



MARQUIS

Best Possible Medication History (BPMH) Quick Tips

Goal → Obtain complete information on the patient's medication regimen, including:

- Name of each medication
- Formulation (e.g., extended release)
- Dosage, Route, Frequency
- Non-prescription medications (e.g., herbals, OTCs, vitamins)

Try to use at least two sources of information and explore discrepancies between the different sources.

If your starting point is a medication list:

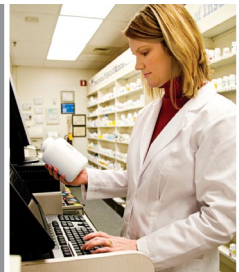
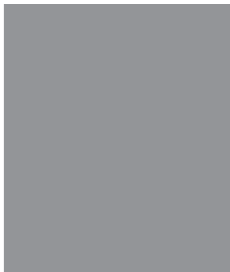
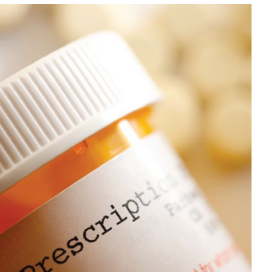
- Review and verify each medication with the patient.
- It is best to start by having the patient tell you what he or she is taking; do not read the list aloud asking if it is correct.

Questions to elicit a complete medication list:

- For each medication, elicit the dose and time(s) of day taken.
- When appropriate, ask about formulation and route of administration.
- Start with an open-ended question: What medications do you take at home?
- Use **Probing Questions** (on the back) to minimize missed medications.

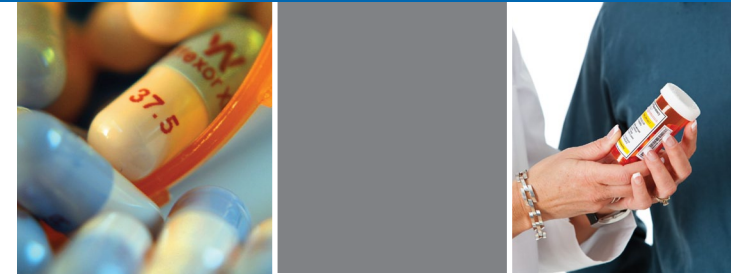
Time-saving tips:

- ✓ Start with easily accessible sources (e.g., outpatient EMR med list, recent hospital discharge orders).
- ✓ If patients use a list or pill bottles and seem completely reliable (and data are not that dissimilar from the other sources, and/or the differences can be explained), then other sources not needed.
- ✓ If patients are not sure, relying on memory only, or cannot clearly “clean up” the other sources of medication information, then use additional sources such as community pharmacy data.
- ✓ If the medication history is **still not clear** (e.g., suspected differences between what the patient is supposed to be taking and what they actually take) then contact outpatient physician office(s) and/or have the family bring in the pill bottles from home.



Probing Questions:

- ✓ Ask about **scheduled medications**.
- ✓ Ask about **PRN medications**.
 - Which medicines do you take only sometimes?
 - What symptoms prompt you to take them?
 - How many doses per week do you take?
 - What is the most often you are allowed to take it?
 - Do you often take something for headaches? Allergies? To help you fall asleep? When you get a cold? For heartburn? For constipation?
- ✓ **Assessing the purpose of each medication** may lead to additional prompts.
 - What is each medicine for?
 - Do you take any other medications for that?
- ✓ Ask about **medications for specific conditions** that the patient has.
 - What medicines do you take for your diabetes, high blood pressure, etc.?
- ✓ Ask about **medications prescribed by subspecialists** who follow the patient.
 - Does your [arthritis doctor] prescribe any medications for you?
- ✓ Ask about **medications that are easy to forget**.
 - Do you take any inhalers, nebulizers, nasal sprays, ointments, creams, eye drops, ear drops, patches, injections or suppositories?
 - Do you take any medications in the evening or at night?
 - Do you take any medicines once a week or once a month?
- ✓ Ask about **non-prescription products**.
 - Which medicines do you take that do not require a prescription? (Over-the-counter medicines, vitamins, herbals and minerals)
- ✓ Assess **recent medication use and adherence**.
 - When did you take the last dose of each of your medicines?
 - Tell me about any problems that you have had taking these medicines as prescribed.
 - Many patients have difficulty taking their medications exactly as they should every day. In the last week, how many days have you missed a dose of your [medication]?



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