

11. Medication Reconciliation

Medication Reconciliation is a button that allows the physician to efficiently reconcile a patient’s documented medication list, to quickly and accurately make the appropriate decision on each medication order and document compliance on all medications. Central to the reconciliation process should be a single source of up-to-date medications with all necessary order details.

Note: Before Medication Reconciliation is preformed the medication profile needs to be reviewed and corrected. Medications that the patient has not taken for some time, duplicates, and obviously erroneous entries should be corrected or removed. If a nurse or clinician has documented med compliance and there are meds that a patient is not taking, the provider needs to verify with the patient before removing the medication from the medication profile.

Document Medications by History

Documenting historical medications is the first step in reconciling medications. You can view the status of a patient's medication history in the upper-right corner of the Orders window.

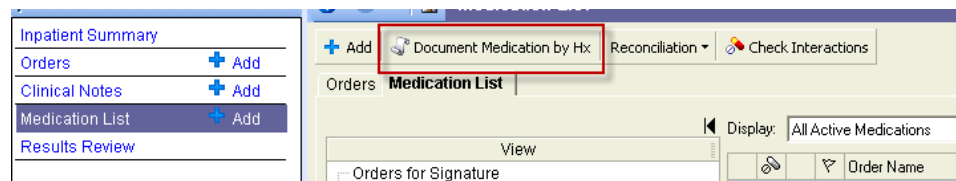



Note: Nursing can reset the Adm. Meds Rec checkmark to signify that more home medications have been added. The medication reconciliation is a continuous process, the Provider should review and complete as needed.

Patient with Historical Medications

Complete the following steps to document historical medications from the Add Order window:

1. From the Orders window, click Document Medications by History



- Click Add . The Medication Search window opens.
- Type the name of the medication in the Find box and click Search.

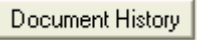
Find:

- Select the medication from the list.
- Click Done to close the Add Order window.

- Click the Details tab and enter the order details if known.

Note: For documented medications, no order details are required to sign the order. The system allows you to enter as much information as necessary about the patient's medication history but does not require you to enter details and possibly limit your ability to enter partial information.

- Click the Compliance tab to select the status and information source. Enter the last dose date and time.

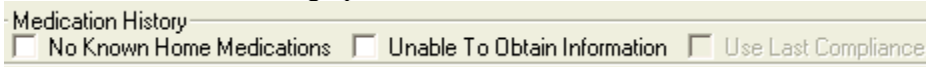
- Click Document History . The patient's medication history is added to the Medications List in the Order Profile.

Note: You can also document historical medications by clicking Document Historical Medications from the Orders component as described below.

Patient without Historical Medications

Complete the following steps to document historical medications:

1. From the Orders window, click Document Medication by Hx. The Document Medication by Hx window opens.
2. Select one of the following options:

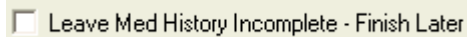


No Known Home Medications - If there is no known home medication history for the patient, select the No Known Home Medications option. This is displayed in the Medication History view as No Known Home Medications, along with the name of the user that documented the information and the date and time it was documented.

Unable to Obtain Information - If you are not able to obtain the patient's medication history, select the Unable to Obtain Information option. This is displayed in the Medication History view as Unable to Obtain, along with the name of the user that documented the information and the date and time it was documented.

Use Last Compliance - If there are qualifying medication orders, prescriptions, documented medications, or all of the above, and the medication history is not in a Complete status, you can document these as Use Last Compliance. When this option is selected, each medication order, prescription, and documented medication use the compliance information that was most recently documented.

Leave Medication History as Incomplete - This option allows you to sign medication history orders or compliance you have documented while leaving the status as Incomplete.



1. Click Done to close the Add Order window. The Orders for Signature window opens.
2. Click Sign.

Admission Reconciliation

Admission Reconciliation cannot be completed until Document Medications by Hx is complete. It can be completed by adding Home Medications or by selecting the No Known Home Medications box, or the Unable to obtain Information box.

