MEDICATION HISTORY INTERVIEW SCRIPT: Froedtert Hospital Milwaukee

Revised 4/4/16

<u>Purpose:</u> To provide a consistent method to obtaining the essential components of a complete medication history. Important points that are to be discussed with the patient are <u>underlined</u> and are to be covered with patients

<u>Expectations:</u> This script should provide a basic, consistent, script that is recommended to be followed. You may add in your professional judgment and personal style should to enhance the patient's experience and address your comfort, as well at the patient's comfort with the process.

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- on this unit today. I would like to talk to you about your medications."
- (A/I) Can I have you confirm your full name and birthdate?
 (FYI for RPh-National Patient Safety Goal)
- O (D/E) As I mentioned, I want to take a few minutes to go over the medications that you take when you're not in the hospital, so that we can make sure we have an accurate list and the medications that we give you while you're here will be safe and effective. We will reviewing your drug allergies, immunizations, prescription medications and nonprescription medications. Is now a good time to go through this? (It is important to note that the patient's safety is one reason we are doing this. Patients are asked about safety on patient satisfaction surveys and this will remind them that this is one of the things that we do for safety)

Medication History

- First off, what <u>allergies or reactions</u> do you have to medications?
 - O What was the reaction?
 - If they say swelling find out where the swelling was (did they have difficulty beathing?
 - When did the reaction occur? (i.e. was it recent, was it during childhood, etc)
 - o Did your doctor tell you that you shouldn't take this medicine again?
 - Have you taken this medicine since the first reaction to it?
 - If so, did you experience another reaction?
 - o Any sensitivities or allergies to food?

- OK, let's talk about your vaccinations.
 - o **Did you have a <u>flu shot</u> this year?** (seasonal based on CDC recommendations)
 - Do you remember getting a <u>pneumococcal vaccine</u>? Some people call this a "pneumonia vaccine".
 - Do you remember when?
- Now let's talk about the medicines that you take every day.
 - Do you know your meds well, or do you have someone who helps you with them?
 - Did you bring your medication bottles or a list of your medicines to the hospital with you?
 - We will use your medication bottles to go make sure we have an accurate list. Then we either need to lock them up outside your room or have one of your family members take them home for you, to make sure we are giving you the safest care possible.

Use bottles if available. Verify that the patient is currently taking the medication and the prescribed dose - directions on bottle may have been changed. If patient has med list, read back and verify all items. Ask about items not on the list.

Engage the patient in a conversation about their scheduled medications:

- Drug
- Dose
- Schedule
- Indication
- How long have you been taking?
- Last dose/how many doses taken today if more than once daily
- Now let's talk about <u>over the counter medicines</u>, or any other medicine that you don't need a prescription from your doctor to take.

Ask how often they use and document if clinically significant:

- Vitamins
- Antacids
- Analgesics (esp. ASA, ibuprofen)
- Laxatives, anti-diarrhea agents
- Cold and cough preparations, decongestants
- Topical preparations
- Sleeping agents and sedatives
- Ear and eye products
- Herbal and homeopathic preparations
- Are there any medications that you used to take, but have stopped taking in the last 4 weeks? (e.g. antibiotics, changes in chronic therapies, changes in OTCs)

- Why did you stop taking/change this? On own or per MD order?
- What other medicines do you take that we have not talked about yet? Any inhalers, nasal sprays, eyedrops, eardrops, patches, creams, or injections?

Discharge Service

- We're almost done! Here at Froedtert Hospital we offer patients the convenient option of obtaining any discharge medications through our outpatient pharmacies. This service allows you to get any of your new or current medications filled here at Froedtert and delivered to your room before you go home. This way you will not have to make a stop at the pharmacy on your way home. If any of your prescriptions have refills, the refills can easily be transferred to your preferred pharmacy. Your co-payment through your insurance will be the same regardless of which pharmacy you choose to use. Is this something that you would be interested in?
 - (If "Yes") Great. Do you have your prescription insurance information with you today so that we can get things set up right away?
 - (If "Yes") [Collect information/make copy of card/document in questionnaire]
 - (If "No") Is there someone else who assists you with insurance matters that I may contact to obtain this information?

What pharmacy do you regularly use for your medicines? (<u>Pharmacy name, address</u>If you would like, I can address having any refills of your discharge medicines transferred to your preferred pharmacy.

 (If "No") Alright. What pharmacy would you like to receive your discharge medications from? (<u>Pharmacy name</u>, <u>address</u>

Verify pharmacy information off of prescription bottles if available.

• Do you fill your prescriptions at more than one pharmacy? Do you get any prescriptions sent to you in the mail? Acquire list of all pharmacies used.

Wrapping Up

- Thank the patient for their time and information.
- Ask them if they have any **other questions**.
- Remind them that if questions do come up, they tell their nurse that they would like to talk to the pharmacist and **we will stop back in**.
- Remind patient that we will be in to discuss any changes to medications and provided updated list prior to discharge.

Common Situations:

- Patient has family member who is not visiting/will not be visiting within 24 hours who takes care of meds
 - Ask patient for permission to call this family member
 - o Get phone number and best time to call, if patient can provide
- Patient was transferred from outside hospital
 - o Still obtain PTA meds from patient and update list with these
 - Get MAR from outside facility to determine meds administered, can put pertinent details in comments in med history note

- Patient is on warfarin PTA
 - Ask patient for the following information:
 - Indication
 - INR goal
 - Recent INR/date of ACC visit
 - Current regimen, and how long they have been on this dose (stable?)
 - Who doses warfarin/follows INR
 - Last dose/any missed doses recently
- Patient is on antibiotics/recently finished antibiotics
 - Ask patient for
 - Indication
 - Intended length of treatment
 - When antibiotics were started (what day of treatment)
 - Last dose
- Patient reports a penicillin-allergy
 - Ask patient what reaction and when
 - Has patient ever had other antibiotics? (throw out a few names, like cephalexin or cefazolin)
- Patient may be non-compliant with medications
 - o Ask patient for pharmacies where medications are filled
 - Ask for other pharmacies where patient may fill (some patients may forget about mail order)
 - Obtain recent fill dates
 - Ask pharmacy for meds filled in past 3-4 months
 - Patient may fill 90day supply, so the most recent month may not be sufficient
- Patient refuses to participate in medication history
 - Ask patient for pharmacy where fills and permission to call
 - Ask pharmacy for meds filled in past 3-4 months
 - Patient may fill 90day supply, so the most recent month may not be sufficient
- Patient reports methadone on medication list
 - Call pharmacy or methadone clinic to confirm dose, even if patient is confident in dose
 - Methadone clinics typically close by 1400, so prioritize calling