# Medication Reconciliation Instructions for Physicians

## Admission

1. At admission, the nurse will obtain a list of home medications from the patient and enter it into Rx Pad. When the list is as complete as s/he can get it, it will be printed (from RxPad) and put in the order section of the chart. If a patient meets specific criteria, a pharmacy consult will be generated (see below for details). You can also order a pharmacy consult for medication review at any time. This will be done in the first 24 hours of the admission.

2. When writing your orders, review the home medication list and write "Y" or "N" or "C" (yes - continue the medication as listed, no – do not continue medication, or changed – continue this medication but see my written order for the dose change) on the far right column indicating whether you want the medication continued during the admission or not. Sign and provide your provider number. This acts as your orders for these meds. You do NOT need to rewrite them on a regular order sheet.

3. If other home medications are discovered during the admission, you can either enter them into Rx Pad yourself or write an order for the nurse/pharmacist to do it.

4. If any doses/strengths/meds are unclear, the nurse will enter as much as is known and write a message to you with the details on that order sheet. A medication that has "9999" in the dose box means that the nurse was unable to obtain complete information and clarification is needed.

## Transfer

1. You will see a new report called "Medication Admin Guide" that is a printout of all of the current inpatient meds for that patient (it is similar to a MAR printout).

2. You have the *option* to use this to order the meds for transfer (this will save you the time and effort required to rewrite the meds).

3. The same home medication list (from RxPad) that was used on admission will be printed out and used for transfer.

4. Compare the home meds to the transfer orders.

5. Review the home meds and write “Y” or “N” or “C” (yes - continue the medication as listed, no – do not continue medication, or changed – continue this medication but see my written order for the dose change) to indicate the home meds that you want continued as inpatient meds.

## Discharge

1. With the implementation of the new medication reconciliation process, Legacy is requiring that all prescriptions be ordered **electronically.**

2. Fill out the paper discharge instructions as usual.  Note, it will NOT include a blank prescription.

3. Go to Rx Pad in Echart (see “Instructions for Rx Pad Medication Entry and Faxing”) and review the home medications entered there.

4. Order and discontinue medications as appropriate.

5. Print or electronically fax new prescriptions.

6. For printed prescriptions, **sign** the prescription(s) and place them in the front of the chart for the nurse to give to the patient.