



## **IHA Regional Pharmacy – Best Possible Medication History Practice Standard**

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### **1.0 PRACTICE STANDARD**

*Pharmacists are often involved in obtaining a best possible medication history for patients during transition in care from the community to a health care facility, between wards within a health care facility or upon discharge from a facility. Pharmacists should utilize a standardized, consistent approach to obtaining a best possible medication history to ensure accurate and timely communication of the information to the health care team and documentation in the health care record. Pharmacists and/or certified clinical pharmacy technicians may be involved in initiating or updating a best possible medication history.*

### **2.0 DEFINITIONS AND ABBREVIATIONS**

#### **Best Possible Medication History (BPMH)**

A medication history obtained by a pharmacist, certified clinical pharmacy technician or other qualified health care professional which includes a thorough history of all regular medication use (prescribed and non-prescribed), using some or all of the following sources of information:

- patient or caregiver interview
- inspection of vials and other medication containers
- review of a personal medication list or Medication Administration Record (MAR)
- PharmaNet
- follow-up with a community pharmacy
- review of a current medication list printed by the community pharmacy.<sup>1</sup>
- auxiliary databases which may include but are not limited to: Provincial Renal Agency PROMIS database, TB Control, Centre for Excellence in HIV/AIDS.
- other health care professionals involved with patients' care (e.g. family physician, clinical nurse specialist)

### **3.0 EQUIPMENT**

Site-specific BPMH Form if available, PharmaNet



## 4.0 PROCEDURE

### **Key steps in conducting a best possible medication history include:**

1. Prepare for conducting the history by obtaining as much background information as possible prior to seeing the patient and/or caregiver.
2. Identify the sources of information you may want to use in this patient to conduct the BPMH.
3. Introduce yourself to the patient and/or caregiver.
4. Ask the patient about allergies and adverse drug reactions.
5. Refer to your site-specific BPMH tool to ensure you solicit a comprehensive list of all prescription and non-prescription medications.
6. Ask the patient about adherence to their medication regimen.
7. Identify the patient's regular community pharmacy.
8. Close the interview with the patient and/or caregiver.

#### **4.1 Prepare for conducting the history by obtaining as much background information as possible prior to seeing the patient and/or caregiver.**

- Obtain a PharmaNet print-out. To ensure you capture all relevant medications consider looking at the patient's history for the previous 3 months.
- Review the patient's past medical history so you will be able to use these conditions as a trigger to prompt consideration of appropriate common medications.
- Take the patient's medication vials or blister pack with you when you go to interview the patient (if available).
- If available, utilize information from a partial BPMH previously conducted during the patient's stay.

#### **4.2 Identify the sources of information you may want to use in this patient to conduct the BPMH.**

- Consider using at least two sources to verify the accuracy of your history.
- The type of sources used may depend on the patient's current medical status, availability of the caregiver, and time of day.
- The sources may include:
  - The patient and/or their caregiver
  - PharmaNet
  - Medication vial or blister pack review



Decision Support Tools

- The patient's medication list or MAR
- The patient's community pharmacist
- The patient's family physician or consulting specialist physician
- Previous health record
- Transfer health records from another health care facility

**4.3 Introduce yourself to the patient and/or caregiver.**

- Tell the patient who you are and why you have come to see them.
- Highlight the expected duration of your interview.
- Also consider emphasizing why it is important for you to obtain an accurate BPMH from them.

**4.4 Ask the patient about allergies and adverse drug reactions.**

- See the "Allergy and Adverse Drug Reaction" Clinical Practice Standard

**4.5 Refer to the site-specific BPMH tool to ensure you solicit a comprehensive list of all prescription and non-prescription medications.**

a) Consider using a site-specific BPMH form when taking your history to:

- Assist with efficient history taking
- Prompt for commonly missed medications
- Assist with documentation of the BPMH

b) Start by reviewing the medications the patient has brought in from home or that appear on PharmaNet.

- Patients will often be able to give a better history regarding how they take each medication if the medication is in front of them.
- Be cognisant of generic and brand names. The patient may only know their medication by one name.
- Be aware of what each medication looks like, as the patient may only be able to describe the appearance of the medication or what it is used for, but may not remember the name.
- Caution: if using patient's medication vials, look inside the vials to ensure that the medication printed on the label corresponds with the medication in the vial.

c) Prompt for specific questions regarding any additional prescription medications that may not appear on PharmaNet such as:

- Medications dispensed out of province
- Medication samples
- Miscellaneous medications (i.e. some outpatient IV antibiotics, HIV medication, etc.)



