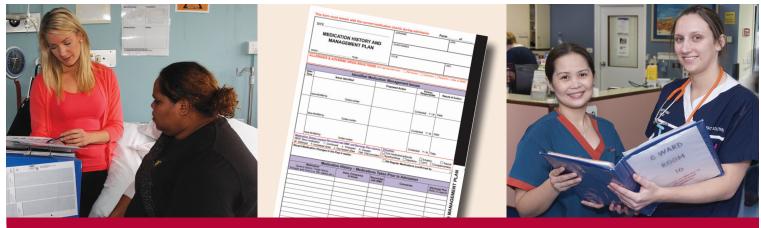


Medication reconciliation saves lives

- Interview the patient
 Obtain a best possible medication history (BPMH)
- 2. Confirm patient medication history ✓ Use more than one source
- **3. Document and discuss discrepancies** Match patient's own and prescribed medications
- **4. Review medication list ✓** Check at ward transfer and discharge
- **5. Communicate therapy changes** Talk to patient and community clinicians at discharge

Refer to the Medication history and management plan (WA MMP) for details



Delivering a Healthy WA