Provided by Froedtert Hospital Milwaukee WI

Medication History Competency Documentation:

Name:	
Trainer's name:	Date Completed:

1=needs improvement/did not complete, 2=satisfactory completion, 3=exceeds expectations				
Information Gathering				**Comments**
3	2	1	Identifies history to complete	
3	2	1	Checks with pharmacist before proceeding	
3	2	1	Checks SureScripts database	
3	2	1	Checks WIR database	
3	2	1	Locates and prints medication list	
Introduction				**Comments**
3	2	1	Uses AIDET appropriately	
3	2	1	Explains purpose of medication history	
3	2	1	Obtains permission to complete history	
3	2	1	If visitors, obtains permission to conduct with visitors present	
Verification of patient				**Comments**
3	2	1	Uses two patient identifiers List identifiers • _____ • _____	
Allergies				**Comments**
3	2	1	Asks about medication allergies and reactions	
3	2	1	Asks about food allergies and reactions	
Medications				**Comments**
3	2	1	Gathers complete medication information (name, strength, frequency)	
3	2	1	Asks questions to probe for additional information • Do you take insulin/injectables, creams, ointments, inhalers, eye drops, ear drops, etc? • Have you recently started or stopped any medications? • Day of week for weekly medications • Frequency of use for prn medications	
3	2	1	Asks when last dose was taken	
3	2	1	Asks patient about OTC and herbal medication use	
3	2	1	Uses other sources appropriately to verify/gather additional information (pharmacy, family members, SureScripts, med list, medication bottles, etc)	
Immunizations				**Comments**
3	2	1	Asks about immunizations and date received • Pneumococcal • Influenza • Tetanus	
Pharmacy Information				**Comments**
3	2	1	Obtains patient's preferred pharmacy and other pharmacies where patient fills prescriptions	
3	2	1	Asks patient if they would like to fill discharge	

			prescriptions at Froedtert Pharmacy	
Documentation				**Comments**
3	2	1	Allergies with reactions documented accurately	
3	2	1	Medications documented accurately in medication list	
3	2	1	Documents additional medication information in appropriate fields (med note, med comments, instructions, etc)	
3	2	1	Accurate assessment of reliability made and documented	
3	2	1	Appropriate level of detail included in Admission History Note	
3	2	1	Immunizations documented in note and as historical administration (if appropriate)	
3	2	1	Documents filling pharmacy preference and any follow up for pharmacist appropriately	
Communication				**Comments**
3	2	1	Discusses the history (reliability, issues, follow-up, etc) with the unit pharmacist	
3	2	1	Was polite and courteous during encounter	
3	2	1	Spoke at an appropriate volume for patient to hear	
Overall (need a score of at least 2 in all categories to complete competency)				**Comments**
	☐		I verify that this medication history has been satisfactorily completed.	
Trainer's Signature				
Trainee's Signature				