**MEDICATION DISCREPANCY TOOL (MDT)**

MDT is designed to facilitate reconciliation of medication regimen across settings and prescribers

**Medication Discrepancy Event Description:** Complete one form for each discrepancy

**Causes and Contributing Factors :: Check all that apply**

:: *Italicized text suggests patient’s perspective and/or intended meaning*

### Patient Level

1. ☐ Adverse Drug Reaction or side effects
2. ☐ Intolerance
3. ☐ Didn’t fill prescription
4. ☐ Didn’t need prescription
5. ☐ Money/financial barriers
6. ☐ Intentional non-adherence
   "I was told to take this but I choose not to."
7. ☐ Non-intentional non-adherence (i.e.: Knowledge deficit)
   "I don’t understand how to take this medication."
8. ☐ Performance deficit
   “Maybe someone showed me, but I can’t demonstrate to you that I can.”

### System Level

9. ☐ Prescribed with known allergies/intolerances
10. ☐ Conflicting information from different informational sources
    *For example, discharge instructions indicate one thing and pill bottle says another.*
11. ☐ Confusion between brand & generic names
12. ☐ Discharge instructions incomplete/inaccurate/illegible
    *Either the patient cannot make out the handwriting or the information is not written in lay terms.*
    *Taking multiple drugs with the same action without any rationale.*
14. ☐ Incorrect dosage
15. ☐ Incorrect quantity
16. ☐ Incorrect label
17. ☐ Cognitive impairment not recognized
18. ☐ No caregiver/need for assistance not recognized
19. ☐ Sight/dexterity limitations not recognized

**Resolution :: check all that apply**

☐ Discussed potential benefits and harm that may result from non-adherence
☐ Encouraged patient to call PCP/specialist about problem
☐ Encouraged patient to schedule an appointment with PCP/specialist to discuss problem at next visit
☐ Encouraged patient to talk to pharmacist about problem
☐ Addressed performance/knowledge deficit
☐ Provided resource information to facilitate adherence
☐ Other ____________________________________________________________