### Medication Reconciliation Database

*(See Instructions on the back)*

<table>
<thead>
<tr>
<th>Place of Meds: NB=Not Brought</th>
<th>ON=On Unit</th>
<th>S=Sent With</th>
</tr>
</thead>
</table>

**Information Source:**

- Patient
- Family/Caregiver
- Clinical Record
- H&P (<30 Days)
- Retail Pharmacy
- Other

**Addressograph**

- Ht (in): __________
- Wt (kg): __________

### PROHIBITED ABBREVIATIONS:

- qd, qod, U, IU, .X, X.0, MS, MS04, MgSO4, μg, cc, R, L, tiw

### HOME PRESCRIPTION MEDICATIONS:

- Pumps, Patches, Inhalers, Sprays, Topicals, Pills, etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of Meds</th>
<th>Provider/Info Source</th>
<th>Home Prescribed Medication (Name, Dose, Route, Frequency)</th>
<th>Start Date (Approx)</th>
<th>Reason</th>
<th>Last Dose (Date &amp; Time)</th>
<th>Physician documentation only</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Continue on admission?</td>
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<td>Continue on discharge?</td>
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</tbody>
</table>

- Y: Yes
- N: No
- △: Unknown

### Compliance:

- Do you take your meds as prescribed?  YES  NO  If not, Why?

#### OTC, HERBALS, VITAMINS

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of Meds</th>
<th>Provider/Info Source</th>
<th>Home Prescribed Medication (Name, Dose, Route, Frequency)</th>
<th>Last Dose (Date &amp; Time)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

#### VACCINES

- Influenza:
- Pneumococcal:
- DTaP or Td:
- MMR:
- Hepatitis B:
- Varicella (chickenpox):
- Hib:
- Synagis:

**A multidisciplinary committee is piloting this process and is actively monitoring its implementation. Issues are anticipated and will be addressed. Please provide constructive feedback to the committee via email to Kimberley Hite, khite2@uky.edu. Thank you.**

Pilot (12/05)
ALLERGIES AND INTOLERANCES

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider initials/Info Source</th>
<th>Home Prescribed Medication (Name, Dose, Route, Frequency)</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
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</table>

☐ Home Oxygen (Liter flow ________)

☐ BiPap/CPAP (setting ___________)

☐ Renal Dosing? (CrCl__________)

☐ Hepatic Dosing?

Pregnant: ☐ Yes ☐ No ☐ N/A
Breastfeeding: ☐ Yes ☐ No ☐ N/A

Home Pharmacy: _______________
Phone: _______________

Collection

Signature MD: (required)____________________ Printed Name:__________________ Initials:_____ Pager_______Date/Time:________

Signature RN: (required)____________________ Printed Name:__________________ Initials:_____ Pager_______Date/Time:________

Signature Pharmacist_______________________ Printed Name:__________________ Initials:_____ Pager_______Date/Time:________

Reconciliation

I have reviewed the home medication list and have resolved all discrepancies between it and the current medication orders with the appropriate physician.

Reviewed on Admission By:___________________________ Printed Name:_______________________ Title:_____________ Date/Time:__________

Reviewed By:___________________________ Printed Name:_______________________ Title:_____________ Date/Time:__________

Reviewed By:___________________________ Printed Name:_______________________ Title:_____________ Date/Time:__________

Reviewed By:___________________________ Printed Name:_______________________ Title:_____________ Date/Time:__________

Reviewed By:___________________________ Printed Name:_______________________ Title:_____________ Date/Time:__________

Instructions for Proper Use

1. The physician, nurse, or pharmacist first interviewing the patient should take as thorough a medication history as possible. Consultation with the primary care physician, outside pharmacy, and family members may be necessary to generate the most accurate list.
   - Information should be updated on form as care providers conduct subsequent interviews. All providers adding or clarifying information on form should initial and sign in the 'Collection' section on the back of the form.
2. Physician should indicate which home medications should be continued/discontinued upon admission by circling Y for yes or N for no. If a home medication is continued but modified dose or frequency, circle the Δ to indicate it has been changed.
3. Medication Reconciliation Database form should be compared to admission medication orders by a pharmacist or other care provider within 48 hours of admission. The pharmacist or other care provider should identify any discrepancies and bring them to the attention of the physician for reconciliation.
4. At each transfer, this Medication Reconciliation Database form should be reviewed together with the patient’s medication profile. The provider should carefully consider whether each medication should be continued, resumed, or discontinued after the patient moves to another area within the hospital. If a discrepancy is noted, the pharmacist or other care provider should follow up with the physician for reconciliation.
5. At discharge, this Medication Reconciliation Database form should be reviewed together with the patient’s medication profile. The provider should carefully consider whether each home medication should be continued after the patient leaves the hospital and indicate by circling Y for yes or N for no. If a home medication is continued but modified dose or frequency, circle the Δ to indicate it has been changed and write a prescription on the discharge summary form.

Components of Medication Reconciliation Form

1. Place of Meds: Indicate where patients home medications are located (i.e., sent home with family, didn’t bring to hospital, stored with valuables).
2. Provider initials/Info Source: Indicate the source of information obtained (patient, caregiver, pharmacy, etc.) and initials of provider collecting information
3. All medications (prescription and OTC): list name, dose, route, frequency, approximate start date, intended use of medication, and date and time of last dose.
   - Dose for pediatric patients should be listed as mg/kg/dose
4. Allergies and intolerance: list medication name, what the reaction was, and circle A for allergy (SOB, Rash, Swelling, etc) or I for intolerance (stomach upset)
5. Vaccines: indicate if patient is up-to-date on vaccines and year of most recent shot, if known.