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Medication Reconciliation Checklist

Action	Yes	No	Comments
1. Did you gather a list of medications the patient was taking at the time of admission?	☐	☐	
2. Did you include dose, frequency, and route for each medication?	☐	☐	
3. Did you speak with family members and local pharmacies in an attempt to make this list as accurate as possible?	☐	☐	
4. Did you ask the patient if they take any over-the-counter medications or vitamins?	☐	☐	
5. Did the physician(s) note for each medication whether it was to be continued, discontinued, or modified?	☐	☐	
6. If modified, were the changes clear and complete?	☐	☐	
7. Do you (a) track each medication discontinued at admission or during the hospitalization and (b) re-prompt the physician upon discharge whether that medication is to remain discontinued or be restarted? If the latter, did you document dose, frequency, and route?	☐	☐	
8. Do you (a) track each medication added at admission or during the hospitalization and (b) prompt the physician upon discharge whether that medication is to remain discontinued or be restarted? If the latter, did you document dose, frequency, and route?	☐	☐	

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Action	Yes	No	Comments
9. At discharge, (a) have you taken action on each medication (a) stopped upon admission, (b) continued upon admission, and © added during admission?	☐	☐	
10. At discharge, is it clear which medications the patient is to be taking that (a) they were on before the hospitalization and (b) that were added during hospitalization?	☐	☐	
11. During the hospitalization, have you made efforts to find out what is in the patient's medicine cabinet at home?	☐	☐	
12. Did you call the patient 24 to 48 hours after discharge and ask for a "teach- back" of every medication the patient is taking?	☐	☐	
13. Did you call the patient 24 to 48 hours after discharge and make sure that they were able to fill all outpatient prescriptions? If not, did you learn why and are working to help resolve the obstacle?	☐	☐	

When it comes to performing medication reconciliation, including medication reconciliation post-discharge (MRP), organizations and health plans face significant barriers to success. Enter Cureatr. Our team of clinical pharmacists provide healthcare organizations and health plans with the medication expertise to deliver medication reconciliation, MRP, and additional medication management and care coordination services that improve patient health, quality ratings, and financial performance.

Request a Consultation

Cureatr is Here to Help