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# Safe Medication Management (SMM) Programme

## Medicine Reconciliation

Obtaining the “most accurate”  
medicines list



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# Learning Objectives

After this session, you should be able to:

1. Explain why at least **two information sources** are used to obtain the 'most accurate' medicines list
2. Describe differences between **primary, secondary and tertiary** sources of information
3. **Understand** how 'medication history taking' techniques can **influence the accuracy of a medicines list**



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# Sources of Information Used

- **Information sources** determine quality of medication history
- Three types of information sources:
  - **Primary**
  - **Secondary**
  - **Tertiary**
- For verification minimum of **two source types** should be used
- **Primary source** is the principal starting point



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## Primary Sources

- Examples include:
  - **Verbal information** from the patient or patient's family/caregiver
  - Patient held medication list e.g. **yellow card**
  - **Patient's own medicines** (check date of supply and expiry date on each container)
- Always use **primary source** (where practical)
- Verify primary information using a secondary or tertiary source



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## Secondary Sources

- Examples include:
  - General Practitioner information
  - Community Pharmacy information
  - Community Mental Health team information
  - Non Government Organisations (NGO)
  - Rest Homes (RH)
  - Lead Maternity Carers (LMC)
  - Community health teams e.g. diabetic clinic
- Document full name and contact details of source used

# Tertiary Sources



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Examples include:

- Clinical notes
- Medication charts
- Transfer letters
- Hospital pharmacy records
- Previous medicine reconciliation documentation
- Can contain inaccuracies
- Always use with primary source



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## Information Complications

- Use two information sources because:
  - Patient can take medicines differently from what is prescribed or labelled
  - Patient's recall is poor
  - Medicines brought into hospital are expired or no longer being taken
  - Documentation contains omissions or inaccuracies
  - Information may not be current e.g. not yet written up and entered on the system
  - Multiple prescribers/pharmacies



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## Time frame

- Primary and Secondary sources
  - Cover at least a period of 6 weeks
  - Consider reviewing 3 months prior to today
- Tertiary Sources
  - Not older than 3 months





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# Patient's Medicines List

Contains as a minimum:

- Generic name, strength, form, dose, route and frequency of the medicine
- Brand name for bioequivalence reasons e.g. warfarin, diltiazem
- Over the counter (OTC), alternative, complementary, rongoā therapies being taken regularly
- Known medical warnings, allergies and adverse drug reactions

# Useful Information



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## Indications for use

- **Assessment of patient's adherence**
  - last medicine dose and time taken prior to hospital admission
  - date of last dispensed medicines
- **Details of new and/or discontinued medicines within last 3 months**
- **Changes in form, dose, route, frequency within last 3 months**
- **Side effects**



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## Prior to Patient Interview

- Gather as much information as possible
- Use patient's medical condition as a trigger to indicate likely medicines
- Ask patient if they have brought their medicines – use as a guide in the interview
- Verify patient's ability to give a reliable medication history with the nurse
- Check if a translator or caregiver or family representative is required



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## Patient or Caregiver Interview

- Explain why a medication history is taken and how it relates to the process
- Ask patient to describe how and when they take their medicines
  - vagueness may indicate non-compliance
- Ask about any allergies and/or ADRs they have had to medicines
  - When?
  - What happened?
  - Has it happened again?
- Ask which community pharmacy they use and if they have a contact number

# Questioning Technique



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- Use open ended simple questions
- Avoid leading questions
- Pursue the essential detail in line with patient's clinical context
- Use aids if available as a reminder e.g. medicines, medicines list or blister pack



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## During the interview

### Prompt for:

- Eye/ear drops, patches, sprays, inhalers, creams, pain relief, vitamins and minerals
- Non prescription medicines purchased at the gym, supermarket or health food shop
- Specific details on how often 'when required (PRN)' medicines are taken and why



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## Summary

- The **medication history** and **medicine reconciliation process** are complementary
- Always talk to **patient** (if practical)
- **Verify information** using a minimum of two sources
- The health practitioner compiling medicines list is responsible for ensuring **accuracy of information**