



Position Statement

915 Lee Street, Des Plaines, IL 60016-6569 ▪ 800.900.9659 ▪ www.ena.org

Role of the Emergency Nurse in Medication Reconciliation

Description

Medication reconciliation is a process used to reduce medication discrepancies across transitions of patient care.¹ The process is described in *The Joint Commission Sentinel Event Alert #35* as a comparison of medication orders with a list of medications currently being taken by the patient.² It outlines the following steps: a) compile a list of current medications, b) develop a list of medications to be prescribed, c) compare the two lists, d) make clinical decisions based on the comparison, and e) communicate the list to new providers (e.g., during handoff communication).²

Although the process may sound simple, it can be fraught with challenges in the emergency care setting. Three different disciplines are involved: pharmacy, medicine, and nursing. As one author states, there is “little agreement on each profession’s role and responsibility for the reconciliation process.”³ The needs for shared, standardized electronic records and the use of standard medication terminologies were also identified as challenges.⁴

Both the Emergency Nurses Association (ENA) and the American College of Emergency Physicians (ACEP) agree on the adoption of a reliable five-level triage tool, such as Emergency Severity Index (ESI), is preferred for sorting patients.⁵ The authors of ESI define triage as a rapid sorting and they question the need for department-specific screenings unless they are related to triage acuity.⁶ Thus, there is some controversy over whether medication reconciliation information should be collected at triage.⁷ Evidence indicates that medication histories obtained during triage and in the emergency setting are often incomplete, especially for patients taking multiple medications.⁸⁻¹⁰ Researchers further report that only 30–50% of emergency care patients are able to provide accurate medication histories.^{11,12}

Researchers demonstrated the efficacy of having pharmacy staff (pharmacists and pharmacy technicians) obtain what is referred to as the “Best Possible Medication History” (BPMH) and conduct the medication reconciliation evaluation.^{13,14} When pharmacy staff obtained a medication history that was verified using other sources, timely medication reconciliation was achieved for admitted ED patients with fewer discrepancies.^{13,15-17} However, many EDs are challenged by not having a dedicated pharmacist or pharmacy technician in the ED 24 hours a day.

Additional challenges and barriers to developing an accurate current medication history include: time requirements, staffing resources, the complexity of the process and the inability of some patients to participate, the lack of a standardized process to create lists, the use of both generic and popular drug names, and the inability of some patients to manage multiple medications with complicated time schedules.^{3,8}

ENA Position

It is the position of the Emergency Nurses Association that:

1. Medication reconciliation is the process of comparing a patient’s medication history with a list of medication orders.
2. Emergency nurses collect a Best Possible Medication History (BPMH), but do not perform medication reconciliation.
3. The use of pharmacy staff to complete the Best Possible Medication History (BPMH) and conduct the reconciliation evaluation saves time and reduces medication discrepancies.
4. Completion of the Best Possible Medication History (BPMH) requires gathering information from patients, families, providers, and other healthcare professionals.
5. Emergency nurses engage patients to identify deficits in knowledge of their medication regimens and provide education on the importance of maintaining a current and accurate medication history.



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6. Triage is for rapid sorting of emergency care patients and is not the best time to conduct medication reconciliation.
7. Additional research is necessary to clarify the role of the emergency nurse in medication reconciliation and the most effective process for achieving it.
8. Emergency nurses provide feedback and participate in policy and guideline development at all levels — local to international — to assure optimal medication reconciliation processes are developed.

Background

The Institute for Healthcare Improvement (IHI) synthesized the steps of the medication reconciliation processes into: 1) verification (collection of medication history), 2) clarification (accurate medication doses), and 3) reconciliation (documented changes in orders).¹⁸ Thus, the collection of medication histories in the emergency setting is but an important first step in the medication reconciliation process.

The accurate, complete, and current BPMH is the foundation for medication reconciliation.^{13,14} It is obtained by a systematic and thorough process in which a history of prescription and non-prescription medications is assembled following discussions with patient and family, and the results compared with the current medication orders.^{19,20} However, there is little published guidance on how to accomplish the process effectively.³ Several questions lack standardization in how to deal with patients with varying levels of acuity and how medication reconciliation changes workflow.^{3, 21}

At the very least, additional research is essential to clarify the role of the nurse in medication history collection, determine barriers to obtaining a complete and accurate history, and identify safe medication strategies for the patient.

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