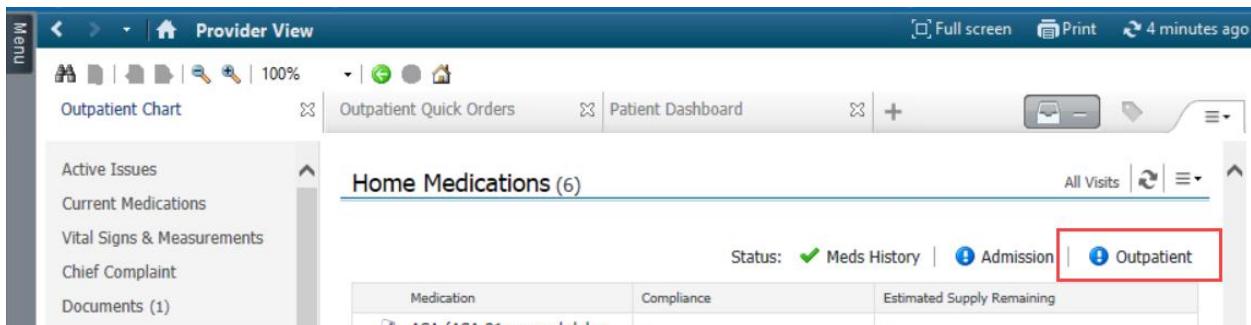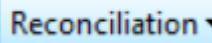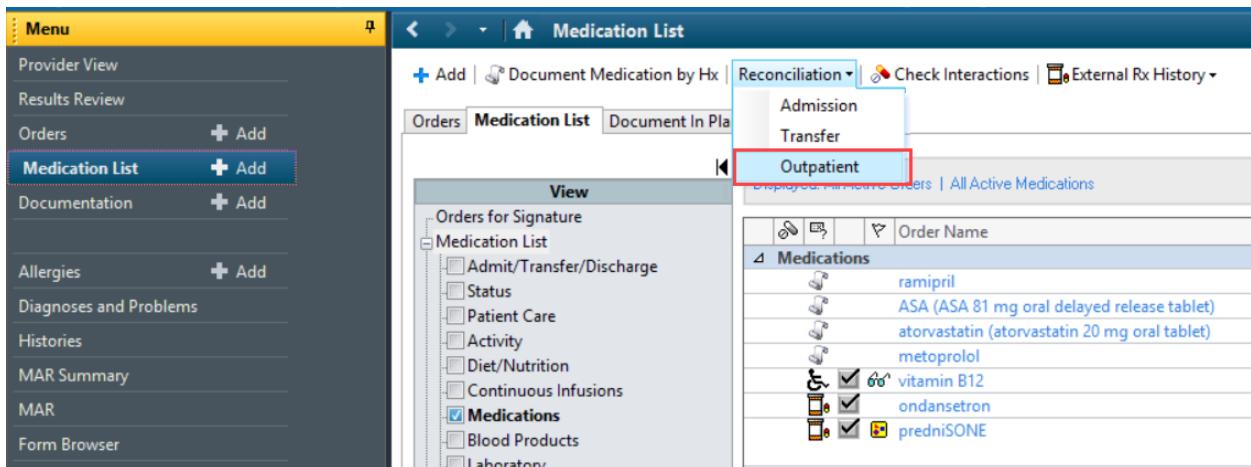# Outpatient Medication Reconciliation

Allows the physician to efficiently reconcile a patient's documented medication list and to quickly and accurately make the appropriate decision on each medication.

1. Navigate to the Home Medications component-

Click [ⓘ Outpatient] from the **Home Medications** component within the **Provider View** to access the **Outpatient Reconciliation** screen.

Alternatively, click the **Reconciliation** [Reconciliation ▾] drop-down arrow from the **Medication List screen** and select **Outpatient** to display the **Outpatient Reconciliation** screen.

⚠ **WARNING: Do not use the Admission or Transfer Reconciliation buttons for Ambulatory patients.**

If Admission Reconciliation is used and a patient has another active encounter, medication changes may flow to the other encounter.

The respective medication types are readily identified by the following icons:

Documented Home Medications :
Medications that were documented previously as being taken at home.

Prescribed Medications :
Medications that were documented as prescriptions from a previous visit.

Ambulatory Medications :
Medications that are currently being given in the ambulatory encounter.

2. Select the corresponding radio button to initiate one of the available reconciliation actions for each medication type:

Continue :
Selecting **Continue** signifies that the patient is currently taking this and will document the medication on the BPMH with this icon . If you choose **Continue** for an ambulatory medication , it will remain active on that encounter.

Prescribe :
Selecting **Prescribe** will print a paper prescription for the patient to take to a community pharmacy and will document the medication on the BPMH with this icon .

Do Not Continue :
Selecting **Do Not Continue** will remove the medication from the BPMH if previously documented or prescribed.

If you choose **Do Not Continue** for an ambulatory medication , it will be discontinued on that encounter.

❖ If you Prescribe   a medication that originated on another encounter, the medication will be discontinued on the other encounter. The medication is copied and converted to a prescription on the current encounter.

❖ However, prescriptions will always be visible on a patient's Documented Medication by Hx in PowerChart.

3. Acknowledging Home Medications- Outpatient providers are not obligated to continue, prescribe or stop unfamiliar documented home medications.

   a. Such orders may simply be acknowledged using the below button.

You **cannot** use the **Acknowledge Remaining Home Meds** button for **Outpatient Medications** . You will need to reconcile all Outpatient Medications.

4. **Finish the Ambulatory Reconciliation-** Click the Sign button beside Reconcile and, to finalize the Ambulatory reconciliation process.

5. After signing, any appropriate discharge prescriptions are generated and printed. Providers can select Do Not Send if no prescription printout is required.

6. A report summarizing changes to a patient's home medication can be generated for printing a **Visit Summary** for the patient, and/or documented in a **Clinic Note**.

Medication Reconciliation Icons:

Icon	Description
	Documented (Home) Medication by History: Indicates that the information is medication information documented by history.
	Inpatient/ED Medication: Indicates the order is an inpatient or emergency department medication.
	Ambulatory Order: Indicates the order is an ambulatory medication.
	Prescription: Denotes that this order is a prescription for the patient to get filled at a community pharmacy .
+ Add	**Add new medications:** Button to add a new medication to the Document History (BPMH).
	PowerPlan: Indicates a plan has been ordered for the patient.
	Check Interactions: Allows you to check the patient's medication interactions.
	Requires BPMH: Indicates any patient requiring Best Possible Medication History (BPMH) within FirstNet or ED Tracking.
	Auto Sub Medication / Therapeutic Substitution: Indicates medication has automatically been therapeutically substituted.
	Medication Not Reconciled: Indicates medication has not gone through reconciliation process.
	Incomplete Reconciliation: Indicates no reconciliation has taken place.
	Partially Completed and Planned Reconciliation: Indicates reconciliation is partially completed and planned.
	Completed and Planned Reconciliation: Indicates reconciliation is completed and planned.
	Reconciliation In Progress: Indicates medication reconciliation is in progress.
	Complete Reconciliation: Indicates medication reconciliation is complete.

		Status: Continue
		Status: Do not continue
		Indicates that the order is from a previous visit.
		Most common medication dose.
		Next most common medication dose.
		Least common medication dose.
		Indicates that the order is not available at the current facility and the order needs to be resolved.
		Indicates that the order is a Pending Proposal order.
		Indicates order details incomplete.
		Indicates that medication schedule should be reviewed.
		Medication is non-formulary.
		Medication is restricted.