

Medication Reconciliation Tool

Member Name: _____

Member PMI #: _____

Medication Discrepancy Event Description: (if additional space is needed use another form)				
Event #	Medication	Dose	Frequency	Route
1				
2				
3				
4				
5				
6				

Cause and Contributing Factors: Place the Medication Discrepancy Event number to the left of each factor that applies:

Patient Level	System (Agency/Clinic/Hospital) Level		
	Adverse Drug Reaction		Prescribed with known allergies
	Intolerance		Conflicting information from different sources
	Did not fill prescription		Confusion between brand & generic names
	Did not need prescription		Discharge information incomplete/inaccurate/illegible
	Money/Financial Barrier		Duplication of drug
			Incorrect dosage
			Incorrect quantity
			No care giver/need for assistance not recognized
			Cognitive impairment not recognized

Questions:

1. Did you call the primary care provider to clarify and clear up discrepancies? Yes No
2. Did the member receive a reconciled medication list? Yes No
3. Did you send a copy of this tool to the primary care provider? Yes No
4. Did you send a copy of this tool to the member's County Care Coordinator? Yes No

Resolution: Check all that apply

- Advised member to stop taking/start taking/change administration of medication
- Discussed harm that may result from non-adherence
- Discussed potential benefits for adherence (preventing future unplanned transitions)
- Addressed performance/knowledge deficit
- Provided additional community resources to facilitate adherence
- Member Refused Visit – Reason: _____
- Other: _____

***Registered Nurse/Public Health Nurse: I have reviewed the current medications, by interview of member and viewing of pill container, and reconciled with hospital discharge medication list*

Nurse's Signature _____ County/Home Health Care Agency _____

Date of Medication Reconciliation _____