

Medicines Reconciliation Audit Tool										
Department/area: .....				Patient number.....			Patient age .....			
Name of staff carrying out assessment: .....						Hospital name: .....				
1. Type of admission:		Elective		Acute		Other (specify) .....				
2. How many medications was the patient taking? .....medications										
3. How many medications was the patient able to give information on (e.g., 5/7)? .....										
4. What sources of information were used to collate the initial drug history? (circle all appropriate)										
Patient	Relative	Nursing home		Repeat prescription		Community pharmacy		GP		
MDS	Carer	Patient own drugs		Other: .....						
5. Who took the initial drug history?										
Ambulance		A+E	AMU nurse	AMU junior doc	AMU senior doc		Other (specify).....			
6. Who took the initial clerking drug history?				Junior doc		Other (specify) .....				
7. Who took the medicines reconciliation history?										
Pharmacist		Pharmacy technician		Nurse		Junior doctor		Other	Not documented	
8. Were the primary care records verified? (If yes, who verified?)									Yes	No
Pharmacist		Pharmacy technician		Nurse		Junior doctor		Other	Not documented	
9. How did they verify?										
Verbal		Patients list			Fax		Not specified			
10. How long after the patient's admission was a pharmacist involved in medicines reconciliation?										
<24 hours		24-48hrs		48-72 hours		>72 hours		Not at all	Not documented	
11. Were medicines reconciled to drug chart as appropriate?									Yes	No
After how long? .....										
12. Were there any discrepancies for the areas listed below? (please specify numbers for each)										
Reconciliation area		Number of discrepancies (e.g., no. drugs omitted)				Details (e.g., which drugs were omitted)				
Drugs omitted										
Wrong drug										
Extra drug										
Wrong route										
Wrong dose										
Wrong frequency										
Wrong spelling										
13. What was the total number of discrepancies found? .....discrepancies										
14. Were the errors found above noted/corrected? (Please specify if yes) .....									Yes	No

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**15. Possible consequence to the patient if the omitted medicines/prescribing error had not been identified?** (please use the matrix below to complete the table of risk scores)

		Severity/Impact				
		None/Near Miss (1)	Low (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Likelihood	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Certain (5)	5	10	15	20	25

Risk	Green 1-3	Very low	Yellow 4-6	Low	Orange 8-12	Moderate	Red 15-25	High
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	Severity	Likelihood	Risk Score
a) Clinical consequence			
b) Complaint from patient/relative			
c) Query after discharge			
d) Additional treatment might be required			
e) Increased length of stay – estimate of days	No of days: .....		

**16. Details of potential harm:**  
 .....

17. Any evidence of harm? (due to drug errors)	No harm	Mild harm	Moderate harm	Severe harm
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**Details of harm:** .....