Medication Reconcilliation
Definitions

Medication Reconciliation is done at different points of transitions of care:

- Admission
- In Hospital Transfer (from unit to unit)
- Hospital to Hospital
- Discharge

Definitions:
Primary Medication History (Med Hx):

- An initial medication history taken at the time of admission, by a health care provider.

Best Possible Medication History (BPMH):

A history created using:

- a systematic process of interviewing the patient/family/care giver; **AND**
- a review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed).
- Complete documentation includes **drug name, dosage, route and frequency**.
- The BPMH is **more comprehensive** than a routine primary medication history which may not include multiple sources of information.

When **a BPMH has been documented** in the electronic chart, the Medications History (Meds History) is considered complete and the status bar will display a green check mark.

= BPMH complete

Admission Medication Reconcilliation:

Admission Medication Reconciliation allows providers to reconcile home medications with hospital orders on admission. It is based on the patient's home medications recorded in the Document Medication by Hx tab.

In Hospital Transfer Reconciliation:

In Hospital Transfer Medication Reconciliation is used when a patient transfers internally within a Health PEI acute care facility eg ICU to Medical unit

Hospital to Hospital Transfer Medication Reconciliation:

Hospital to Hospital medication reconciliation is used when discharging a patient from one Health PEI acute care hospital to another Health PEI acute care hospital eg. QEH to PCH

Discharge Medication Reconciliation:

Discharge Medication Reconciliation is used when discharging a patient to home or a non acute care health facility or out of province.