AT A GLANCE - 1. Medicines Reconciliation

ROLE	TRUST WIDE		WARD SPECIFIC
	LAST REVIEW: April 2021	**NEXT REVIEW:** April 2024	

PRINCIPLES OF MEDICINES RECONCILIATION	Medicine's reconciliation is a process whereby clinicians gain information about what medicines a patient is currently taking. This may include prescribed medicines, and others, such as medicines the patient has bought over the counter from their pharmacy. The purpose of this process is to ensure the patient receives the medicines they should be taking.
	• Clinicians MUST use the Medicines Reconciliation template for this – please refer to section 3 of the SystmOne Electronic Prescribing and Medicines Administration (EPMA) Prescribing Guide for details of how to access and complete this.
	• Medicine's reconciliation may be carried out by prescribers, pharmacy, or nursing staff.
	• Every patient's medicines MUST be reconciled in:
	  ○ An inpatient unit at admission.
	  ○ A community service at first appointment, reviews (minimum annually).
	• A minimum of two sources of information MUST be used, with at least one source being a printed or written source.
	  ○ **Resources for medicines reconciliation**
	  These include (but are not limited to):
	  ▪ Summary Care Records (SCR).
	  ▪ Patients' own medicines.
	  ▪ Records held at the patient's General Practitioner (GP) surgery or repeats documentation.
	  ▪ The patient themselves or their carer.
	  ▪ Community pharmacy dispensing records or labelled dispensed medicines.
	• Clinicians MUST ensure they have checked the box marked 'medicines reconciliation performed' once the process is complete (found on the last active page of the template).
			Reconciliations are conducted [insert the timings e.g., at first appointment, patient review or minimum annually etc.]
			
			Clinicians who should complete reconciliations in the team are:
			• Xxxxx
			• Xxxxx

ALLERGIES AND SENSITIVITIES	• Determining and recording the patient's allergy status is the first part of the reconciliation template and MUST be ascertained before completing the medicines reconciliation process IN ALL CASES. • Recording the patient's allergy status is the basis of the first page of the medicine's reconciliation		

	template. This MUST be completed before proceeding. Please refer to section 3.2 of the SystmOne EPMA Prescribing Guide for further information.
	
	Completing the allergy sensitivity screen
	
	• Drug and substance allergies and sensitivities can be recorded using the 'Sensitivities & Allergies' node. If a patient has no known allergies, this option MUST be selected.
	• Where a patient has a **shared SystmOne record:**
	  ○ Information regarding their allergies and sensitivities will automatically be pulled through.
	  ○ This must be checked for completeness and accuracy.
	  ○ Any discrepancies MUST be corrected, and any new or previously undisclosed allergies or sensitivities MUST be documented:
	  ▪ If the error is part of the RDaSH record – use "Mark in Error".
	  ▪ If the error is part of another party's record – use "Request Mark in Error" so the relevant clinician can be alerted to review their record.
	• Where a **shared record is not available** the allergies and sensitivities need to be added manually.
	• When entering a new drug allergy/sensitivity:
	  ○ Drug allergies can be specified by selecting a product containing the substance the patient is allergic or sensitive to. Penicillin allergies are to be recorded using the 'Other allergy/sensitivity' function.
	  ○ The nature of each allergy or sensitivity MUST be stated.
	  ○ If a patient has no known allergies, this can be stated by selecting 'no known allergies.
	  ○ Allergies to foods and other substances can also be recorded using this functionality.	

RECORDING MEDICINES AT PRESENTATION	An up-to-date list of medicines should be obtained when a patient presents to either an inpatient or community service. **SystmOne shared records** For patients with a SystmOne GP and a shared record, a list of their prescribed medications can be automatically generated, creating a list of drugs on the 'Record on Admission' screen. Not all patients will fall into this category. Anything not on the list will need to be added e.g., medicines prescribed by acute hospitals, new discharge medicines not on the GP system, relevant over the counter purchases. **Non-shared records** For patients without shared records, a list of the patient's	

	medicines will NOT automatically be pulled through to the record. These will need to be recorded manually. Please refer to section 2.4 of the SystmOne EPMA Prescribing Guide for further information.
	
	Recording medicines on admission to an INPATIENT unit
	
	• The medicines reconciliation template MUST be used as part of this process.
	
	• Medicines are recorded using the 'Record on Admission' screen. Please refer to section 2.4 of the SystmOne EPMA Prescribing Guide for further information.
	
	• Information regarding each drug the patient is taking needs to be recorded. This includes both prescribed and non-prescribed medication, such as over-the-counter medication.
	
	• Doses and frequencies need to be typed in manually when using this screen.
	
	• The source of any information gathered is to be stated. At least two sources of information should be used, of which at least one needs to be a written or printed source.
	
	• Where patients have attended the ward with dispensed medications, these should be checked against another source of information to ensure they are current and correct.
	
	• Where known the indication for use should be noted for each drug.
	
	• Compliance with medicines needs to be assessed and documented as part of the reconciliation template.
	
	Recording medicines on referral to a community service
	
	Medicine's reconciliation MUST be carried out on referral to a community service, and at least annually thereafter to determine if there have been any changes to the patient's medicines during this time.
	
	• The medicines reconciliation template MUST be used to record the medicines the patient is taking, along with their current allergy status and any compliance issues.
	
	• If a patient's record has been shared, a list of their prescribed medicines will appear on the 'medication overview' tab.
	
	• Clinicians add any additional medicines using:
	
	  ○ The 'Record Other Medication' Button, Or.
	
	  ○ Right clicking the 'medication' node in the clinical tree and selecting 'record other medication'.
	
	• Clinicians MUST be aware that adding medication to the record in this manner will NOT generate an interaction check at the time it is added but will be checked against for any future prescribing.	

SPECIAL CIRCUMSTANCES	**Transcribing** • Medicines can be transcribed in a similar way to how they are prescribed. The transcriber will ensure that the 'Transcribing' box is ticked when entering medicines onto the system. • Transcription is a two-person process and requires a second signatory. • Transcribing medicines can only be performed on authorised wards by staff authorised to do so. **Community treatment orders** Patients subject to community treatment orders (CTOs) must have the correct paperwork in place on admission. Checks against this paperwork MUST take place before any mental health drugs are prescribed or administered. **Transfer back from an acute hospital to a Trust inpatient unit** Where a current Trust inpatient has required transfer to an acute hospital ward, a reconciliation of the patient's medicines MUST be undertaken upon return to the Trust unit. • A check of the patient's allergies MUST be undertaken, and any changes or additions to the allergy status MUST be confirmed and the patient's allergy status on SystmOne updated as necessary • The Medicines Reconciliation template can be completed to include updated details of the patient's medication regimen • Any new prescriptions or changes to existing medicines MUST be reviewed and the drug chart amended as necessary	• Currently only Hawthorn and Hazel wards are authorised to transcribe medicines as part of medicines reconciliation • Staff groups authorised to transcribe are ○ Xxxx ○ Xxxx • Staff groups authorised as second signatures are ○ Xxxx ○ Xxxx

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Staff members should sign below to indicate that they have read and understand the process required to order medications for this team.

STAFF MEMBER'S NAME	STAFF MEMBER'S SIGNATURE	DATE