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Kennedy Krieger Institute
"HOME*" MEDICATION RECONCILIATION FORM
 (Reconciliation of Admission Orders)

Diagnosis Seizure disorder
 Weight 22.46 Allergies MOA
 Page 1 of 1 Location: NBU/PCNU/FDU Addressograph Plate

Directions: List patient's current medications used prior to admission.
 *"Home" means wherever the patient was located just prior to admission. *

"HOME" MEDICATION LIST (CURRENT MEDS USED PRIOR TO ADMISSION) (prescriptions, OTC, herbals, vitamins, inhalers, eye drops, topicals, etc.)							
CIRCLE A/Am NA	MEDICATION NAME	DOSE (do not use volume, e.g., mL)	ROUTE (e.g., by mouth or injection)	FREQUENCY (how often is it taken)	Is Medication Herbal or CAM? (indicate which)	INTERVENTION ✓ if applicable	COMMENTS
<input checked="" type="checkbox"/>	Levetiracetam	200mg	PO	BID			
<input checked="" type="checkbox"/>	Diazepam	2.5mg	PR	PRN			
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Source of Medication History (check all that apply)

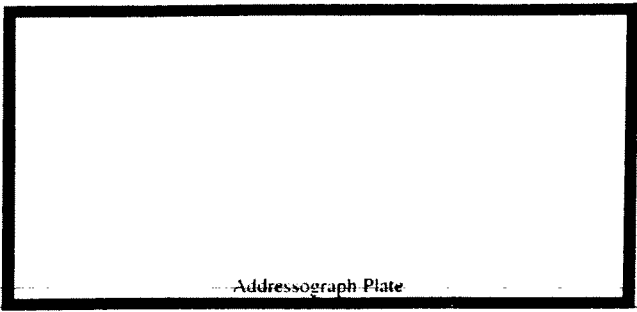
<input type="checkbox"/> Directly observed patient medications	<input type="checkbox"/> Patient provided list	<input type="checkbox"/> Pharmacy (name/phone number) _____
<input type="checkbox"/> Clinic note (date) _____	<input type="checkbox"/> Family provided list	<input type="checkbox"/> Primary physician (name/phone number) _____
	<input type="checkbox"/> Patient verbal recall	<input type="checkbox"/> Previous discharge paperwork (date) _____
	<input type="checkbox"/> Family verbal recall Parent/Other _____	<input type="checkbox"/> Other _____

Legend
 A Home Medication(s) written for upon Admission
 Am Home Medication(s) written for upon Admission at
 a medical institution (e.g. med. frequency)
 CAM complementary/alternative medicine
 I Interventional (which requires continuous treatment)
 P Pharmacy (and Prescription) Herbals
 P Patient provided list (prescriptions of medications in the family or
 any other health care provider's office)
 NA Not Applicable

"Home" medication list reconciled with admission orders.
 07/08/05 01:00
 Date & Time Completed
 Signature of individual completing form
 Luch Boly
 Print name

Name(s) of Healthcare Professional(s) spoken to:

Circle Applicable Answer MD, RN, RE, RPh, Other
 Name of Home Hospital/Other MD, RN, RE, RPh, Other



Addressograph Plate

"HOME" MEDICATION LIST (CURRENT MEDS USED PRIOR TO ADMISSION) prescriptions, OTC, herbals, vitamins, inhalers, eye drops, topicals, etc.)							
CIRCLE A / A _M NA	MEDICATION NAME	DOSE (do not use volume, e.g., mL)	ROUTE (e.g., by mouth or injection)	FREQUENCY (how often is it taken)	Is Medication Herbal or CAM? (indicate which)	INTERVENTION ✓ if applicable	COMMENTS
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							
A / A _M NA							

Subject: KKI ADMISSION MEDICATION RECONCILIATION POLICY

Effective Date: March 1, 2008
Supersedes: January 1, 2007

All inpatient admissions shall have medications accurately and completely reconciled across the continuum of care by the KKI Point of Care Pharmacist (or his/her designee). This process will be completed within 24hrs of admission. For those admissions that occur after 4pm on Fridays, as well as on Saturdays, or Holidays the reconciliation form will be completed by the admitting physician.

The Reconciliation process will include:

- a) reviewing all medications a patient was currently taking immediately prior to admission.
- b) comparing it to the admission orders.
- c) reconciling any discrepancies between the two by contacting the prescriber and notifying the nurse.
- d) documenting allergies, weight and admitting diagnosis on the reconciliation form.
- e) designating each home medication with an A, A_M, or NA (non applicable) notation.
- f) documenting all interventions.

The pharmacist (or designee) should make every reasonable effort to speak with the patient/family about past medication history. The sources of medication history information will be indicated on the medication reconciliation form. Also, any pharmacies contacted and any alternate medications being taken will be noted on the form as well. This form is signed and dated by the individual completing the reconciliation process and then placed as the first sheet in the "Medical" section of the chart. The form serves as a documentation of the patient's current medication list.

All admission orders that coincide with the Home Medications will be designated with an "A". If there are no indications in direct dose and/or frequency between the Home Medications and the Admission orders, there will be a designation of "NA" for the Home Medication.

All interventions or contact initiated by the individual completing the medication reconciliation form to the prescriber/clinician in progress that may or may not result in change to the medication orders.