

# OREGON STATE HOSPITAL

## POLICY ATTACHMENT

<b>PROCEDURES A:</b>	Medication Reconciliation Procedures	<b>POLICY: 6.035</b>
<b>POINT PERSON:</b>	Chief of Psychiatry	
<b>APPROVED:</b>	Interim Superintendent	<b>DATE: JULY 25, 2024</b>
<b>SELECT ONE:</b>	<input type="radio"/> New policy attachment <input checked="" type="radio"/> Reaffirmation of existing policy attachment	<input type="radio"/> Minor/technical revision of existing policy attachment <input type="radio"/> Major revision of existing policy attachment

### I. MEDICATION RECONCILIATION ON ADMISSION

RESPONSIBLE PERSON/GROUP	PROCEDURES
Registered Nurse (RN)	<p>A. The RN must make a “good faith” effort to obtain accurate information about all of the patient’s current medications, including “over the counter” medications and nutritional or herbal supplements, at the time of admission. The patient’s medication history may be obtained from the patient, referring outside facility, jail or correctional facility, family, primary care physician, or another reliable source.</p> <ol style="list-style-type: none"><li>1. A patient transferred from another facility should be accompanied by a current medication list that includes allergies, as well as the date and time of the last dose of each medication received.</li><li>2. If a current medication list is not transferred with the patient, the RN must contact the sending facility to obtain the current medication list.</li></ol> <p>B. The RN must use the information obtained about the patient’s medications to fill out the Admission Medication Reconciliation Orders form as follows:</p> <ol style="list-style-type: none"><li>1. Enter the source of information (include all orders that apply).</li><li>2. Review any allergies or hypersensitivities on the Admission Orders.</li><li>3. Enter information:</li></ol>

	<ol style="list-style-type: none"><li>a. Medication name – generic name if available or brand name of over-the-counter medications and nutritional or herbal supplements;</li><li>b. Dose – strength (i.e., mg or number of tablets);</li><li>c. Route – route of administration, (e.g., orally [PO], intramuscularly [IM], rectally [PR], topically);</li><li>d. Frequency – how often the dose is taken per day;</li><li>e. Diagnosis, condition, or indication for use associated with each order; and</li><li>f. Duration or Stop Date/Time.</li></ol> <p>C. The RN must provide the Admission Medication Reconciliation Order form to the psychiatrist/psychiatric mental health nurse practitioner (PMHNP) for completion.</p> <p>D. Following completion, the RN must verify all pre-admission medications have been checked by the attending psychiatrist/PMHNP.</p> <p>E. At the bottom of the Admission Medication Reconciliation Order form, the RN must sign and fill in the date and time of form completion.</p> <p>F. The original copy of the Admission Medication Reconciliation Order form and admission orders must be scanned to the Pharmacy Department for processing and then placed in the Physician Orders section of the medical record prior to the admission orders. This document may not be thinned.</p>
Psychiatrist/PMHNP	<ol style="list-style-type: none"><li>A. The psychiatrist/PMHNP must complete and sign the Admission Medication Reconciliation form as a part of the admission orders within 24 hours of the patient's admission.</li><li>B. The psychiatrist/PMHNP must check the appropriate box to indicate intent to continue or discontinue current orders.<ol style="list-style-type: none"><li>1. Any new medication orders must be written on the Oregon State Hospital Orders form.</li><li>2. All medication orders must contain all required elements, including drug name, strength or dosage, frequency, route, duration, and diagnosis, condition, or indication for use that pertains to the medication.</li></ol></li><li>C. After the initial Admission Medication Reconciliation form is sent to the Pharmacy, if new information is received, changes or additions may be made by the psychiatrist/PMHNP using the standard Physician's Order form with rationale documented in a progress note.</li></ol>

Pharmacy	<ul style="list-style-type: none"><li>A. The pharmacist must verify all preadmission medications are continued or discontinued on the Admission Medication Reconciliation form.</li><li>B. The pharmacist must ascertain medication appropriateness, screen for drug interactions, and notify the prescriber of any drug therapy-related issues.</li></ul>
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## II. MEDICATION RECONCILIATION ON TRANSFER

- A. Upon transfer from one unit to another, the patient's medication list will automatically appear on the Omnicell cabinet in the patient's unit of residence.
- B. A complete medication reconciliation must be done within 24 hours of transfer.
  - 1. A Transfer Order Reconciliation form must be used for this purpose.
    - a. For transfers between the Salem and Junction City campuses, the sending unit must print the Transfer Order Reconciliation form prior to the transfer and send it to the receiving unit, to be completed by the receiving psychiatrist/PMHNP.
  - 2. Blanket medication orders upon transfer, such as, "continue previous meds," will not be accepted.
- C. The nurse must scan the original copy of the Transfer Orders Reconciliation form to the Pharmacy Department for processing and then place it in the Physician Orders section of the medical record.

## III. MEDICATION RECONCILIATION AFTER ADMISSION OR EVALUATION AT AN OUTSIDE MEDICAL FACILITY

- A. Within eight hours of a patient's return from an outside medical facility, the psychiatrist/PMHNP must review the outside practitioner's recommendations. If the admission or evaluation at an outside medical facility results in recommended medication changes, the psychiatrist/PMHNP must reconcile any recommended medication change with the medications prescribed at OSH.
  - 1. If a patient is admitted to an outside facility or is off the OSH campus for medical care or evaluation for more than 24 hours, the psychiatrist/PMHNP must use a Transfer Orders Reconciliation form to complete the medication reconciliation process.
  - 2. New orders must be written if required.
  - 3. The psychiatrist/PMHNP must write a progress note indicating that medication reconciliation has been performed.

B. The RN must review any new medication orders from an outside medical facility and notify the on-duty psychiatrist (POD) between 5:00 p.m. and 8:00 a.m. on weekdays, on weekends, and on holidays.

1. If the POD accepts the new medication orders, that individual must complete the medication reconciliation process as indicated above.
2. If the POD does not accept the new medication order, the OD must document the reason the new medication order was not accepted.

**IV. MEDICATION RECONCILIATION ON DISCHARGE**

<b>RESPONSIBLE PERSON/GROUP</b>	<b>PROCEDURES</b>
Registered Nurse (RN)	<p>A. The RN must review the psychiatrist/PMHNP "Discharge Medication Reconciliation Orders" form and report any discrepancies to the psychiatrist/PMHNP.</p> <p>B. Clear instructions on the discharge medications must be given to the patient and provided as appropriate to an outside attending practitioner or facility.</p> <ol style="list-style-type: none"><li>1. The patient must receive pertinent written drug information regarding each discharge medication.</li><li>2. The patient may request to speak directly with a pharmacist to discuss questions regarding the patient's medications.</li></ol>
Psychiatrist/PMHNP	<p>A. The psychiatrist/PMHNP must use the Discharge Medication Reconciliation Orders form to reconcile and write orders for patient discharge.</p> <p>B. The list of discharge medications must be attached to the "Discharge Plan Detail" or equivalent form and sent to the next attending practitioner of care.</p>