

SOP Template: Medication Reconciliation and Prescription Arrangement

This SOP details the process of **medication reconciliation and prescription arrangement**, emphasizing accurate verification of patients' medication lists, identification and resolution of discrepancies, coordination with healthcare providers for prescription updates, and ensuring safe and effective medication management. The goal is to enhance patient safety by preventing medication errors and ensuring clear communication across care transitions.

1. Purpose

To define a standardized procedure for accurate medication reconciliation and arrangement of prescriptions in order to ensure patient safety and optimize therapeutic outcomes.

2. Scope

This SOP applies to all healthcare professionals involved in the process of medication management, including but not limited to pharmacists, physicians, and nursing staff in hospital, clinic, and transitional care settings.

3. Responsibilities

- **Pharmacists:** Conduct medication reconciliation, identify discrepancies, and communicate recommendations.
- **Prescribers:** Review recommendations, update prescriptions, and authorize necessary changes.
- **Nursing Staff:** Assist in gathering medication histories and patient information.
- **Patients/Carers:** Provide accurate and updated medication information.

4. Procedure

1. **Obtain Medication History**
 - Collect a current list of all medications (prescription, OTC, supplements, herbal products) from the patient or carer.
 - Use at least two sources for verification (patient interview, previous records, pharmacy dispensing list, etc.).
2. **Compare and Verify**
 - Compare the collected list with existing medical records and current prescriptions.
 - Identify any discrepancies such as omissions, duplications, dosing errors, or drug interactions.
3. **Resolve Discrepancies**
 - Clarify any discrepancies with the prescriber or other healthcare professionals.
 - Document the rationale for any medication changes or continuations.
4. **Arrange Prescriptions**
 - Prepare updated prescriptions according to reconciled medication list.
 - Coordinate with the prescriber for approval and signature.
 - Ensure prescriptions meet regulatory and institutional requirements.
5. **Educate Patient and Care Team**
 - Communicate any medication changes to the patient, carer, and relevant healthcare team members.
 - Provide instructions for new or altered medications as required.
6. **Document and Follow-Up**
 - Record the reconciled medication list and any actions taken in the patient record.
 - Schedule follow-up for ongoing medication management or monitoring if necessary.

5. Documentation

- Medication reconciliation form (paper or electronic)
- Updated prescription orders
- Patient communication notes
- Incident or variance reports (if applicable)

6. Quality Assurance

- Periodic audit of reconciliation accuracy
- Review of medication-related incidents
- Staff education and competency assessments

7. References

- Institutional medication reconciliation policy
- Clinical guidelines from relevant regulatory bodies

Date of implementation: _____

Reviewed by: _____

Next review date: _____