Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Medication Safety Series: MSS24

Medicines Reconciliation: Top tips & safety checks!

Task / type of medication	*Tips and Safety checks*	*Other relevant resources (via Trust intranet)*
Check all available sources of information	• **Sources of information** include – Summary Care Record (SCR), GP surgery, discharge summary e.g., particularly if transferring, community pharmacy, patient (or their carer/relative), patient's own drugs (PODs), medipacks, care home, MAR charts, substance misuse service, specialist clinic (e.g., diabetes); TEWV community team via EPR (NB care to be aware and investigate discrepancies) • Check the information is **up to date** – for SCR/PODs, check if the medication was issued recently. Check the patient name on the PODs label and the expiry; • Confirm with the patient and/or carer that they are still **taking** the medication listed/brought in and at the **dose** listed/on the label - if not, what dose have they been taking? Ensure all medication is clarified – including anything oral, any patches, drops, inhalers, creams etc; • Check for **depots/LAIs** (see below), other injections such as hydroxycobalamin & any medication that may not be on the GP list/SCR (i.e., prescribed by specialist service). • Consider if the patient may be on oxygen therapy. • Check for any **non-prescribed/OTC/herbal medication** being taken. Consider asking about 'borrowed medication from a friend' or obtained from the internet or on the 'street'. • Check - are all of the medicines identified by your sources accounted for, i.e. prescribed or intentionally omitted, with a corresponding entry on the patients electronic record?	Medicines reconciliation procedure
Antipsychotic Depots/LAIs	• Confirm when the last dose was given or due and which site was used. N.B. not all depots/LAIs are monthly - it may be that 6 months of case notes on EPR need to be reviewed. There should be a template entry in a case note when it has been administered. • Depot prescription & administration charts are held by the community teams - these are currently in paper form. • Consider if the patient becomes HDAT with any antipsychotic prescribed in addition to their depot/LAI, e.g. PRN. • Ensure the correct drug, dose and frequency is prescribed - pay particular attention to drugs which are similarly named, not to prescribe the incorrect drug.	Depot injections-inpatient procedure Depot injections-community procedure
Allergies	• **Check** allergy status on SCR/GP information, electronic patient record and confirm with patient. • Ensure the allergies section is complete on the **prescription chart**; if unable to confirm allergy status at point of admission, tick the "unable to confirm" box & prescribe only pre-admission medication until it can be confirmed; must be confirmed & updated on the chart by the end of the next working day	MSS7 - allergies

Critical medicines (MSS17 – Critical medicines) *The following are critical medicines which should not be omitted, and it is essential they are prescribed correctly Please also consider prescribing 'as required' medication for emergency treatment of complications of diabetes, epilepsy and opioid dependence – see appendix 4 of "Standards for as required medicines"*		
Antibiotics	• Confirm indication and intended course length, and prescribe any remaining course with clear STOP date	Antibiotic Prescribing Procedure
Anticoagulants	• **Warfarin:** Confirm indication, duration of treatment (if not lifelong), current dose, target INR and range, last INR result, date next INR test due, usual monitoring service; complete anticoagulant monitoring sheet, check "yellow book" if available; at discharge, ensure any changes are communicated to the usual monitoring service • **Heparin (LMW) & DOAC:** Confirm indication, dose (treatment vs. prophylaxis), intended duration of treatment	MSS5 – warfarin MSS11 – Direct Oral anticoagulants (DOACs)
Antiepileptic Drugs (AEDs)	• Confirm name, brand/manufacturer, form, dose, and indication of AED • Check adherence and seizure control (if being taken for epilepsy) • **Valproate:** in persons of childbearing potential – confirm that the Pregnancy Prevention Programme is in place, and check if a risk acknowledgement form has been completed within last 12 months	MSS14 – antiepileptic drugs MSS13 – Valproate PPP Standards for use of "as required" medicines – appendix 4
Clozapine	• Check usual brand, current dose, monitoring clinic, monitoring frequency, date of last blood test • Check compliance / when last dose taken - if >48 hours ago, re-titration will be necessary	MSS4 – Clozapine Clozapine admission checklist
Insulin / diabetic medication	• Confirm insulin type, name, device, dose, when last administered, prescribing STAT dose where necessary & ensuring supplies are available • Check blood glucose & other physical observations • If unable to confirm insulin regime – seek advice from local acute trust on-call diabetologist/medical registrar • Ensure insulin regime clearly documented on insulin chart • Ensure blood glucose monitoring requirements clearly documented on insulin chart • Prescribe appropriate rescue medication for potential hypoglycaemia	MSS6 – Insulin Diabetes management for in-patients MSS20 Non-Insulin medicines for diabetes Standards for use of "as required" medicines – appendix 4
Lithium	• Check brand, dose, form & adherence • Complete lithium monitoring sheet • Check lithium level (ideally 12-14 hours post dose) and U&Es on admission; where toxicity is suspected, withhold lithium	MSS2 - Lithium
Methotrexate & other DMARDs	• Confirm indication, dose, and frequency • **Methotrexate:** always taken **ONCE weekly**, ensure this is made clear on the prescription and on the administration record (i.e. X in 6 out of every 7 days, plus ☐ around every 7th day	MSS3 – DMARDs & immunosuppressants

Critical medicines (MSS17 – Critical medicines) *Continued*		
Opioid analgesics	• Confirm indication, brand, form, dose and frequency • Where transdermal patches are prescribed ensure the prescription and administration record makes it clear when the patch should be changed, e.g. every 72 hours, and complete a transdermal patch chart • Ensure appropriate breakthrough medication is prescribed "as required"	Pain management algorithms for AMH/LD, MHSOP Acute pain – post falls Standards for use of "as required" medicines – app. 4
Parkinson's Disease medicines	• Confirm dose, frequency, formulation (N.B. MR and standard release preparations are available; many preparations are combinations of drugs, need to confirm all strengths) • Delay of doses by >1 hour can cause significant worsening of symptoms • Timing of doses is critical, ensure dose intervals are clearly indicated on prescription chart, utilising additional "blank" time interval boxes where necessary	MSS7 – Critical Medicines
Methadone & buprenorphine **(and other treatments for substance misuse)**	• Complete drug/alcohol assessment prior to prescribing • Contact relevant substance misuse team to confirm dose and formulation, supplying pharmacy/clinic, check if current dose is a stable dose; • Contact supplying pharmacy to cancel current prescription and confirm dose/formulation, timing of dose, when last dose taken/collected, usual supply mechanism e.g. daily pick up, daily supervised, weekly pick up • Confirm dose information with patient and check for any drug use on top of prescribed medication; check urine drug screen results i.e. for confirmation taking methadone/buprenorphine • Prescribe naloxone "as required" for management of potential overdose • If unable to confirm information out of hours, refer to the methadone-buprenorphine in-patient prescribing guideline for advice on medication to prescribe for symptomatic management of the physical effects of withdrawal.	MSS1 – methadone & buprenorphine for in-patients Methadone-buprenorphine in-patient prescribing guideline Protocol for management of substance misuse in in-patient settings Standards for use of "as required" medicines – appendix 4