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| Medications - Anxiolytics | | | | NO. | |
| Statement: The facility will ensure that each resident’s entire medication regimen is managed and monitored to achieve the following goals:   1. The medications regimen helps promote or maintain the resident’s highest practicable mental, physical, and psychosocial well-being, as identified by the resident and/or representative 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, medication. 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.   Procedure:   1. The Charge Nurses will monitor all use of anxiolytic medications on the unit. 2. The care plan team will assess each resident’s use of anxiolytic medications with every scheduled resident assessment and any significant change of condition. 3. Monitoring and assessment of anxiolytic medications use includes ensuring that: 4. Use is for one of the following indications as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Training Revision (DSM-IV TR) or subsequent editions: 5. Generalized anxiety disorder 6. Panic disorder 7. Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder 8. Sleep disorders 9. Acute alcohol or benzodiazepine withdrawal 10. Significant anxiety in response to a situational trigger 11. Delirium, dementia, and other cognitive disorders with associated behaviors that:  * Are quantitatively and objectively documented; * Are persistent and are not due to preventable or correctable reasons; and constitute clinically significant distress or dysfunction to the resident or represent a danger to the resident or others. | | | | | |
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| Medications - Anxiolytics | | | | NO. | |
| 1. Evidence exists that other possible reasons for the individuals distress have been considered; and 2. The results are used for maintenance or improvement in the individual’s mental, physical or psychosocial well-being (e.g. as reflected on the MDS or other assessment tools); or 3. There are clinical situations that warrant the use of these medications such as: A long-acting benzodiazepine is being used to withdraw a resident from a short-acting benzodiazepine used for neuromuscular syndromes (e.g. cerebral palsy, tardive dyskinesia, restless leg syndrome or seizure disorders) 4. Dosage is the lowest amount necessary to maintain or improve the resident’s function (as evidenced by the resident’s response and/or the resident’s clinical record). 5. The Unit Nurse will: 6. Monitor the resident’s behavior and document observations in the resident’s record. 7. Administer the medication as ordered by the physician. 8. Use non-pharmacological interventions (such as behavioral interventions) when indicated, instead of, or in addition to, medication. 9. Monitor the resident for signs and symptoms of adverse consequences of anxiolytic medications, and document in the resident’s record. 10. Notify the physician and family of signs and symptoms observed. 11. Adverse consequences may include an increased risk of confusion, sedation, and falls. 12. Non-pharmacological interventions may include: 13. Comfort food 14. Companion 15. Decreased stimulation 16. Distraction 17. Exercise 18. Guided Imagery 19. Massage 20. Music 21. Positive reinforcement 22. Relaxation 23. Repositioning 24. Rest 25. Sleep 26. Spiritual activities 27. Television 28. Therapeutic conversation 29. Therapeutic environment | | | | | |
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| Medications - Anxiolytics | | | | NO. | |
| 1. The MDS Nurse will: 2. Write and maintain a comprehensive plan of care for managing the resident’s use of anxiolytic medication that includes: 3. Monitoring for adverse consequences 4. Attempting gradual dose reductions 5. Non-pharmacological interventions   vi. Behavioral, Psychosocial, and Mood care planning.   1. The Director of Nursing or designee will: 2. Complete a quarterly report of all residents in the facility taking anxiolytic medications, that includes an assessment of each resident’s: 3. Start date 4. Medication, dose and frequency 5. Supporting diagnoses 6. Gradual dose Reduction 7. Behavioral monitoring and charting 8. Behavioral interventions 9. Abnormal Involuntary Movement forms 10. Side effects 11. Care planning 12. Documentation 13. Give a copy of the report to the Quality Assurance Team. 14. Derive statistics and analyze trends from the reports. 15. Make recommendations to improve facility practices with anxiolytic medication management, monitoring, and documentation. | | | | | |
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