

**MARTIN LUTHER KING, JR  
OUTPATIENT CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b> CLINICAL	<b>NUMBER:</b> 2.119
<b>SUBJECT:</b> MEDICATION RECONCILIATION	
<b>SECTION:</b> MEDICATION MANAGEMENT	<b>PAGE:</b> 1 <b>OF:</b> 2
<b>REVIEWED BY:</b> POLICY AND PROCEDURE COMMITTEE, AND EXECUTIVE LEADERSHIP	<b>EFFECTIVE DATE:</b> 11/01/07
<b>TO BE PERFORMED BY:</b> APPLICABLE STAFF	<b>REVISION DATE:</b> 10/27/09 <b>REVIEWED DATE:</b> 6/24/16

**PURPOSE**

Medication Reconciliation is the process by which the patient's current medications are compared with those ordered for the patient while under the care of the organization. This process is designed to maintain continuity of care and decrease any adverse drug events (ADE) or potential ADE and provides best therapeutic outcomes.

**POLICY**

A medication history will be obtained on all patients upon entry for a clinical visit (where medications may be prescribed) and reviewed by a physician before new medications are ordered and prescribed.

**PROCEDURE**

1. At the time the patient enters the organization for a clinical visit a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating this list. This list is maintained in the patient's medical record.
2. The provider reviews the list and any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the patient is under the care of the organization. The treating provider will provide corrections to the list as necessary and note medications that remain active.
3. Any newly prescribed medications that the patient is to continue post-visit is noted on the medication list at the end of the visit.
4. When the patient's care is transferred within the organization the current provider(s) informs the receiving provider(s) about the up-to-date reconciled medication list. The availability of the information may be electronic or paper-based.
5. When a patient is referred to or transferred from our organization to another, the complete and reconciled list of medications is communicated to the next provider of service (via a copy of the medication list), and the communication is documented. Alternatively, when a patient leaves the organization's care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, the original referring provider, or a known next provider of service (via a copy of the medication list given to the patient).

**NOTED AND APPROVED:**

\_\_\_\_\_  
Cynthia Oliver, Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ellen Rothman, M.D., Chief Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessie Barber, R.N., Nursing Director

\_\_\_\_\_  
Date

Signature(s) on File.

<b>REVIEWED:</b>						
------------------	--	--	--	--	--	--