Standard operating procedure (SOP) · HOS-SOP-007 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.7

At a glance

- Compare the patient’s own medicines with the hospital list at admission, transfer and discharge.
- Resolve every discrepancy with the prescriber.
- Record each decision and its reason.
- Give the discharge list to the patient.
- Stop and get help straight away if: a discrepancy is found and no prescriber decision is recorded.

1. Purpose

To stop medicines being missed, duplicated or stopped by mistake when a patient moves (S1.7).

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

A patient’s own medicines are often changed or missed at admission and discharge. A reconciliation at each change is the safest way to catch this.

5. Responsibilities

Role	Responsibility	Competence
Admitting nurse or pharmacist	Takes the list; compares; records the discrepancies	Trained
Prescriber	Decides on each discrepancy	Doctor

6. Materials and equipment

Item	Requirement	Condition
Medicines reconciliation form (HOS-FRM-006)	Current	Available at each point

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. Take the list.

- Ask for the patient’s own medicines, including those from home and pharmacy.

Key point: Ask for the bottles or packs if possible.

Step 2. Compare.

- Compare with the hospital chart line by line.

Key point: Each line needs a decision.

Step 3. Resolve.

- Ask the prescriber to decide on each discrepancy.
- Record the decision and the reason.

Key point: The decision is the reconciliation.

Step 4. Hand over.

- Give the patient the discharge list at discharge.

Key point: The patient is the last check.

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
Episodes with reconciliation at each point	At least 70%	Monthly	Chief pharmacist	Escalate to clinical director
Discrepancies with a prescriber decision	100%	Monthly	Chief pharmacist	Escalate to clinical 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
HOS-FRM-006	Medicines reconciliation form	Form
HOS-SOP-010	Discharge and aftercare planning	Discharge list

17. Evidence

Reference	Note
E-007	WHO Nine patient safety solutions (2007).
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

No e-learning course is linked to this document yet.

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)
- World Health Organization (2007). Nine patient safety solutions, including correct patient identification. Geneva: WHO. **Open source** (E-007)

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Related standard

- **Standard 3: Medicines and Pain**

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