

APPENDIX 1. Interview guide for registered pharmacy technicians obtaining the best possible medication history (BPMH). © 2017 Women’s College Hospital. Reproduced by permission.

“Hi, my name is _____, I am one of the pharmacy technicians working here”

Explain why you are speaking with them

- “I’ll be going over all your medications today to make sure that we have a complete and accurate list to work with.

[If you obtained medication list from pharmacy or DPV]

- I have a list of medications I obtained from your pharmacy and government profile and I want to make sure that everything is accurate and up to date”.

If pharmacy list is not obtained before meeting the patient

- What is the name and location of the pharmacy you normally go to? (Anticipate more than one)
- May I call your pharmacy to clarify your medications if needed?

Ask about Allergies

- “Do you have any medication allergies?”
- [If yes], “which medication (s) are you allergic to? _____”
- “What happens when you take _____ (medication name)?”
- Reaction: _____

Do you have your medication list or pill bottles (vials) with you?

Use the BPMH form to record patients’ medication names, dose, route and frequency: Use the show and tell technique if patient has brought the medication vials

- “How do you take _____ (medication name)?”
- “How often or when do you take _____ (medication name)?”
- “What do you take _____ (medication name) for?”
- “Are there any prescription medications you have recently stopped or changed?”
 - [If yes], did you stop these medications yourself or did your physician stop them?
 - Is there a specific reason why this medication was stopped/changed?

(If the patient is taking a medication differently than prescribed, record what the patient is actually taking and note the discrepancy in the comments section of the BPMH form)

If patient takes medication only as needed (PRN):

- “When was the last time you took _____?”

Over the Counter (OTC) Medications

- Do you take any medications that you buy without a doctor’s prescription? (Give examples, i.e., acetylsalicylic acid)
- If yes, how do you take _____ (OTC medication name)?

Vitamins/Minerals/Supplements

- Do you take any vitamins (e.g. multivitamin)? If yes, how do you take (vitamins name(s))? Do you take any minerals (e.g. calcium, iron)? If yes, how do you take (minerals name(s))?
- Do you use any supplements (e.g. glucosamine, St. John’s Wort)? If yes, how do you take (supplements name(s))?

Supplementary material for Famiyeh IM, Jobanputra N, McCarthy LM. Best possible medication histories by registered pharmacy technicians in ambulatory care. *Can J Hosp Pharm.* 2021;74(2):149-55.

Eye/Ear/Nose Drops

- Do you use any eye drops? If yes, what are the names? How many drops do you use? How often? In which eye?
- Do you use ear drops? If yes, what are the names? How many drops do you use? How often? In which ear?
- Do you use nose drops/nose sprays? If yes, what are the names? How do you use them? How often?

Inhalers/Patches/Creams/Ointments/Injectable/Samples

- Do you use inhalers, medicated patches, medicated creams or ointments, injectable medications (e.g. insulin)? For each, if yes, how do you take (medication name)? Include name, strength, how often.
- Did your doctor give you any medication samples to try in the last few months? If yes, what are the names?

Antibiotics

- Have you used or taken any antibiotics in the past 3 months? If so, what are they? and how long ago?

Pain Management

- Is there a medication for pain that you do not tolerate or has not worked well for you in the past?

Closing

- Is there anything you are taking that we have not gone over?
- [If no] Alright, this concludes our interview. I will take you back to the waiting area

DPV = Drug Profile Viewer (application providing prescription drug claims information).

APPENDIX 2. Best possible medication history (BPMH) form for the preadmission clinic. © 2017 Women's College Hospital. Reproduced by permission.



Pre-Admission Best Possible Medication History (BPMH) Form

AFFIX PATIENT LABEL HERE

Patient Information					
Medication Allergies (nature of reaction)					
Medication Sensitivities (nature of sensitivity)					
Community Pharmacy (phone/address)					
Information Sources (check all that apply, at least 2 sources for prescriptions)	Patient/ Family Recall	Medication Vials	Government Claims	Community Pharmacy List	Other (Please Specify)

Medication Information					Pre-operative medication decision			Comments (including notes on adherence)
generic name (Brand Name), strength	Dose	Route	Frequency ¹	Patient-reported indication	Continue	Hold	If held, specify date of last dose (DD/MM/YYYY)	
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

¹ If once a day, indicate time of administration (AM: Morning; AFT: Afternoon; PM: Evening; QHS: Bedtime) ² If not taking as prescribed, specify in the comments section

Oral antibiotics in last 3 months? Yes No

Specify (name, regimen, duration of therapy)	Date therapy was completed

General Comments

Comments on previous analgesic medications (e.g. general anesthesia, acetaminophen, NSAIDs, opioids)

BPMH obtained on (DD / MM / YYYY): _____ BPMH obtained by: [Name] _____ Designation: _____ Signature: _____

Supplementary material for Famiyeh IM, Jobanputra N, McCarthy LM. Best possible medication histories by registered pharmacy technicians in ambulatory care. *Can J Hosp Pharm.* 2021;74(2):149-55.

APPENDIX 3. Criteria to identify patients who would benefit from medication reconciliation by a pharmacist before discharge.

- 1) Patients referred for internal medicine consultation prior to surgery: These patients often present with multiple medical conditions or are taking medications that pose a high risk for adverse drug events or have a narrow therapeutic window, e.g., insulin and anticoagulants.
- 2) Patients taking four or more prescribed, chronic (3 months or more) medications: These patients are at an increased risk of drug-drug interactions as well as discrepancies between their multiple medications.
- 3) Patients who had taken an oral antibiotic within the last 3 months: These patients are at increased risk of therapeutic failure (i.e., antibiotic resistance) if the same antibiotic they took 3 months prior is prescribed during the perioperative period.
- 4) Patients who report routine use (more than 3 times a week) of nonsteroidal anti-inflammatory drugs (e.g., celecoxib, ibuprofen, naproxen): These patients are at risk of adverse drug events (including gastrointestinal upset, bleeding) if a similar class of medication is prescribed before discharge.
- 5) Patients taking the following high-risk medications:
 - Opioids or controlled substances
 - Anti-platelet agents (acetylsalicylic acid, clopidogrel, ticagrelor, ticlopidine)

Supplementary material for Famiyeh IM, Jobanputra N, McCarthy LM. Best possible medication histories by registered pharmacy technicians in ambulatory care. *Can J Hosp Pharm.* 2021;74(2):149-55.