

Do you do anything to reduce the probability that clinicians, other than yourself (e.g. ED clinicians and subspecialists), will prescribe inappropriate medications for your patients and that they will take them?

1. No, I don't do anything about meds ordered from other physicians. (Three other clinicians provided similar answers.)
2. I give them a printout of their medications each time they come in. Other than that, I give specific instructions about NOT taking certain drugs on a case-by-case basis.
3. Unfortunately, until the advent of a nationwide EHR system whereby I could see the records of everyone my patients visit, it is an impossibility. I often don't even know who the patients have seen unless they tell me, and they often don't know if their meds have changed. It's a pretty bad circumstance all around.
4. I tell my patients that before they begin any non-emergency medications prescribed by someone other than me, they should call my office to find out if it will be OK with their other meds and conditions.
5. Besides trying to bring them in for follow-up, no. Not sure how I would. The ED is an important piece in this.
6. What a good question. I have not thought about how to do this and look forward to hearing what you all say. I don't like when patients go to ER for vomiting and the ER doctor changes or stops a medication I have a patient on after seeing them for all of two minutes.
7. I recommend they carry on their person a list of medications they currently take, all their allergies, and any idiosyncratic reactions they may have had to a medication.
8. Yes, I call them (other clinicians) up and say that I have my patients on the meds they are on for a reason and please do not change anything. I live in a rural town, and everyone knows everyone. My biggest pet peeve is to change a patient to lisinopril when I know it causes them to cough.