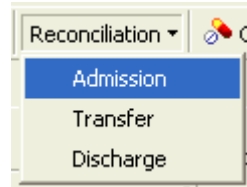


Reconciling the medications on admission displays the following orders:

- All active, historical, and prescription orders across the current patient encounter.
- All active inpatient orders across the current patient encounter.
- All active and previously active medication order from the past 24 hours.

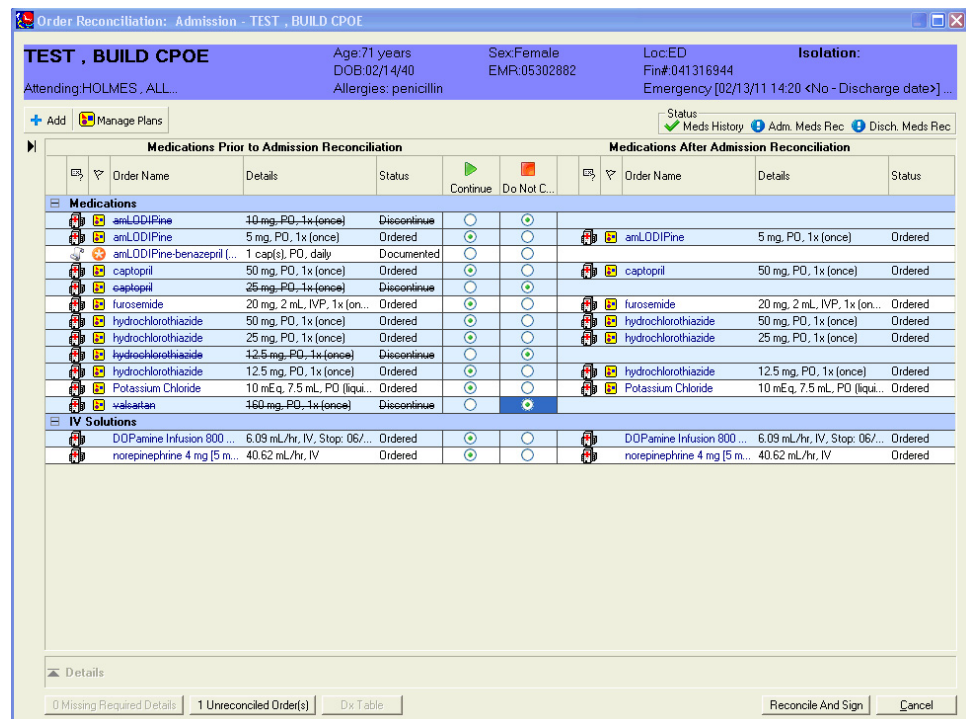
Note: All medications selected in yellow are required to be reconciled.

