



NURSING HOME CLINICAL ASSIGNMENT MEDICATION RECONCILIATION

COURSE:

LEVEL OF STUDENT:

SPHERE OF CARE: SPHERE 4 – COMPLEX CHRONIC DISEASE/REHABILITATIVE CARE/SUPPORTIVE CARE

ESSENTIAL DOMAIN(S): KNOWLEDGE FOR PRACTICE
QUALITY AND SAFETY

ESSENTIAL CONCEPTS: CLINICAL JUDGMENT

ESSENTIAL COMPETENCY(S):

1.3 DEMONSTRATE CLINICAL JUDGMENT FOUNDED ON A BROAD KNOWLEDGE BASE

5.1 APPLY QUALITY IMPROVEMENT PRINCIPLES IN CARE DELIVERY

ESSENTIAL SUB-COMPETENCY(S):

1.3c INCORPORATE KNOWLEDGE FROM NURSING AND OTHER DISCIPLINES TO SUPPORT CLINICAL JUDGMENT

5.1a RECOGNIZE NURSING'S ESSENTIAL ROLE IN IMPROVING HEALTHCARE QUALITY AND SAFETY

5.2d ASSUME ACCOUNTABILITY FOR REPORTING UNSAFE CONDITIONS, NEAR MISSES, AND ERRORS TO REDUCE HARM

LEARNING OUTCOMES:

1. At the end of the clinical assignment the student will be able to conduct a thorough medication reconciliation based upon relevant patient factors and knowledge of specific medications and their actions and interactions and identify any potential adverse effects

Developed by Jacqueline Dunbar-Jacob, PhD, RN, FAAN (2025, October) for the Pennsylvania Teaching Nursing Home Collaborative





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2. At the end of the clinical assignment, the student will be able to identify the nurses' role and appropriate assessment and reporting behaviors that contribute to the prevention of adverse medication events
3. At the end of the clinical assignment, the student will be able to report the outcomes of a thorough medication reconciliation to the appropriate staff, including any identified potential for adverse effects

PRE-CLINICAL PREPARATION ASSIGNMENT:

Readings Assignments (Selected According to Course Expectations)

2023 American Geriatrics Society Beers Criteria Update Expert Panel. (2023). American Geriatrics Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Journal of the American Geriatrics Society*. 71(7), 2052-2071.
<https://doi.org/10.1111/jgs.18372>

American Geriatrics Society. (2023). *2023 AGS Beers Criteria® pocket guide for healthcare professionals*. University of Southern California Geriatrics Workforce Enhancement Program. Retrieved from <https://gwep.usc.edu/wp-content/uploads/2023/11/AGS-2023-BEERS-Pocket-PRINTABLE.pdf>

Wright, D.J., Scott, S., Buck, J. et al. (2019). Role of nurses in supporting proactive deprescribing. *Nursing Standard*.
<https://doi.org/10.7748/ns.2019.e11249>

Daliri, S., Bouhnouf, M., Meerendonk, H. W.P.C., Burman, B. M., Reimer, W. J. M., Kooij, M. J., & Carkit, F. (2021). Longitudinal medication reconciliation at hospital admission, discharge and post-discharge. *Research in Social and Administrative Pharmacy*, 17(4), 677-684.
<https://doi.org/10.1016/j.sapharm.2020.05.022>

Davies, L, E, Spiers, G., Kingston, A., Todd, A., Adamson, J., & Hanratty, B. (2020). Adverse outcomes of polypharmacy in older people: Systematic

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review of reviews. *Journal of the American Medical Directors Association*. 21(2), 181-187. <https://doi.org/10.1016/j.jamda.2019.10.022>

Maanen, ACD, Wilting, I, & Jansen, PAF. (2019). Prescribing medicines to older people – How to consider the impact of ageing on human organ and body functions. *British Journal of clinical Pharmacology*, 86(10), 1921-1930. <https://doi.org/10.1111/bcp.14094>

Nebeker, J. R., Barach, P., & Samore, M. H. (2004). Clarifying adverse drug events: A clinician's guide to terminology, documentation, and reporting. *Annals of Internal Medicine*. 140(10_.

Roh, E., Cota, E., Lee, J. P., Madievsky, R., & Eskildsen, M. A. (2022). Polypharmacy in Nursing Homes. *Clinics in geriatric medicine*, 38(4), 653–666.

CLINICAL ASSIGNMENT & COMPONENTS:

Collect data: Collect medication information from the chart of at least two patients, one female and one male, aged 70 or older who have family

Review chart data:

medication name, dosage, schedule, indication, duration taking, method of administration

patient age, kidney status, liver status, gastrointestinal status, cognitive status, known allergies, dietary prescription

Review medication information: usual dosage range, method of administration, mechanism of action, contraindications, drug interactions, side effects, potential adverse reactions (Medication information can be obtained through online apps, including Drugs.com, Rxlist, Medscape and Lexicomp)

Interview patient: Knowledge of medications taken, self or other administered at home, usual schedule of taking, indication of presence of potential side effects or adverse reactions, supplements taken

Interview family member who lives in the home: Involvement in medication management, knowledge of medications taken, any non-prescribed

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medications/supplements taken, any signs indicating potential side effects or adverse reactions

Reconcile chart data with patient/family reported data.

Report to RN any medications on the Beers list; potential drug interactions; dosage deviations from recommended; any possible side effects or adverse effects; alterations from home medication taking; any potential contraindications

EVALUATION CRITERIA:

Assignment completed fully

Able to report results of medication reconciliation to clinical instructor with knowledge of medication action, dosing, side effect/adverse reaction potential, drug interactions, if any, and contraindications in the context of patient age and physical condition

Patient/family interview elicited relevant medication/supplement management and any suspected side effects or adverse effects

Thorough report on medication reconciliation given to appropriate nursing staff

Demonstrates appropriate role of nurse giving medications in terms of thorough reconciliation, potential error prevention, and communication with patient, family, and nursing staff

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