

APPENDIX 5: MEDICINES RECONCILIATION CHECKLIST EXAMPLE

MEDICINES RECONCILIATION CHECKLIST: GET IT RIGHT FIRST TIME

Patient name: _____

Hospital /NHS number _____

Or apply an addressograph label

CHECK EACH BOX (OR LEAVE BLANK IF NOT APPROPRIATE OR NOT POSSIBLE TO COMPLETE)

- Insert** this checklist into drug history section of notes
 - Check** notes for drug history and likely diagnosis
 - Introduce yourself:** smile, eye contact, **state** your name & role, and **ask** 'Is it OK to talk about your medicines?'
- | Can you communicate with patient | Yes | No |
|---|------------|-----------|
| <input type="radio"/> Ask 'Who looks after your medicines at home?' | | |
| <input type="radio"/> Record if and which regular Community Pharmacy | | |
| <input type="radio"/> Ask Do you have any difficulties taking your medicines? | | |
| <input type="radio"/> Ask 'Are they in separate boxes or one big pack?' | | |
| <input type="radio"/> Obtain consent for GP summary/SCR or GP fax | | |
| <input type="radio"/> Document drug intolerance/allergy, including reaction in notes, on chart etc. | | |

- Check/Document** PODs: suitable? +document quantity
- Check** MAR (& admin record) or **contact** Care Home
- Ask** about PODs at home; **Document 'H'** on chart if PODs at home
- Ask** Any recent meds changes or hospital admission?
- Ask** 'Do you get medicines from anywhere other than GP?' e.g. home delivery, hospital, chemo (Refer), clinical trial, MDA
- Check** if smoker: Cigarettes/day? NRT? Smoking cess referral?
- Ask** (where appropriate) if they use any of the following:
 - If warfarin where is yellow book? Refer to A/coag
 - If diabetic – Refer to diabetic nurses
 - Other monitoring booklets e.g. DMARD, Chemo
 - Once weekly medication (state day of week)
 - Home Oxygen
 - OTC, Herbal, internet, "recreational"
- Complete** DH on chart and notes (sign & date)

TAKE APPROPRIATE ACTION TO RECTIFY DISCREPANCIES

Completed by (initials): _____ Date: _____