1. From the Orders window, click Reconciliation.

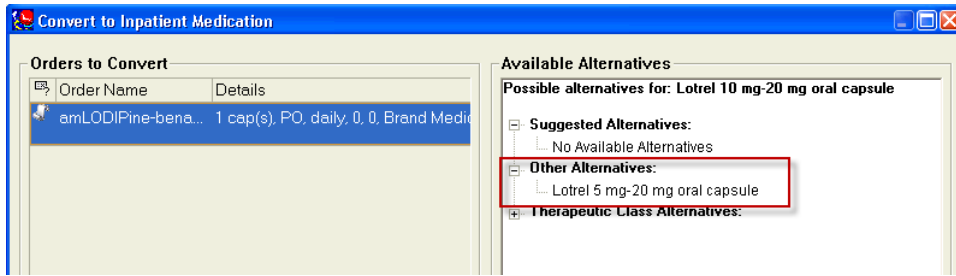


2. Select Admission from the list.

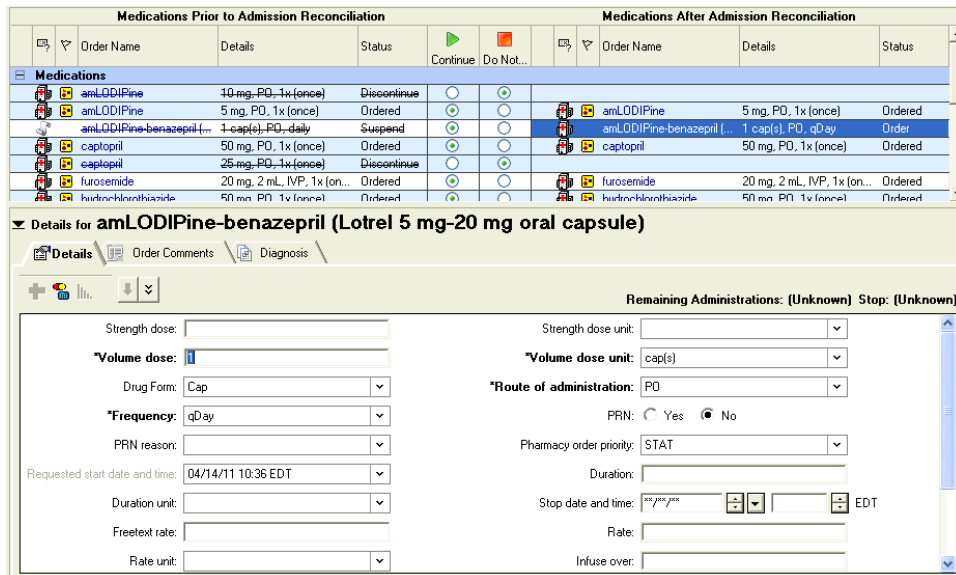
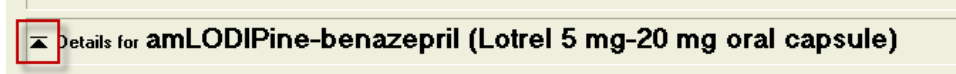
3. Make the appropriate selections from the Reconciliation Action. You can select Continue or Do Not Continue.



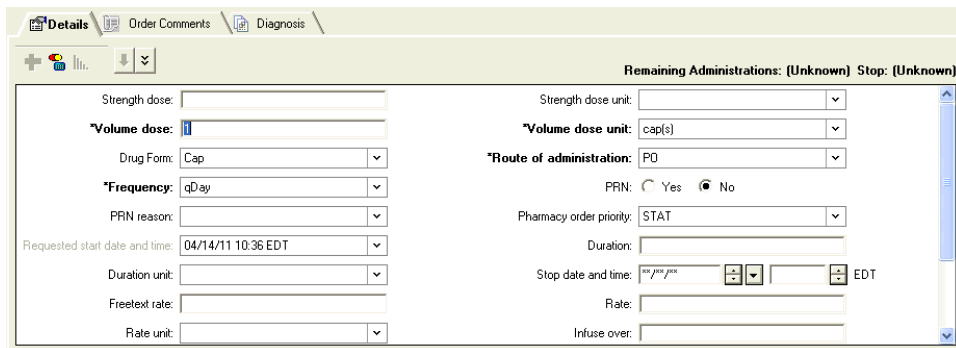
4. When continuing the use of a home medication (👤), you may be prompted to select an available alternative. Select the appropriate available alternative.



Select the medication in the Medications After Admission column to make any modifications. If the Details window does not display in the bottom of the window, click the show/hide arrow.



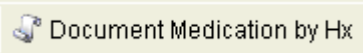
5. Edit details as needed.



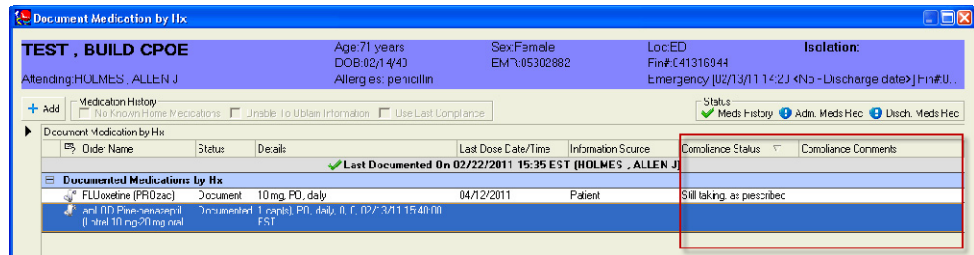
6. When all medications have been addressed, click Reconcile And Sign.

