P 09

**DESIGNING A MEDICINES RECONCILIATION FORM
SPECIFIC FOR USE IN CHILDREN**Kevin Bazaz. *Birmingham Children's Hospital*

10.1136/archdischild-2015-308634.17

Aim Medicines reconciliation (MR) is a process to ensure medicines prescribed on admission correspond to those the patient was taking prior to admission.¹ The current system at our Trust is to use a paper-based adult MR form which, once complete, would be filed inside patient notes. This paper describes how locally we designed a paediatric specific MR documentation form which is integrated into the main medicines document used at the Trust.

Method Aspects of paediatric medicines that differ from adults, following discussions with experienced paediatric pharmacists,

were collated and used to design the pilot MR form. Specific prompts were included such as “formulation aide-mémoire”, immunisation status and age related capability to swallow solid-dose formulations. The MR sources used for each individual medication reconciled would be documented to help identify if any regular long-term medications didn't match GP records, with medications supplied to patients solely via homecare or secondary care being a trigger for potential discrepancies. The form was evaluated 4 months after implementation via a questionnaire sent to all pharmacists and MR trained technicians with any verbal feedback duly noted.

Results Questionnaire feedback included removal of the “formulation aide-mémoire” prompt. This section was not used by 66% of respondents. The section for drug name, dose and strength was felt to be insufficient by 100% of respondents; citing reasons such as lack of space to write units in full as is the expectation for prescribers. An additional column was requested by 70% of respondents to note MR discrepancies by either pharmacist or technician and all agreed that only a pharmacist would make a decision on the intent of the discrepancies. Feedback from ward technicians highlighted a training need regarding the reconciliation of immunisation history. The chart transcription check section for longer term patients was amended to include the date of the MR on admission to avoid any duplication of work. No consensus could be gained if recording MR sources per individual medication was useful. Feedback comments cited difficulties, relating to time and access, in obtaining MR information from GPs for patients on long-term regular medications as a reason for the ambiguous response. After consideration with senior pharmacists this section currently remains unchanged. Anecdotally medical prescribers have been observed utilising the MR form for confirmation of drug history on admission, immunisation status and reviewing discrepancies. This has been observed without training or prompts from pharmacy staff.

Conclusion A paediatric specific MR form integrated into the main drug document is an improvement on the previous system with paediatric specific prompts facilitating a consistent MR process is undertaken by pharmacy staff. Data from the form will be used to highlight which reference sources are of benefit when determining accurate MR for children. Pharmacy staff encountering challenges in collating GP medication history to compare against MR pre-admission medicines has led to a review of the processes involved with a follow up study planned.

REFERENCE

- 1 Huynh C, Terry D, Tomlin S, *et al*. The clinical significance of medicines reconciliation in children admitted to hospital. *Pharmacoepidemiol Drug Saf* 2012;21:788–98.