Government of **Western Australia**
Department of **Health**

Medication reconciliation saves lives

1. **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

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