Guidelines and FAQ's When Completing a Medication History – Inpatient Nurses

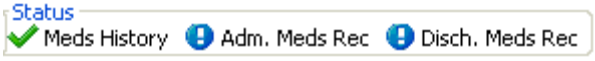
Who should enter the medication history?
Nurses, providers or pharmacy staff can enter the medication history. In order to complete the medication history in a timely manner the clinician who opens the patient's chart upon admission should attempt to take a medication history. If there are complicating factors in obtaining a history then a consult may be sent to the pharmacy.

What should be entered on the patient's Medication History?
Several options are available when taking a medication history:

- **No known home medications** – means the patient indicates they are not currently taking any medications
- **Unable to obtain information** – means the nurse cannot obtain information about the patient's medications (e.g. patient is unconscious and no family members are available)
- **Add/Modify Compliance** – use this option when the patient's medications are available from a previous visit and appear on the Medication List. Simply indicate whether the patient is:
    - *Still taking, as prescribed*
    - *Still taking not as prescribed*
    - *Not taking*

  These comments will appear when the provider is completing Admission Medication Reconciliation and will help in determining whether those medications should be continued during the patient's stay.
- **Adding a New Historical Medication** – add a medication to the patient's medication list when the patient indicates they are taking something that is not on the list. This medication will be added historically and will NOT be added as a prescription by the inpatient nurse.

When should the nurse enter a medication history?
A medication history should be entered by the nurse if no one else has previously entered the medication history for this visit. The nurse will be able to see if a medication history has been completed by looking at the Meds History icon in the Nursing Admission History form or on the Medication List Menu tab. If a green checkmark appears beside the Meds History then it has been completed.



Where should the nurse enter the Medication History?
A Med History section has been added to the all Admission forms and to the outpatient treatment Record as a convenient place for nursing to document. Medications may also be added by using the Document Medication by Hx button on the Medication List tab.

Why does nursing need to complete a medication history?
When nursing, providers and pharmacy collaborate to update the patient's medication list it enables us to make the best decisions for the care of the patient.

What should the nurse do if the patient brings in a list of their medications?
Place the list in the patient's paper record at the nurse's station. If another clinician needs the list, then make a copy for them. If the list the patient brings is in the paper record at the nurse's station it will save the Pharmacy time if they are consulted to complete a medication history.

Guidelines for Using the Options Available on the Right Click Menu in Document Medication by Hx

Several options are available on the right click menu when you are completing a medication history. The following guidelines should help you to use these options appropriately:

- **Add/Modify Compliance** – use this option when the patient's medications are available from a previous visit and appear on the Medication List. Simply indicate whether the patient is:
  - *Still taking, as prescribed*
  - *Still taking not as prescribed*
  - *Not taking*
- **Modify** – use this option to update information such as dose, route and frequency on historical medications only. Historical medications are medication the patient has indicated they are taking but a provider in the MUHC system has not prescribed the medication for the patient. Do NOT update prescription medications – only indicate compliance. If the nurse modifies a prescription medication the Ordering physician window will appear and the nurse will need to put in the name of the ordering provider.
- **Suspend** – do NOT use this option when taking a medication history.
- **Complete** – use this option on historical medications when a patient indicates they are no longer taking the medication.
  - Completing medications removes them from the patient's medication list.
  - Do NOT complete prescription medications unless the original order states it will be completed within a certain time frame (for example the patient is finished taking a 10 day course of an antibiotic).
  - If duplicate prescription or historical medications exist on the Medication List, keep the most recent order and complete the other order.
  - If you are unsure whether to complete an order, use Add/Modify compliance and leave the decision up to the provider or the Pharmacist.
- **Cancel/DC** – do NOT use this option. Complete medications if they are historical and the patient is no longer taking them and use Add/Modify compliance for prescription medications unless otherwise specified under the complete definition.
- **Void** – only void inaccurate medication entries you have personally placed. Never void an order that someone else placed.

Using the Add Button to Add a New Historical Entry – If the patient indicates they are taking medications that are not currently on their Medication List the nurse may enter those medications historically by using the Add button under the Document Medication by Hx button. The nurse should NOT use the Add button on the orders window itself because it will not add the medication historically.

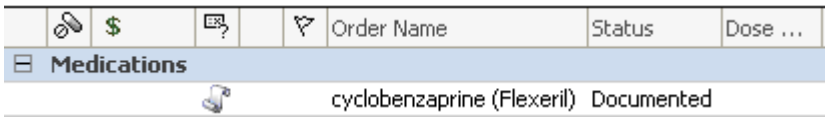
Pharmacy Consults

Pharmacy is available for consults if the patient has:

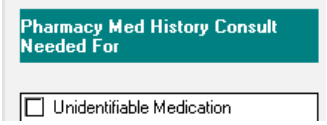
- Multiple medications
- Unidentifiable medications
- Medications with doses that are unknown
- Medication History that appears unreliable (e.g. Patient is a poor historian or is confused and no caregiver is available for clarification
- Medication Therapy concerns (e.g. Patient has recently adjusted high risk medications such as warfarin, anti-rejection medications, etc. Patient is taking over the counter medications or herbal supplements that the nurse or provider has questions/concerns about.)

What if the nurse is unable to obtain information to take a medication history?
The nurse will mark "Unable to Obtain Information" on the patient's chart in the Nursing Admission History/Med History page and will mark "Medication History Unreliable" to send a consult to Pharmacy to help obtain a medication history.

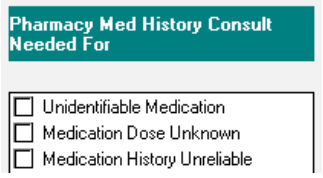
What should the nurse do if the patient only knows the names of the medication but no dose, route or frequency?
The nurse should go ahead and enter the name of the medication as a historical medication in the patient's chart and should request a consult from Pharmacy for "Medication Dose Unknown".



What if the patient brings in a bottle with all the medications mixed together?
The nurse will mark "Unable to Obtain Information" on the patient's chart in the Nursing Admission History/Med History page and will mark "Unidentifiable Medication" to send a consult to Pharmacy to help obtain a medication history.



What should the nurse do if the patient brings in a large bag of medications but is unclear about what they are taking?
The nurse will mark "Unable to Obtain Information" on the patient's chart in the Nursing Admission History/Med History page and will mark "Medication History Unreliable" to send a consult to Pharmacy to help obtain a medication history.



What if the patient comes from a Skilled Nursing Facility (SNF) with a long list of medications?
The nurse should make a copy of the medication list and place it in the paper chart so it is available for the Pharmacy. The nurse should place a Pharmacy consult checking "Medication Therapy Concerns".

How does an ED nurse get a Pharmacy Consult?
The same functionality inpatient nurses have will be available to ED nurses when documenting the Medication History.

What happens if the ED nurse needs a Pharmacy consult outside of the time a Pharmacist is available in the ED?
If a Pharmacy consult is needed the ED nurse will put in a Pharmacy Consult which will be seen by the inpatient Pharmacist if the patient is admitted. In the event that the patient does not get admitted and a consulting Pharmacist is not available the consult will probably not get completed prior to the patient discharge. If the Pharmacist is involved in other cases in the ED that need Pharmacy involvement (e.g. stroke, trauma, code, AMI, etc.) those cases will take precedence.