

Medication Reconciliation Guide

Purpose of Medication Reconciliation Medication: Reconciliation ensures the accurate management of medications during dialysis treatments, preventing errors and improving patient safety.

Importance for Dialysis Staff: As dialysis patients often have complex medication regimens, accurate reconciliation is vital to prevent drug interactions, incorrect dosages, and ensure optimal care.

Principles of Medication Reconciliation

1. Medication reconciliation is a necessary component of safe medication management. The process is ongoing and dynamic.
2. The medication reconciliation process should be patient centered.
3. Shared accountability between health care professionals and patients is essential to successful medication reconciliation outcomes.
4. All patients should have an accurate medication list for use across sites of care and over time.
5. The medication list should not be limited to prescription drugs.
6. Within all settings, the medication reconciliation process should happen at every medication encounter, regardless of the care location.
7. Across all settings, the medication reconciliation process must happen at every transition in the patient's care, regardless of the care transition.
8. The process of medication reconciliation is interdisciplinary and interdependent—and reliant on a team approach.
9. Physicians are ultimately responsible both ethically and legally for the medication reconciliation process.

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Principles of Medication Reconciliation

1. Assemble Medication Lists

What to do: Start by collecting both old and new medication lists from the patient and previous healthcare providers.

2. Ensure Accuracy

What to do: Review and compare all available medication lists to ensure accuracy. Confirm that each listed medication is appropriate and that there are no discrepancies.

3. Resolve Discrepancies

What to do: If discrepancies are found, clarify with the patient and resolve through appropriate channels (e.g., consult with physicians, pharmacists).

4. Medical Judgment

What to do: Refer to the nephrologist for decisions about whether changes should be made based on the patient's current condition.

5. Check Patient/Caregiver Understanding

What to do: Ensure that the patient (or caregiver) understands the updated medication list and the instructions for proper medication administration.

6. Documentation of Changes

What to do: Document any changes in the patient's medication regimen and provide the patient with a new medication list.