Children's Mercy Hospitals & Clinics
Electronic Medication Information Management

I. Purpose:

To describe the process for Medication Information Management (MIM) using the Children's Mercy (CMH&C) Electronic Health Record.

II. Policy:

MIM is the responsibility of the nurses, physicians, and pharmacists caring for patients in both inpatient and outpatient settings.

A. Definitions

1. Current Medication: Medications taken at scheduled times and on an as needed basis, as well as any additional medications taken within the last 48 hours.
2. Medications by History: The list of current medications taken or administered prior to the encounter at CMH&C. To the best of one's ability, the elements included in the medication list are:
   a. Medication name, dose, route, and frequency
   b. Compliance with the prescribed medication regimen
3. Reconciliation: The process of comparing the home medication list with hospital, clinic, or procedural area medications to avoid discrepancies, duplications, or omissions.
4. Minimal Medication Use Situation: A brief outpatient encounter that does not involve medication administration (except enteric or bladder contrast), changes in the patient's home or current medications, and where there is no influence by medications on the care provided.

B. Responsibility:

1. The patient's medication history is documented by the care provider conducting the initial interview with the patient and family. The attached work process flow charts detail the personnel responsible to obtain the medication history in various care venues.
2. The physician/APRN/PA is responsible to reconcile the medication history with new medications prescribed.

III. Procedure

A. Documentation of the Medication History

1. Except in the case of an emergency, the medications by history is obtained during the check in, triage, or admission process and is reviewed prior to the prescription or administration of any medication(s).
2. Record the patient's current medications using the *Document Medication by History* function.
   a. For each medication, record the details that are known.
   b. When the name of a medication is not known, record a "home medication – patient's own", including any descriptors known.
   c. No Known Home Medications or Unable to Obtain Information are recorded in the medication history when appropriate.
3. Record the patient's *Compliance* with the medications listed. Include the details of the medications' status, the source of information about the medication, and the last dose date/time.
4. Patients with previous encounters at CMH&C have a medication history recorded. The existing history is carefully reviewed with the patient and family using the *Document Medication by History* function.
   a. Medications not on the list are added
   b. Medications on the list are updated
   c. Any member of the health care team may:
      1) Modify the details about a medication listed

2) Modify or add details about the patient's compliance
3) Document that a prescribed course of medication is complete.

d. A physician/APRN/PA may *suspend, cancel*, or *discontinue* a medication.

B. Discharge Reconciliation

1. Medication reconciliation is performed prior to the patient's departure from an:
   a. Ambulatory appointment
   b. Emergency department/urgent care center encounter
   c. Procedural area (unless a minimal medication use situation)
   d. Hospital admission regardless of observation or inpatient status
2. A physician/APRN/PA reconciles the home and hospital medications using the *Reconciliation* function.
   a. For medications ordered during the encounter that are to be continued at home following the patient's departure, indicate *Convert to prescription*.
   b. Indicate *Do not convert* to discontinue the medication.
   c. For medication prescriptions indicate *Resume* when the patient is to continue taking the medication at home as previously prescribed.
   d. Indicate *Do not resume* to instruct the patient to stop taking a medication.
   e. For home medications select *Resume* or *Do not resume,* as above.
   f. If a home medication has been discontinued during a hospital admission, it may be re-prescribed. Indicate *Convert to prescription.*
3. In minimal use medication situations, discharge medication reconciliation is not required.
4. The patient/family is given a Medication List (may be part of the Discharge Instructions) when discharged.