journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Medication Safety Series: MSS24

Medicines Reconciliation at admission : Top tips & safety checks!

Task	*Tips and Safety checks (see next page for tips & advice on critical medicines)*	*Other relevant resources*
Check all available sources of information when admitting patient to ward	• **Sources of information** include – Great North Care Record (GNCR)/Yorkshire & Humber Care Record (YHCR) or Summary Care Record (SCR), GP surgery, discharge summary - particularly if transferring directly from acute trust - community pharmacy, patient (or their carer/relative), patient's own drugs (PODs), compliance aids, care home, Medicines Administration Record (MAR) charts, substance misuse service, specialist service or clinic (e.g., diabetes); TEWV community team via Electronic Patient Record (EPR). • **ALWAYS BE VIGILANT FOR AND INVESTIGATE DISCREPENCIES IN INFORMATION**. • Consider **recent hospital admission, attendance at A+E or input from MH Crisis team**? Beware information from acute Trusts may not be immediately available on GNCR/YHCR. The patient is likely to have supplies of new or short courses of medication e.g. antibiotics, analgesia • Check the information is **up to date** – for GNCR/YHCR/SCR/PODs, check if the medication was issued recently. • Patients Own Drugs - check patient name on label, when dispensed and amount taken as part of understanding current medication history. • 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 hydroxocobalamin & any medication that may not be on the GP list/GNCR/YHCR/SCR (i.e., prescribed by specialist service). • Consider if the patient may be on **oxygen therapy**, especially if COPD, on multiple inhalers or intensive respiratory therapy. • Check for any **non-prescribed/Over-the-Counter (OTC)/herbal medication** being taken. Consider asking about 'borrowed medication from a friend' or obtained from the internet or on the 'street'. • Check all the medicines identified by your sources accounted for, i.e. prescribed or intentionally omitted, with a corresponding entry on the EPR	Medicines reconciliation procedure **EPR guidance – Cito how to guides** GNCR training guides YHCR training guides (slide 9 onwards) GNCR/YHCR alerts (within application) re new or different information sources contained within records
Allergies	• **Check** allergy status on GNCR/YHCR/SCR/GP information, electronic patient record and confirm with patient. • Ensure the allergies section is complete on EPMA (including coded allergens)**.** • **Allergy status Not Known:** MUST only be used on a temporary basis e.g. if a patient is admitted overnight and allergy status cannot be confirmed, including after checking GNCR/YHCR. Only pre-admission medication should be prescribed unless it is an emergency; allergy status MUST be confirmed and updated the next working day	MSS7 - Allergies

Critical medicines – Tips & safety checks during Medicines Reconciliation

(More information in MSS17 – Critical medicines)

The following critical medicines should not be omitted, and it is essential they are prescribed correctly.

Please consider prescribing and obtaining supply of 'as required' medication for emergency treatment of complications of diabetes, epilepsy & opioid dependence

Medication	*Tips and safety checks*	*Other relevant resource*
Antibiotics	• Confirm indication & intended course length; prescribe any remaining course with clear STOP date. Use EPMA regimens where available	Antibiotic Prescribing Procedure
Anticoagulants	• **Warfarin:** Confirm indication, duration of treatment (if not lifelong), current dose, target INR & 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 usual monitoring service • **Heparin (LMW) & DOAC:** Confirm indication, dose (treatment vs. prophylaxis), intended treatment duration	MSS5 – Warfarin MSS11 – Direct Oral anticoagulants (DOACs)
Antiepileptic Drugs (AEDs)	• Confirm name, brand/manufacturer, form, dose, indication of AED. • Prescribe rescue medication for seizure / status epilepticus • 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; check if a risk acknowledgement form has been completed within last 12 months. Complete relevant risk forms for new initiations of valproate.	MSS14 – Antiepileptic drugs MSS13 – Valproate PPP Standards for use of "as required" medicines
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 information on EPR need to be reviewed. There should be a record for each occasion it has been administered. • Depot prescription & administration charts are held by the community teams - currently in paper form. • Consider if the patient becomes HDAT with any antipsychotic prescribed in addition to their depot / LAI. • Ensure the correct drug, dose & frequency is prescribed - pay particular attention to drugs which are similarly named.	Antipsychotic Depot injections / LAIs – Guidance for prescribing, administration & medicines management
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.	Clozapine: processes for prescribing, dispensing, supply & monitoring
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

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Medication	*Tips and safety checks*	*Other relevant resource*
Lithium	• Check brand, dose, form & adherence, any signs of toxicity • Check lithium level (ideally 12-14 hours post dose) and U&Es on admission; where toxicity is suspected, withhold lithium.	MSS2 - Lithium
Methotrexate, DMARDs & biologicals	• Confirm indication, dose, and frequency • **Methotrexate:** always taken **ONCE weekly**, ensure this is made clear on EPMA.	MSS3 – DMARDs & immunosuppressants
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 physical withdrawal effects.	MSS1 – Methadone & buprenorphine for in-patients Methadone-buprenorphine in-patient prescribing guideline Standards for use of "as required" medicines
Opioid analgesics	• Confirm indication, brand, form, dose and frequency • Where transdermal patches are prescribed ensure EPMA 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" on EPMA.	Acute Pain – assessment & management guidelines
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 EPMA.	MSS17 – Critical Medicines
Oxygen	• What is the target oxygen saturation, flow rate (litres per minute or %) and how is oxygen delivered? • Information about oxygen therapy isn't always included on GP Record. Consider contacting supplier of patients' home Oxygen/concentrator, or community pharmacy. If unable to confirm Oxygen therapy out of hours, including asking patient, family or carers, this must be followed up the next working day. • Cannot be prescribed on EPMA - use Oxygen Prescription and Administration Chart. Set patient attribute to indicate Oxygen chart in use.	Oxygen & other medical gases – administration, prescribing, storage and safety MSS10 – Oxygen administration in an emergency