Procedure · HC-SOP-005 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.18

At a glance

- A medicine change, hospital discharge, new prescriber or change of caregiver triggers a full review of the regimen (LTC-SOP-002).
- A missed or uncertain dose is followed up the same day and recorded (29.20).
- The shared medication list is updated at each change (HC-FRM-008).
- A new medicine is not left off the home list.
- Stop and get help straight away if: a hospital discharge has a new drug that is not added to the home list.

1. Purpose

To make sure medicine changes and missed doses are actively managed (29.18, 29.20).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

The most dangerous moments for medicines are changes: a hospital discharge, a new prescriber, a change of dose. Reconciling the list at those points catches the error.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for home care	Owns the review rule	Clinician
Caregiver or nurse	Reports changes and missed doses	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Review at change.

- Review the full regimen at each change or transition, and update HC-FRM-008.

Key point: Reviewed.

Step 2. Follow up missed doses.

- Follow up any missed or uncertain dose the same day, and record it.

Key point: Followed up.

Step 3. Close the loop.

- Confirm the list and the client’s supply agree.

Key point: Confirmed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Medicine changes reviewed with the shared list updated	100%	Monthly	Clinical lead for home care	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HC-FRM-008	Shared medication list	Record
LTC-FRM-002	Medicine reconciliation form (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on migrant health.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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