

User Guidelines Hospital Care

RULE 1 – Users should guarantee business continuity on the existing medication scheme.

A/ Medication in the Vitalink medication scheme that is still valid after an ambulant visit or a hospital admission should be continued in the updated medication scheme of Vitalink. It is important for business continuity that the **hospital caregiver edits, updates, removes existing medication lines instead of removing** old medication lines and starting a new line with the same medication type. If no Vitalink medication scheme exists, the caregiver can start a new Vitalink scheme.

B/ Existing medication lines from the Vitalink medication schema should always be re-used and/or edited when sending to Vitalink. In no case can existing Vitalink medication lines with existing URI been removed and added as a new medication line to Vitalink. It is important to keep URI information about the medication line, if not traceability of the medication line is not possible anymore at software level.

RULE 2 – Hospital EHR holds a local copy of the Vitalink medication scheme.

If a caregiver in the hospital has used Vitalink, the hospital EHR will hold a local copy of the last updated home medication to Vitalink.

RULE 3 – Substitution of home medication of a patient is not allowed.

Patients who take medication at home on a regular basis create habits and recognitions of certain medication. **It is not allowed to substitute home medication** from the Vitalink medication scheme after a hospital admission (eg. generic medication substituted by brand medication). The hospital caregiver can substitute medication during the hospital admission but for home treatment purposes all medication needs to be as much as possible stay the same as before. This is necessary to avoid medication errors at home committed by the patient.

RULE 4 - Each caregiver takes ownership on the overall and correct medication scheme

When a medication scheme needs to be adapted, the caregiver who adapts the medication scheme and updates to Vitalink is **responsible for the whole medication scheme**. This caregiver needs to take responsibility for the consistency of the overall medication scheme on Vitalink. This means that the caregiver needs to check stopped, edited or removed medication lines in the treatment in order to prevent medication interaction, double effect (prescribe new medication without stopping previous), medical antecedents, etc.

RULE 5 – Always use structured posology, free text in exceptional cases.

The overall rule is that each medication line needs a structured posology. Each caregiver prescribes medication in a structured posology and adds structured posology to Vitalink. This is necessary given that the Vitalink medicationscheme is shared with other caregivers and software. Not structured medication supposes a problem to the next caregiver in the row. Only the following medication can be used with free posology (not exhaustive list):

- Study medication used in clinical trials
- Xxx

RULE 6 - Vitalink updates need to be immediate, postponing maximal 1 day after patient visit.

Vitalink medication scheme is best updated during the patient visit. However, it is possible to postpone the upload to Vitalink to when the patient is not present at the caregiver's. In order to avoid interaction with other caregivers (who potentially deliver care to the patient) it is recommended to avoid postponing the upload. If uploads need to be postponed, it is recommended to not exceed maximal 1 day after the patient visit.