**Decision Support Tools**

d) Prompt questions about non-prescription medications such as:

- Non-prescription medications
- Vitamins/minerals
- Herbal preparations
- Traditional remedies
- Recreational drugs
- Homeopathic remedies

e) Prompt questions about unique dosage forms such as:

- Ear/eye/nose drops
- Nasal and oropharyngeal inhalers
- Transdermal patches
- Creams, ointments or lotions
- Sprays, Suppositories
- Depot preparations/ intramuscular injections

f) If appropriate, ask about antibiotic use in the previous 3 months.

**Tips to consider<sup>1</sup>:**

- When asking about all medications, be sure to get the name, dosage form, dosage, dosing schedule, and time of last dose taken – be as specific as possible about PRN (as needed) medications.
- Use open-ended questions (what, how, why, when) and balance with yes/no questions.
- Use nonbiased questions which do not lead the patient into answering something that may not be true.
- Pursue unclear answers until they are clarified.
- Ask simple questions, avoid using medical jargon, and always invite the patient to ask questions.
- Let the patient know the importance of using one central pharmacy/pharmacist.
- Educate the patient on the importance of using a medication wallet card and bringing their medications to the healthcare facility, physician's office, etc.
- Prompt the patient to try and remember patches, creams/ointments, eye/ear drops, inhalers, sample medications, injections, herbals, vitamins, and minerals.
- When discussing allergies, educate the patient on the difference between an adverse reaction and a true allergy—e.g., rash, breathing problems, hives.
- Have patients describe how and when they take their medications, and if they ever have difficulty taking their medications or remembering to take their medications. Vague responses may indicate non-compliance.



**Tips for if the patient cannot remember a medication or if clarification is needed<sup>1</sup>:**

- Obtain a detailed description of the medication from the patient or a family member—dosage form, strength, size, shape, color, markings.
- Talk to any family members present or contact someone that could possibly bring in the medication or read it over the phone.
- Call the patient's pharmacy to obtain a list of medications the patient has been regularly filling.
- Contact the patient's physician/physicians to get an accurate listing of their current medications.
- Obtain previous health records.

**Note:** that a BPMH can be updated at anytime if additional information becomes available. This new information should be documented in the patient's permanent health record.

**4.6 <sup>25</sup> Ask the patient about adherence to their medication regimen.**

- Don't assume patients are taking medication according to the prescription vials.
- Ask about recent changes initiated by the prescriber, specialist or the patient.
- Ask the patient about adherence to their medication regimen and whether they ever have trouble remembering to take their medication.
- PharmaNet may be used to prompt questions about adherence, based on fill dates of the medication.
- Consider following up on identified adherence issues as appropriate.

**4.7 Identify the patient's regular community pharmacy.**

- Anticipate and inquire about use of multiple pharmacies.
- This information be required for further clarification of the BPMH, or may be utilized for other seamless care activities.
- Educate the patient on the importance of using one pharmacy if appropriate.

**4.8 Close the interview with the patient and/or caregiver.**

- Thank the patient for their time.
- Ask them if they have any questions for you.
- Ensure them you will follow-up on any outstanding issues identified.
- Give them a copy of the Hospital Pharmacists brochure and explain to them what service in the pamphlet you have provided them with.



## 5.0 DOCUMENTATION CONSIDERATIONS

See “Health Record Documentation” Clinical Practice Standard.

## 6.0 SPECIAL CONSIDERATIONS

### English as a second language

- Ask if there is a family member that is available to translate.
- Refer to your site specific translator list if available
- Although not ideal, if the above is not possible, try to select at least two sources that do not require direct conversation with the patient (i.e. PharmaNet and the patient’s family physician).

### Unable to obtain a best possible medication history

- If a BPMH is not possible at the time of assessment, please try to obtain this information as soon as feasible and ensure follow-up for this is communicated to the most appropriate health care team member.

## 7.0 REFERENCES

1. Safer Health Care Now. “Getting Started Kit” medication reconciliation prevention of adverse drug events how to guide. May 2007. Available: <http://www.ismp-canada.org/download/MedicationReconciliationGettingStartedKit-Version2.pdf> [Accessed February 24, 2009].
2. Safer Health Care Now and ISMP Canada. Top 10 practical tips. How to obtain an efficient, comprehensive and accurate best possible medication history (BPMH). 2008 Available: <http://www.patientsafetyinstitute.ca/uploadedFiles/Top%2010%20Tips%20for%20Interviewing%20Patients.pdf> [Accessed February 24, 2009].

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