|  |  |
| --- | --- |
|  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
 |
| Approved: | Effective Date: | Revision Date: | Change No.: | Page: 1 of 2 |

|  |  |
| --- | --- |
|  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
 |
| Approved: | Effective Date: | Revision Date: | Change No.: | Page: 2 of 2 |