**Case #2 – Clinician**

* Be the clinician taking a best possible medication history
* Use the space below to document your best possible medication history

You are going to see patient Peter Bauer

**Reason for Hospital Admission**: Low blood sugar

**Past Medical History**: atrial fibrillation, diabetes mellitus (Type II), hyperglycemia, hypoglycemia, cardiomyopathy, hypertension, and hyperlipidemia

**Allergies:** NKDA

This is the patient’s first visit to this hospital and he does not report being seen at a hospital since visiting an Emergency Department 5 years ago. You are able to obtain the medication list from the Discharge Summary from that visit (see below). The patient presents this evening with his wife. He does not complain of chest pain, but does report fatigue and night sweats.

It is July 1, 2015 at 1730 and the primary care physician’s office is closed.

You can use the attached checklist of high performance behaviors and the supplied pocket guide to help you.

**Discharge Medication List (from ED visit 5 years ago):**

1. Digoxin 0.25mg po daily
2. Insulin, aspart 100units/mL- 10 units SQ QID
3. Lantus 100units/mL- 35 units SQ BID
4. Losartan 100mg po QHS
5. Zocor 20mg po QHS
6. Coumadin 2mg tab po as directed

**High Performance Behaviors**

• Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn’t read the list and ask if it is correct)

• Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds

• Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists

• Asks about adherence

• Uses at least two sources of medications, ideally one provided by the patient and one from another “objective” source (e.g., patient’s own list and ambulatory EMR med list)

• Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)

• Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)

• When additional sources are needed, uses available sources first (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.

• Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)

• Returns to patient to review new information, resolve all remaining discrepancies

• Gets help from other team members when needed

• Educates that patient and/or caregiver about the importance of carrying an accurate and up to date medication list with them