Research in Pharmaceutical Sciences, 2012;7(5)
School of Pharmacy and Pharmaceutical Sciences
Isfahan University of Medical Sciences

Admission medication reconciliation in st zahra medical center of Isfahan, Iran

A. Zargarzadeh[1,*], H. Karimnejad[2], B. Haftbaradaran[3], Y. Rafiee[3]

[1]Department of Clinical Pharmacy and Pharmacy Practice, School of Pharmacy, Isfahan University of Medical Sciences, Isfahan, Iran
[2]Division of Pharmaceutical Care, St Zahra Medical Center
[3]School of Pharmacy and Pharmaceutical Sciences, Isfahan University of Medical Sciences, Isfahan, Iran

Background and Aims: Medication reconciliation (MR) is a formal process in which members of the health care team including pharmacists partner with patients to ensure accurate and complete medication information transfer at the time of admission, discharge or patient transfer from one ward to another. Medication discrepancies at interfaces of care may pose significant patient safety risks. For the first time in Isfahan, we have explored the extent of these discrepancies within the first 24 hours of admission in a major teaching medical center.

One hundred and two newly admitted patients to twelve randomly selected medical wards entered into the study. Best possible medication history was obtained from each patient using the medical charts, checking patient's own medication plastic bags from home, and interviewing patients or their caregivers. Medication discrepancy was defined as any difference in the medications taken at home from what was ordered at the hospital, including another medication from the same therapeutic class, different dosage form, route of administration and strength.

The amount of discrepancy found among the patients' medications was 67.8%. The major reasons found were discontinuation of the medication (44.6%), change to another medication (30.2%), and change in frequency or dosage strength (25.2%). Discontinuation of medications occurred mostly in the GI, Endocrinology, Neurology, Nephrology and Surgical wards and mostly seen with cardiovascular and GI medications.

The results show that the medication discrepancy is indeed quite high based on the definition used in this study. Larger studies including discharge reconciliation should be conducted to complement the results of this study.

Keywords: Medication reconciliation; Isfahan; Iran