Medication Compliance

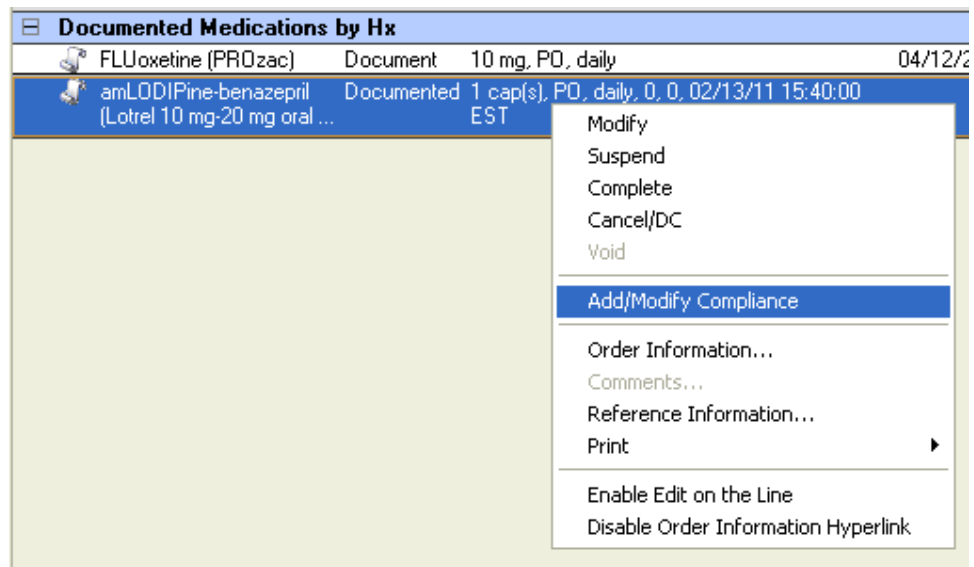
1. Click Document Medication by Hx



2. Review documented compliance for Hx.



3. Within Document Medication by Hx window, right-click medication and select Add/Modify Compliance.



4. Select an option from the list of Status.
5. Select an option from the list of Information Source.
6. Enter the last dose date/time in the Last Dose Date/Time box.
7. If the patient is not taking the medication as prescribed, enter a comment describing how they actually taking the drug in the Comment box.
8. Click Sign.

Note: In a realistic environment, add compliance information to all of the home meds listed in your patients chart.

Transfer Reconciliation

Reconciling medications on transfer displays the following orders:

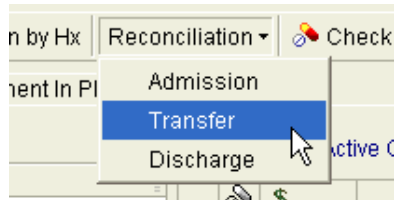
- All active and suspended historical and prescription orders across all patient encounters.
- All active inpatient orders across the current patient encounter.
- All active and previously active medication orders from the past 24 hours.

Note: The attending physician/team that patient is being transferred from must discontinue all orders that cannot be continued at the new location before the transfer has occurred. Once the patient is transferred, it is the new attending physician/team's responsibility to discontinue or add any other orders by completing the Transfer Reconciliation.

1. From the Orders window, click Reconciliation.



2. Select Transfer from the list.



3. Make the appropriate selections from the Reconciliation Action. You can select Continue or Do Not Continue.

Order Reconciliation: Transfer - TEST , BUILD CPOE

TEST , BUILD CPOE Age:71 years Sex:Female Loc:ED Isolation:
 DOB:02/14/40 EMP:05302882 Fin#:041316944
 Attending:HOLMES, ALLEN J Allergies: penicillin Emergency [02/13/11 14:20 <No - Discharge date>] Fin#:0...

