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Pharmacy students and reconciliation of medication upon hospital admission (P331D)**

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Abstract:

Purpose: Medication errors at the time of admission may cause harm. Reports indicate that up to 83% of patients have at least one variation in their admission medication history. Researchers suggest that pharmacist-provided admission medication histories allow optimal patient care and decrease healthcare costs. Additionally, the ASHP 2015 Objective 1.1 states that pharmacists should be involved in managing admission medication histories for hospitalized inpatients. Studies show that pharmacy students can help improve patient care by making clinical interventions in various settings. Therefore, the objectives of this study are to describe the involvement of pharmacy students and the scope of interventions made by pharmacy students in a medication reconciliation program.

Methods: Two clinical pharmacists affiliated with a college of pharmacy began medication reconciliation services at this 300-bed, community hospital. Fourth-year professional clerkship pharmacy students were trained by these pharmacists and conducted admission medication histories over a 6-week period. Medication histories were initiated from the institution's admission list and were divided amongst the pharmacy students. Three students conducted admission histories for the first 3 weeks, and 3 students conducted admission histories over the last 3 weeks. After conducting the medication history, the pharmacy student would discuss with the pharmacists and interventions were made and documented.

Results: Ninety admission medication histories were performed by 6 pharmacy students. A total of 272 interventions were made; the 4 major intervention categories included "calling for an admission medication list", "patient education", "incorrect documentation", and "initiation of prior to admission medications". Incorrect documentation occurred most frequently: 68 out of 90 admission histories found 1 or more home medications omitted, 38 of them documented incorrect allergies and reactions or omissions, 21 of them incurred vaccination documentation, and 6 of them had no tobacco histories. Calling for an admission medication list occurred second most frequently: 58 out of 90 admission histories required calling an outside pharmacy, and 3 required calling a physician's office.

Conclusions: This study demonstrated that fourth-year pharmacy students were able to make appropriate recommendations and interventions that enhance pharmaceutical care in a hospital medication reconciliation program. The students identified many omissions by collecting a detailed history and notifying pharmacists, nurses, and physicians of associated problems. In addition, they helped pharmacists by performing the interview so more patients could be seen and more interventions could be made. By utilizing pharmacy students to provide medication reconciliation, this study helps to meet the ASHP 2015 Objective 1.1.