Luther Hospital Medication Reconciliation Form

Date, Time, Interviewer Initials	Drug Name, Dose, Schedule	Last Taken	Amount of NON-compliance	Data Source	Ordered on admission?	Ordered at discharge?

Patient's Pharmacy: _____Phone (Optional): _____

Comments:

_____
_____
_____
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_____

Pre-Procedure Medication Instructions: _____

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Luther Hospital
Mayo Health System
Medication Reconciliation

Affix Patient Label Here

Instructions for Form Completion

Column Heading	Instructions
Date, Time, Interviewer Initials	**Record the date and time the information was gathered and initials of health professional recording/confirming data entered into the first six columns. Be sure your full signature, your professional designation (RN, RpH, etc.), and initials are recorded on the "Signature and Initials Record" of the patient's Medication Administration Record.**
Drug Name, Dose, Schedule	**Record full name, dose, and patient's actual usage pattern. Record deviation from labeled instructions in Comments section. Include over-the-counter, and herbal/alternative medicines.**
Last Taken	**Record date and time patient took last dose.**
Amount of NON-compliance	**Record number of scheduled doses missed in one week. "0" = patient took every dose as scheduled** **Record number of "prn" doses taken in a time period: "4 per day" or "6 times per week," etc.**
Data Source	**Record source of information:** **Pt = patient interview; Fam = spouse, family member; Clinic = clinic records; H and P = recent history and physical; Trans = transfer records from another facility; Rx = prescription vials or pharmacy call; Other = data source explained in comments section.**
Ordered on Admission?	**Reconcile MD's initial medication orders with medication history. Y = Continued on admission;** **Held = MD does not want medication given at time of admission; Changed = same medication but different dose or schedule; Replaced = different medication with similar action ordered.**
Ordered at Discharge?	**Reconcile discharge orders with medication history.** **Y = Continue same medication and dose; Changed = same medication but different dose or schedule;** **Replaced = different medication with similar action ordered; D/C'd = medication stopped during hospitalization, not appropriate at discharge.**
Patient's Pharmacy	**Document name(s) of pharmacy(ies) that maintain a patient profile for this patient and can be used as a reference. Include city and phone number if known. Hospital pharmacist can provide phone number if needed.**
Comments	**Record deviations from labeled instructions. Record any pertinent observations or assessments you feel important in understanding patient's therapy and/or ability to self-medicate. Record any special requirements for discharge prescriptions.**

Additional instructions for Outpatient Surgi-Center patients seen in Prep Office or prior to same day admit:

Complete the first 5 columns only

Document Pre-Procedure Medication Instructions at bottom of "Comments" section.