Medication Reconciliation

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What You Need To Know to be Safe

Medication Reconciliation saves lives and reduces medication errors!

What is it…

- A full review of all medications a resident is taking at each transition in care.
- Ensure new medications being added, changed or discontinued are appropriate.
- A joint effort between resident, families and care providers.
- Completed on Admission, Transfer (to Emergency Department for example) and at Discharge.
- Involves a discussion with a nurse to create a Best Possible Medication History.

What is involved...

- A nurse will ask you (or your substitute decision maker) about the medications you take including non-prescription medications.
- A request will be made to your pharmacy or previous care provider for your "Most Current Medication List".

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What we ask of you...

- Bring all medications you had at home in their **original containers.**
- Please provide all prescriptions (containers, **bubble packs, samples, inhalers, eye drops, medicated patches).**
- Also include any vitamins or herbal products **that you are taking.**

Key points...

- Make sure you tell us about any allergies, **reactions or side-effects to medications you have had.**
- Vitamins and supplements are medications. **They can interact with other medications that you are taking.**
- After we have your Medication Reconciliation **completed, please do not bring new medications into your room.**
- Under Nova Scotia law, no resident is allowed to **keep unauthorized medications in their room in a Long-term Care facility.**
- We encourage you to discuss any questions **about medications with the care team.**

Medication Safety is everyone's responsibility. Let's work together!

For more information please contact:

Shoreham Village Home for Special Care
50 Shoreham Village Crescent
Chester, NS, B0J 1J0
(902) 275-5631
info@shorehamvillage.com