

## What is a BPMH?

The BPMH is a snapshot of a client's actual medication use, which is created through a systematic process of interviewing the client and/or designated support person and reviewing at least one other reliable source of information to obtain and verify all medications that the client is using (whether prescribed or non-prescribed).

✔ **Complete documentation of a BPMH includes the drug name, dosage, route, and frequency for every product.**

(Medication Reconciliation in Acute Care: Getting Started Kit, 2017).

## Why is a BPMH Important?



Medication histories that are inaccurate or incomplete are a key source of medication errors. These errors may cause harm, including severe illness or death. Following a systematic process to create and use the BPMH helps to reduce this risk.

### Before the Interview

1. Gather and review the client's medication information, ideally for the past 6 months, including a review of their medication vials.
2. Determine who can best answer the questions about the client's medications. Ideally, this would be the client but it may be a designated support person. Consider the need to obtain consent and the possibility that an interpreter may be required.
3. If the interview is to be performed virtually or with digital tools, consider privacy and cybersecurity policies that may be applicable in your province, and obtain appropriate consent if necessary.
4. As the interview begins, introduce yourself, verify the client's identity using two identifiers (e.g., name and date of birth), and provide an estimate of the interview duration.
5. Explain that the purpose of the interview is to create a shared understanding of the medications the client is currently taking.
6. Incorporate cultural humility and empathetic responses into the interview process. Avoid making assumptions and recognize the impact of your biases.

ISMP Canada acknowledges Health Canada and GeriMedRisk for funding support, as well as the GeriMedRisk team for their in-kind contributions.

For more information, visit: [ismpcanada.ca/BPMHInterviewGuide](https://ismpcanada.ca/BPMHInterviewGuide)

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# Best Possible Medication History

## Interview Guide

### Purpose of the Interview Guide

The guide is intended to help the health care provider (HCP) complete a Best Possible Medication History (BPMH), in collaboration with the client and/or designated support person.



HCPs may adapt the questions for the populations they serve, in accordance with their organizational procedures.



The client and/or designated support person are an important source of information for the BPMH. Where possible, they should be offered the opportunity to review the Guide, and prepare their responses, before the BPMH interview.

### How Was This Guide Developed?

This evidence-informed BPMH interview guide was co-designed through a collaborative approach involving clients, care partners, and HCPs from across Canada.

## BPMH Interview: Opening

- Do you know which medications you take regularly, and do you have your medication list/medications with you?
- How are your medications packaged (e.g., bottles, blister pack, pouches)?
- Does anyone help you with your medications?
- Do you split, crush, or chew any medications?
- Is there anything that makes taking your medications difficult (e.g., cost, problems with swallowing, low vision or reading difficulties, not remembering to take your medications)?
- What are the names and locations of the pharmacies that you use?
- Are you taking any medications that are not from your pharmacy?



For each of the following medications and product categories, ask:  
◦ How many do you take? ◦ *Confirm strength.* ◦ How often? ◦ When?  
◦ Most recent dose? ◦ What do you take it for?

### Prescribed Medications

- What medications do you take regularly, or on an “as-needed” basis?
- Are there any medications that you have started, stopped, or changed in the past month? What was the reason for the change?
- Are you taking any medications as part of a clinical trial? If so, do you have contact information for the person in charge of the study?
- Are you taking any medications that were provided to you as samples?
- Have you taken any antibiotics, antivirals, or antifungal medications in the past approximately 3 months?
- What vaccinations have you had in the past approximately 6 months?

### Non-Prescription Medications

- Do you take any medications that you buy without a prescription?

**Medication Prompts:** Do you take any of the following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> daily Aspirin® (ASA) | <input type="checkbox"/> digestion aids  | <input type="checkbox"/> inserted medications |
| <input type="checkbox"/> pain medications     | (antacids, laxatives,                    | (e.g., suppositories,                         |
| <input type="checkbox"/> sleep aids           | antinauseants; e.g.,                     | inserts, ovules)                              |
| <input type="checkbox"/> allergy medications  | dimenhydrinate                           | <input type="checkbox"/> contraceptives       |
| <input type="checkbox"/> cough and cold       | [Gravol®])                               | <input type="checkbox"/> injections           |
| products                                      | <input type="checkbox"/> creams/patches  | (e.g., insulin,                               |
|   | <input type="checkbox"/> eye/ear drops   | steroids for joint pain,                      |
|   | <input type="checkbox"/> inhalers/sprays | denosumab [Prolia®])                          |

### Natural Health Products/Complementary Medicines

- Do you take any natural health products or complementary medicines?  
For example:
  - vitamins/minerals/supplements
  - naturopathic/homeopathic medicines
  - traditional medicines
  - herbal medicines

### Cannabis

Many people use cannabis (e.g., CBD, marijuana) in different forms and for different reasons (e.g., sleep, pain, anxiety, or other purposes).

- Have you taken cannabis or cannabinoids recently—as smoked, vaped, oral oil, or edible products?

### Lifestyle

The following questions relate to any non-medicinal substances that you may use, which can interact with some medications and/or affect your health.

How often do you:

- Drink alcohol in a week? What type of alcohol (e.g., wine, beer, or spirits)?
- Smoke or vape (e.g., cigarettes, vaped products, nicotine, commercial tobacco, hookah)?
  - start and stop date(s), if applicable; number of cigarettes or times per day
- Use nicotine replacement products (e.g., patches, gum, lozenges)?
- Consume any caffeinated drinks/products?
- Take any recreational drugs, or substances not already discussed (e.g., psychedelics/mushrooms)?

### Medication Allergies/Side Effects

- Do you have any allergies to medications or food (e.g., x-ray dyes, eggs)?
- Do you have any severe environmental allergies (e.g., latex)?
- Have you had severe side effects to any medications?

**Height and Weight** (if unable to obtain these measurements directly)

- What is your height and weight? *Specify units (e.g., kg, cm).*

## Closing



Convey appreciation for the person’s time.  
Where possible, provide the client and/or designated support person a copy of the completed BPMH, and contact information as per organizational procedures for questions or concerns.