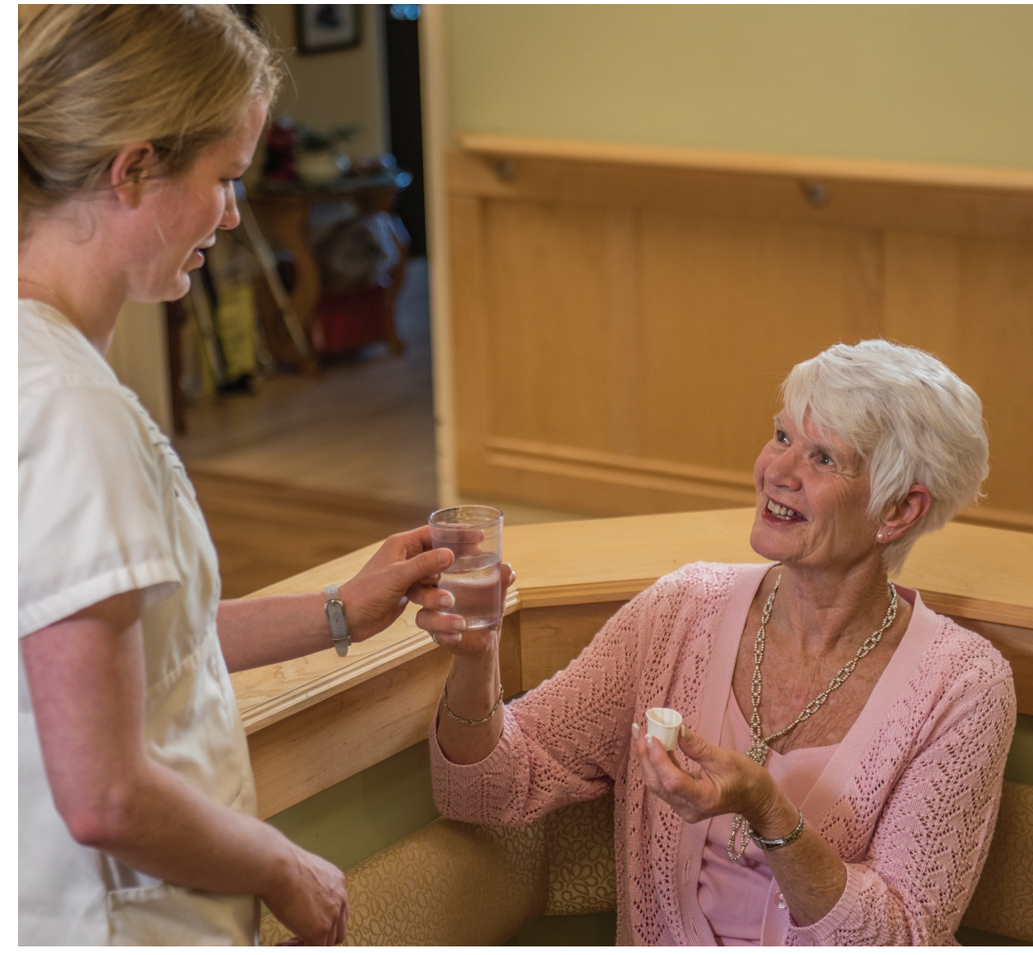
Please list all of the medications you currently take, including prescriptions, vitamins, supplements and over the counter medications:

Name: _____

	Medication	Dose	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



Medication Reconciliation

Shannex™

What is Medication Reconciliation (MedRec)?

Medication reconciliation is a formal process to create the most complete and accurate list possible of a client's current medications and is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. In all of our homes, we perform a mandatory medication reconciliation at every transition of care which includes moving from home to retirement living, assisted living or nursing home, or moving from hospital to retirement living, assisted living or nursing home.

In order to complete a medication reconciliation, we need to begin by creating a comprehensive list of medications you currently take. The list should include all prescription medications, herbal supplements, vitamins, nutritional supplements and any over-the-counter drugs, as interactions can occur between prescribed medication, over-the-counter medications, or dietary supplements.

Without a medication reconciliation we cannot administer medications. Your input is vital to the safe and smooth transition of services.

Goal of Medication Reconciliation

The ultimate goal of medication reconciliation is client safety and to prevent adverse drug events during admission, transfer and discharge for all clients. By reconciling medication, we are able to identify if medications are missed or changed and we clarify with the prescriber that this was the intent and not an oversight.

Medication reconciliation prevents:

- the possibility of missed medications from home, while in hospital
- incorrect doses
- missed or duplicated doses resulting from inaccurate medication records
- failure to clearly specify which home medications should be resumed and/or discontinued at home after hospital discharge
- duplicate therapy at discharge

What is your role as a client/family member?

Clients and families play an important part in the medication reconciliation process. There are ways you can be involved to ensure that you are providing the best possible medication history. Please prepare by doing the following:

- Sign the pharmacy consent form so that we can obtain a list of the medications you have been dispensed from your "home" pharmacy;
- Bring in all medications from home, including all over-the-counter medications;
- Educate us on the medications you are taking and why you are taking them;
- Make sure we understand the dose you take and the time of day you take the medication;
- Be sure to tell us anything else related to your medications that will be helpful in ensuring a safe and smooth transition with us.