Medications Prior to Transfer Reconciliation

Order Name	Details	Status	Continue	Do Not Continue
aml,DDIPine	10 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
aml,DDIPine	5 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
aml,DDIPine-benzazepil [...]	1 cap(t), PO, daily	Documented	<input type="radio"/>	<input type="radio"/>
captopril	50 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
captopril	25 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
furosemide	20 mg, 2 mL, IVP, 1x (on...	Ordered	<input type="radio"/>	<input type="radio"/>
hydrochlorothiazide	50 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
hydrochlorothiazide	25 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
hydrochlorothiazide	12.5 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
hydrochlorothiazide	12.5 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>
Potassium Chloride	10 mEq, 7.5 mL, PO (liqu...	Ordered	<input type="radio"/>	<input type="radio"/>
valsartan	160 mg, PO, 1x (once)	Ordered	<input type="radio"/>	<input type="radio"/>

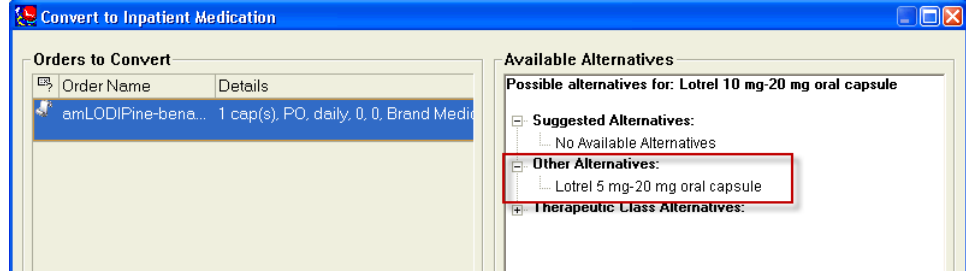
Medications After Transfer Reconciliation

Order Name	Details	Status
aml,DDIPine	10 mg, PO, 1x (once)	Ordered
aml,DDIPine	5 mg, PO, 1x (once)	Ordered
captopril	50 mg, PO, 1x (once)	Ordered
captopril	25 mg, PO, 1x (once)	Ordered
furosemide	20 mg, 2 mL, IVP, 1x (on...	Ordered
hydrochlorothiazide	50 mg, PO, 1x (once)	Ordered
hydrochlorothiazide	25 mg, PO, 1x (once)	Ordered
hydrochlorothiazide	12.5 mg, PO, 1x (once)	Ordered
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Potassium Chloride	10 mEq, 7.5 mL, PO (liqu...	Ordered
valsartan	160 mg, PO, 1x (once)	Ordered

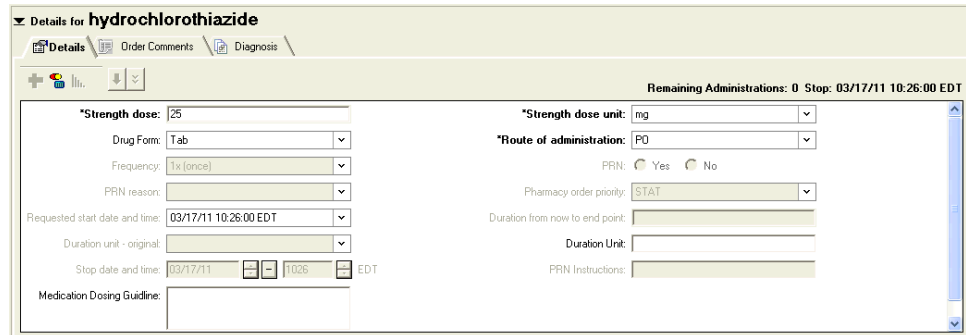
IV Solutions

Order Name	Details	Status
DOPamine Infusion 800 ...	6.09 mL/hr, IV, Stop: 06/...	Ordered
norepinephrine 4 mg [5 m...	40.62 mL/hr, IV	Ordered

- When continuing the use of a home medication (💰), you may be prompted to select an available alternative. Select the appropriate available alternative.



