TELL TALK TAKE TRACK

TELL — To your Doctor
TALK — About own medication
TAKE — Medications as prescribed
TRACK — Usage of medication

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ABSTRACT

Unsafe medication practice and medication error are leading to injury and avoidable harm in healthcare system. Medication reconciliation is one of the most significant challenges facing healthcare organization today. An inaccurate medication history can follow a patient throughout every encounter during a hospital stay and beyond.

Objective:

Medication reconciliation is done to prevent errors that can come from poor collection of medication history information or from the incomplete use of this medication history when prescribing.

This process can prevent harmful medication errors such as omissions of regularly used medications, dosing errors, drug duplications, drug-drug Interactions and Adverse Drug events.

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INTRODUCTION

Medication reconciliation is a formal process in which healthcare professional partner with patients, families and care providers to ensure accurate and complete medication information is communicated consistently at transition of care.



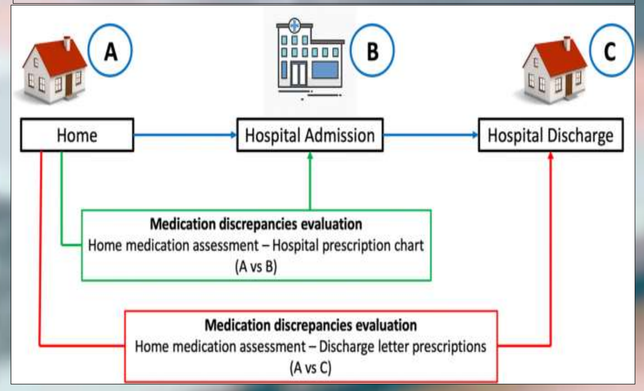
Tell your doctor /healthcare provider:
If you have an allergic reaction or side effects from medications & foods.
If you use alcohol/ tobacco or drugs

Talk about all medicines you take:
Prescribed medicines
Over The Counter medicines,
Vitamins & Herbal supplements

Take medications as prescribed:
Don't skip/stop medications without your doctor's advise.
Discuss any problems you have taking medications

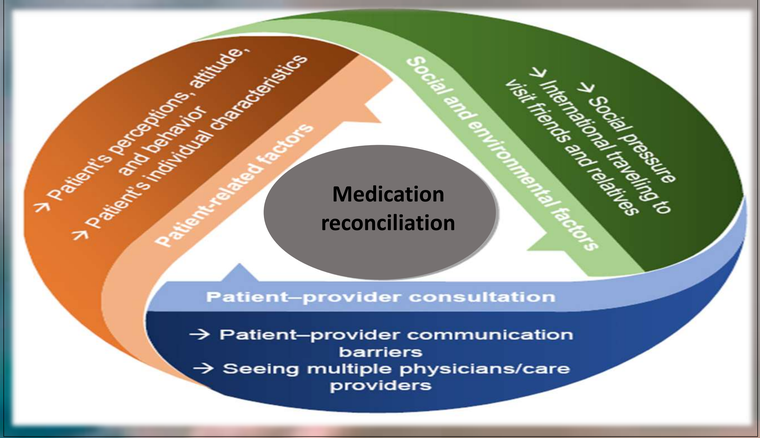
Track your usage of medications and when it is time to order refills so you do not run out of prescribed medicines.

METHODS AND MATERIALS



RESULTS

Lack of resources, high patient volumes, lack of a common medical record spanning institutions and settings which limits access to medication records from external institutions and community pharmacies were identified as significant barriers.

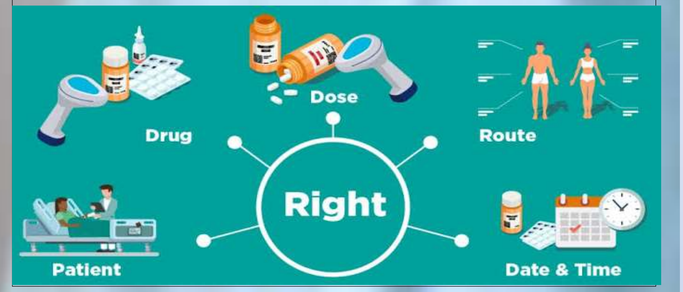






DISCUSSION

Medication reconciliation is the right thing to do. We have certainly caught errors that could caused harm to patients, which helps staffs and physicians better understand the importance of Medication reconciliation.



CONCLUSION

To perform medication reconciliation, hospitals use a variety of strategies including doctors, clinical pharmacists, electronic records tools, and patient centred strategies. Most medication error occur during transferring patients(admission, transfer, discharge or referral) as more of those errors are attributed to poor or lack of medication reconciliation. Over the counter drugs and dietary supplements are not considered by many clinicians to be medications and thus often not included in the medication record. As interaction can occur between the prescribed medication and OTC medication/ Dietary supplements, all medications should be part of patient medication history and should included in the reconciliation process.

REFERENCE

- Patient safety and quality: An evidence-Based Handbook https://www.ncbi.nlm.nih.gov/books/NBK2648/
- The patient Safety Education Program-Module 14 Trainer's Notes.