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| Medications – Adverse Consequences | | | | NO. | |
| Purpose: To minimize or eliminate adverse consequences from medications.  Statement: The facility will ensure that each resident’s entire medication regimen is managed and monitored to achieve the following goals:  Procedure:   1. The medication regimen helps promote or maintain the resident’s highest practicable mental, physical, and psychosocial well-being, as identified by the resident and/or representatives in collaboration with the attending physician and facility staff. 2. Each resident receives only those medications, in doses and for the duration clinically indicated to treat the resident’s assessed conditions. 3. Non-pharmacological interventions (such as behavioral interventions) are considered and used when indicated, instead of, or in addition to, medications. 4. Clinically significant adverse consequences are minimized. 5. The potential contribution of the medication regimen to an unanticipated decline or newly emerging or worsening symptom is assessed and prevented. 6. The care plan team will evaluate the resident’s medication regimen for unnecessary medications and adverse consequences with: 7. Every scheduled resident assessment 8. Admission or re-admission 9. Clinically significant change in condition/status 10. Any new, persistent, or recurrent clinically significant symptom or problem 11. Worsening of an existing problem or condition 12. Unexplained decline in function or cognition 13. Polypharmacy – nine or more medications regularly prescribed 14. Acute onset of signs or symptoms or worsening of chronic disease 15. Whenever the resident falls 16. The Charge Nurse will assess the resident’s medication regimen with: 17. A new medication order or renewal of orders 18. Any irregularity identified in the consultant pharmacist’s monthly medication regimen review 19. Medication orders that deviate from standard usage - Orders that deviate from standard usage must be supported by physician request and documentation. 20. Other indications that review of the resident’s medication regimen may be indicated include: 21. Multiple prescribers 22. New medication order as an emergency measure 23. Psychiatric disorders or distressed behavior 24. Addition or discontinuation of medications and/or non-pharmacological interventions 25. Addition or discontinuation of care and services such as enteral feedings 26. Significant changes in diet that may affect medication absorption or effectiveness or increase adverse consequences | | | | | |
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| Medications – Adverse Consequences | | | | NO. | |
| 1. Changes in manufacture’s specifications, FDA warnings, pertinent clinical practice guidelines, or other literature about how and what to monitor 2. Change in the resident’s appetite 3. Change in the resident’s sleeping pattern 4. Chronic use or PRN medications 5. To prevent potential problems that may arise from multiple prescribers, or when care is delivered or ordered by diverse sources such as consultants, providers, or suppliers, the Unit Nurse will clearly identify who is responsible for: 6. Prescribing and identifying the indications for use of medications 7. Providing and administering the medications 8. Monitoring the resident for the effects and potential adverse consequence of the medication regimen 9. Assessment of the resident’s medication regimen should include examination of: 10. Supporting and appropriate diagnoses 11. Signs and symptoms still present that justify usage 12. Conflicts with the resident’s conditions and/or other medications 13. Usage and doses were evaluated by the physician during the past 3 months 14. Doses, routes, and times are appropriate 15. Duplicate medications 16. Evidence of adverse consequences 17. Appropriate laboratory tests are preformed in a timely manner 18. Gradual dose reduction has been evaluated during the past 3 months 19. Diet has been evaluated for contraindications 20. Medications do not conflict with allergies 21. Non-pharmacological interventions have been attempted and documented 22. Non-pharmacological interventions that should be considered and used when indicated, instead of, or in addition to, medication include: 23. Comfort food 24. Companion 25. Decreased stimulation 26. Distraction 27. Exercise 28. Guided Imagery 29. Massage 30. Music 31. Positive reinforcement 32. Relaxation 33. Repositioning 34. Rest 35. Sleep 36. Spiritual activities 37. Television 38. Therapeutic conversation 39. Therapeutic environment | | | | | |
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