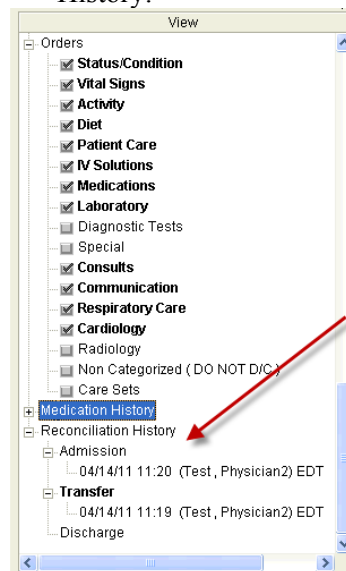
- Select the medication in the Medications After Transfer column to make any modifications. If the Details window does not display in the bottom of the window, click the show/hide arrow. Edit details as needed.



- When the medications have been addressed, click Reconcile And Sign.

View Reconciliation History from Navigator

- From the navigation pane in the Orders window, expand the Reconciliation History.



Review Orders for Transfer

1. From the navigation pane in the Orders window, expand the Reconciliation History.
2. Click Transfer in the navigator, and all of the medications that have been converted are displayed in the list.

Order Name	Details	Reconciliation Action
DOPamine Infusion 800 mg [2.5 mcg/kg/min] + ...	500 mL, IV, Routine, 03/13/11 11:02:00 EDT, 6.09 mL/hr, 82.1 hr, 500, 65, kg	Continue
Potassium Chloride	10 mEq = 7.5 mL, PO (liquid), 1x (once), STAT, 03/04/11 11:04:00 EST, Stop date 03/04/11 11:04:00 EST	Continue
amLDDIPine	5 mg, PO, 1x (once), STAT, 03/17/11 10:21:00 EDT, Stop date 03/17/11 10:21:00 EDT	Continue
amLDDIPine	10 mg, PO, 1x (once), STAT, 03/17/11 10:24:00 EDT, Stop date 03/17/11 10:24:00 EDT	Continue
amLDDIPine-benazepril (Lotrel 10 mg-20 mg oral ...	04/14/11 11:19 EDT	Suspend
amLDDIPine-benazepril (Lotrel 5 mg-20 mg oral c...	1 cap(s), PO, qDay, STAT, 04/14/11 11:19 EDT	Order
captopril	25 mg, PO, 1x (once), STAT, 03/17/11 10:26:00 EDT, Stop date 03/17/11 10:26:00 EDT	Continue
captopril	50 mg, PO, 1x (once), STAT, 03/17/11 10:31:00 EDT, Stop date 03/17/11 10:31:00 EDT	Continue
furosemide	20 mg = 2 mL, IVP, 1x (once), STAT, 03/04/11 11:04:00 EST, Stop date 03/04/11 11:04:00 EST	Continue
hydrochlorothiazide	12.5 mg, PO, 1x (once), STAT, 03/17/11 10:21:00 EDT, Stop date 03/17/11 10:21:00 EDT	Continue
hydrochlorothiazide	12.5 mg, PO, 1x (once), STAT, 03/17/11 10:24:00 EDT, Stop date 03/17/11 10:24:00 EDT	Continue
hydrochlorothiazide	25 mg, PO, 1x (once), STAT, 03/17/11 10:26:00 EDT, Stop date 03/17/11 10:26:00 EDT	Continue
hydrochlorothiazide	50 mg, PO, 1x (once), STAT, 03/17/11 10:31:00 EDT, Stop date 03/17/11 10:31:00 EDT	Continue
norepinephrine 4 mg [5	500 mL, IV, Routine, 03/31/11 11:22:00 EDT, 40.62 mL/hr, 12.3 hr,	Continue