



# The Case for Medication Reconciliation

## *Patient Stories*

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## Bruce's Story

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68 years of age

Retired engineer

Former smoker

Enjoys his garden

Goes to club 2 -3 times a week

Has COPD, hypertension and recently  
diagnosed with AF

## Bruce's Story

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- Presents to ED with exacerbation of his COPD
- Admission history taken by RMO
- Medication history taken with assistance of GP referral letter
- History documented in patient's progress notes

# Bruce's Story

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## Medication history documented

Atrovent 2 puffs qid

Seretide 250mg 2puffs BD

Ventolin 2puffs prn

Frusemide 40mg mane & midi

Cardizem 240mg OD

Amiodarone 200mg OD

Warfarin mdu

Paracetamol prn for joint pain

Voltaren gel recently

# Bruce's Story

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Bloods taken

INR 4

Treatment decision documented in notes  
“withhold warfarin until INR therapeutic”

# Bruce's Story

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## Medication charted

Atrovent neb 4 hrly

Seretide 250mg 2puffs BD

Ventolin neb 5mg 6 hrly prn

Frusemide 40mg po mane & midi

Cardizem CD 240mg po mane

Amiodarone 200mg po mane

Paracetamol 2 prn for pain

Prednisone 25mg daily for 7 days

Ampicillin 1g IV 6hrly

## Bruce's Story

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5 days later

Bruce seen by the team

Decision to discharge

Ambulance booked for 10am next day

9am RMO paged to write D/C script

Script written from current medication chart.

1 month supply ordered

9.15am script arrived in pharmacy

## Bruce's Story

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- 9.30am ward staff ring pharmacy inquiring whether Bruce's D/C medications are ready as ambulance arriving at 10am
- 1 month supply medicines dispensed
- Bruce's medicines list prepared in the pharmacy from the discharge prescription and placed in bag with his medicines
- 10am ambulance officer collects Bruce's D/C medicines from pharmacy



## Bruce's Story

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Medicines on D/C prescription, patient's medicines list

Atrovent 2 puffs qid

Seretide 250mg 2puffs BD

Ventolin 2puffs prn

Frusemide 40mg mane & midi

Cardizem 240mg mane

Amiodarone 200mg mane

Prednisone 25mg daily for 2 days

Paracetamol prn

## Bruce's Story

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Bruce made an appointment to see his GP the week after he was discharged  
5 days following his discharge Bruce suffered a stroke was paralysed down one side and unable to speak

# Where Med Rec would have helped

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- Improved documentation of plan
  - Allows for follow up during admission
- Med Rec on discharge
  - Warfarin should have been noticed

## Lillian's Story

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85 years old

Lives alone in retirement village

Looks after herself

Type 2 diabetes, hypertension, hyperactive thyroid – recently commenced on propylthiouracil

Fell over in street when shopping

Hit her head , ? broken arm

Taken by ambulance to hospital

# Lillian's Story

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ED very busy

Lillian slightly confused

Nurse took medication history

Used Lillian's medicine's list from previous admission in handbag

Documented in nursing assessment form

# Lillian's Story

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## Medication history in nursing assessment

Metformin 500mg tds

Daonil 5mg tds

Karvea 150mg OD

Temaze 10mg prn

Panamax 2 prn

## RMO Medication history

Documented - see medication chart

Used nurses history to write up chart

# Lillian's Story

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## Medication chart

Metformin 500mg tds

Daonil 5mg tds

Karvea 150mg OD

Temaze 10mg prn

Panamax 2 prn

# Lillian's Story

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Lillian admitted to hospital

Slight concussion

Broken arm for surgery next day

*48 hours later*

Agitated and confused

Observations

↑ Heart rate

↑ Temperature

RMO called



# Lillian's Story

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Suspected sepsis

Blood cultures taken

Flucloxacillin commenced 1g IV qid

*48 hours later*

Symptoms worsened

Bloods taken

↑ T4

Endocrinology consult ordered

# Lillian's Story

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Lillian became unresponsive

MET team called

Diagnosed thyrotoxic coma

Tranferred to HDU

Propylthiouracil recommenced

Passed away 12 hours later

# Where Med Rec would have helped

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- Confirm history with more than 1 source
  - PARTICULARLY as Lillian was confused
  - Lillian's list was out of date
  - GP/community pharmacy would have been able to confirm PTU prescription/dispensing