge summary for
   a. discrepancies in the discharge medication list. Often there will be new medications and discontinued medications noted in the discharge summary that are not reflected in the discharge medication list.
   b. medication diagnosis/reasons for use
3. Interview the resident/family to verify
   - omitted and new medications
   - reasons for taking medications including missing diagnosis for medications
   - medication allergies - specifically, verify accuracy of allergy list and type of reaction (i.e. rash vs anaphylaxis)
4. Call the prescriber to
   - discuss any discrepancies found
   - clarify the continuation/discontinuation of hospital medications
   - clarify diagnosis for medications when not noted in discharge summary
   - ask about the frequency monitoring (i.e. blood glucose, labs, and INR including the desired targeted range for monitoring).
5. Have pharmacists review the list of medication as they can help identify omitted or non-indicated medications and dosing errors.

Admission medication reconciliation important

- Error rates of 21% or more have been reported during transitions between hospitals and LTC facilities. Up to 60% of these errors have been serious, life-threatening, or fatal.
- Studies have shown that information on discharge summaries do not match for more than half of the admissions to LTC.
- Medication errors that originate during transition from a hospital to a LTC facility have also led to readmissions to the hospital. Patients/residents with medication discrepancies on their health record have a higher rate of 30-day readmissions than patients without medication discrepancies.

*https://www.ismp.org/resources/hospital-long-term-care-protecting-vulnerable-patients-during-handoff

Drugs commonly involved in Transition Errors	
Medication	**Common Error Type(s) During Transition**
Anticoagulants	-Dosing errors -Omissions/delays in administration -Accidental continuation used during acute illness -Omission of stop date when used for DVT prophylaxis
Warfarin	-Communication error regarding dose -Failure to order INR
Insulin	-Communication error regarding dose -Failure to order blood glucose monitoring
Lipid lowering agents	-duplications in therapy due to hospital formulary substitutions (not reconciled at discharge)
Potassium supplements-	-Omissions -Accidental continuation used during acute illness but no longer needed
Inhalers	-Duplications in therapy due to hospital formulary substitutions (not reconciled at discharge)
Aspirin	-Dosing errors
Patches (i.e. Fentanyl, Exelon, nicotine)	-Dosing errors -Patches not removed and properly discarded before application of new patch
Omeprazole (and other PPIs)	-Duplications in therapy due to hospital formulary substitutions (not reconciled at discharge) -Accidental continuation of drug used during acute illness but no longer needed
Morphine	-Dosing errors -Name confusion with methadone -Mix-ups between regular strength and concentrated oral solutions
Other gastrointestinal agents[6] (e.g., laxatives, stool softeners, antidiarrheals, antiemetics)	-Omissions or accidental continuation of a drug used during acute illness but no longer needed

References: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/7_medication_reconciliation.pdf