Medication Reconciliation Data Collection Form

Patient Demographics:

MRN #: ___   **Age:**___   **Gender:**___   **Wt:**__   **Ht:**___   **CrCl:**_____

Allergies: _____   **Admission Date:** _____   **Information Source:** Patient Interview

Family Member

Number of home meds:___ **Surgery type:** _____   Previous Medical Record

Home Meds Bottles Or Boxes

Time needed to collect the medication history: ___min   **Attending Surgeon:** _____

(Name / Dose / Route / Frequency) (including OTC Products and Herbs)	Indication	Compliant?	Last dose taken (Time)	Should continue on admission	cont'd?	substitud?	Reason for Withhold, and verified?

Current medications order form from patient medical chart:

Indication	Drug/dose/frequency/route

Critical Analysis of Discrepancies

☐ One-to-one Match ☐ Intended, Justified Discrepancies ☐ Unintended Discrepancies

Total Number of Reconciliation Errors/Unintended Discrepancies: _____

REs by Medication Type:

☐ Over the Counter (OTC) ☐ Presciption ☐ Herbal ☐ Allergies

Discrepancies by Error Type:

☐ Unintended Omission ☐ Wrong drug ☐ Wrong dose ☐ Wrong route ☐ Wrong frequency
☐ Duplication ☐ Drug interaction ☐ Allergy alert ☐ Wrong allergy ☐ Unjustified Omission

REs by Route of Medications involved:

☐ Oral ☐ SC ☐ Buccal ☐ Inhaled ☐ Ophthalmic
☐ IM ☐ IV ☐ Rectal ☐ Otic ☐ Topical

REs by Therapeutic/Pharmacological Class of Medications involved:

☐ Diuretic ☐ Lipid Modifying ☐ Antipsychotic ☐ Drug for acid disorders ☐ Antibiotic
☐ Beta Blocker ☐ Analgesic ☐ Oral Antidiabetic ☐ Vitamin ☐ Mineral Supplements
☐ Antiepileptic ☐ Insulin ☐ Antidepressants ☐ Antidiarrheals/Laxatives/Antispasmodics
☐ Anti-Parkinson ☐ ACE/ARB ☐ Drugs for asthma/COPD **Other. Specify:** _____

REs by Surgical Department:

☐ Cardiovascular ☐ Urology ☐ Orthopedics ☐ Gastrointestinal ☐ Neurology ☐ Plastic ☐ Thoracic

REs Involving High-Alert Medication ☐ Yes ☐ No

Proximal cause leading to the reconciliation errors (as determined by the pharmacist)

☐ Clinician knowledge (ie, lacking familiarity with medication regimens)

☐ Patient knowledge (ie, lacking familiarity regarding their medication regimens)

☐ Dosage form confusion

☐ Brand name and generic name similarity (Look-Alike and Sound-Alike)

☐ Non-compliance of physicians with evidence-based recommendations

☐ Unknown (ie, pharmacist unable to determine potential cause leading to medication error)

Potential severity of the error:

☐ Clinically insignificant (Error that would not likely cause harm)

       Ex: Omission of oral ferrous sulfate, omission of statin, wrong PPI Dose

☐ Significant (have the potential to cause harm and require increased monitoring)

       Ex: Wrong dose of antihypertensive

☐ Serious (have the potential to cause harm and likely to require 1)intervention or 2)prolonged hospital stay)

       Ex: Wrong dose of warfarin, omission of levertiracetam for seizure disorder

☐ Life-threatening (have the potential to cause death)

       Ex: Wrong controlled release morphine death, Nifedipine 90mg immediate release ordered instead of SR.

Medication-related Interventions:

<u>Type of intervention:</u>

☐ Adjust dose   ☐ Add a drug   ☐ D/C a drug   ☐ Adjust frequency   ☐ Adjust route

☐ Educate the patient   ☐ Highlight drug interactions   ☐ Highlight a drug-disease interactions

☐ Monitor drug parameter(s)   ☐ Discontinue drug/give from home supply   ☐ Suggesting alternative brand

Total number of interventions: _____

☐ Accepted   ☐ Rejected   ☐ Pending review

Intervention type	Intervention	Accepted