Standard operating procedure (SOP) · LTC-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S4 (Long-term care), criterion S4.4

At a glance

- Compare the resident’s own medicines with the home’s list at admission, transfer and discharge.
- Resolve every difference with the prescriber before the next dose.
- Record the result on the reconciliation form.
- Give the resident and the next provider a single current list.
- Stop and get help straight away if: a dose is given or stopped on a change of care without a reconciliation being recorded.

1. Purpose

To stop medicines being missed, doubled or stopped by mistake when a resident moves between care settings (S4.4).

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
Registered nurse	Carries out the reconciliation and speaks to the prescriber	Registered nurse
Prescriber	Confirms or changes each difference	Doctor or nurse prescriber

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. Collect the list.

- Get the resident’s own medicine list from the discharging or admitting provider, the pharmacy and the resident or family.

Key point: Three sources are better than one.

Step 2. Compare.

- Compare each medicine on the list with the home’s list.

- Mark each difference: missing, changed, extra or duplicate.

Key point: Every difference is a question.

Step 3. Resolve.

- Ask the prescriber about each difference before the next dose is due.
- Record the decision and who made it.

Key point: No difference is left open.

Step 4. Give the current list.

- Give one current list to the resident, the family and the next provider.

Key point: One list, shared.

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
Changes of care with reconciliation recorded	100%	Monthly	Nurse in charge	Escalate to clinical lead

Differences resolved before the next dose	100%	Monthly	Clinical lead	Escalate to chief executive

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
LTC-FRM-002	Medicine reconciliation form	Form
HOS-POL-001	Medicines policy	Policy

17. Evidence

Reference	Note
E-009	Based on the WHO High 5s medication reconciliation standard operating protocol (2014).
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)

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Related standard

- **Standard 28: Long-Term Care**

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