MEDICATION MANAGEMENT **GUIDELINES**

The Medication Management Process Supports and Promotes:†

- Selecting medications, doses, and appropriate duration based on benefits and risks to the resident.
- Evaluating signs and symptoms to identify underlying causes, including adverse consequences of medications.
- Using non-pharmacological intervention to reduce polypharmacy, allow dose reduction, or allow medications to be discontinued.
- Monitoring of medications for efficacy and clinical significant adverse consequences.

Medication Review Must Verify That:

- Other causes for the symptoms, including behavioral distress that could mimic a psychiatric disorder, have been ruled out.
- The signs, symptoms, or related causes are persistent or clinically significant enough by causing functional decline to warrant initiating or continuing medication therapy.
- Non-pharmacological interventions are considered.
- The intended or actual benefit is sufficient to justify the potential risks or adverse consequences associated with the selected medication, dose, and duration.

Key Times for Medication Review or Reconciliation:

- Admission
- Re-admission after hospitalization
- Polypharmacy/Multiple prescribers
- New medication order as an emergency measure
- Psychiatric disorders or distressed behavior

Symptoms and Conditions Possibly Associated with Drugs:*

- Anorexia, unplanned weight loss, or weight gain
- Behavioral changes: unusual behavior patterns, including increased distressed behavior
- Spontaneous or unexplained bleeding or bruising
- Bowel dysfunction, including diarrhea, constipation, and impaction
- Dehydration, or fluid or electrolyte imbalance
- Depression or mood disturbance
- Dysphagia, swallowing difficulty
- Excessive sedation, insomnia, or sleep disturbance
- Falls, dizziness, or impaired coordination
- Gastrointestinal bleeding
- Headaches, muscle pain, aching
- Mental status changes
- Rash, pruritus
- Respiratory difficulty or changes
- Seizure activity
- Urinary retention or incontinence

Special Considerations:†

Choice: A resident or their surrogate has the right to be informed about the resident's condition; treatment options, relative risks and benefits of treatment, required monitoring, expected outcomes of the treatment; and has the right to refuse care and treatment, including medications.

Dose: A medication's dose is influenced by diagnoses, signs and symptoms, age, other medications being used, lab results, input from the interdisciplinary team, potential adverse effects, and therapeutic goals.

Duration: Periodically re-evaluating medication regimens will clarify whether ongoing medication use is indicated. Rationale for ongoing use must be documented.

Monitoring: Watching how a resident responds to any medication is essential to evaluate the ongoing benefits and risks.

NY–RAH

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Non-pharmacological Approaches to Resident Conditions

- To reduce use of laxatives and stool softeners while preventing or reducing constipation, increase exercise, fluid intake, dietary fiber and use a bowel regimen for residents.
- Identify, address, and eliminate or reduce underlying causes of distressed behavior (boredom, pain).
- Use sleep hygiene techniques and individualized sleep routines.
- Support and encourage activities reminiscent of lifelong work or activity patterns, such as providing early morning activity for a teacher used to awakening early.
- Individualize toileting schedules to prevent incontinence and reduce the use of incontinence medications.
- Accommodate residents' interests, abilities, strengths, and needs, such as simplifying or segmenting tasks for a resident who has trouble following complex directions.
- Use massage and hot, warm, or cold compresses to address pain or discomfort.
- Enhance the taste and presentation of food, assist the resident with eating, provide preferred food, and allow finger foods and snacks to improve appetite and avoid appetite stimulants.

Medication Reconciliation

Is the process of creating the most current, complete, and accurate list possible of a resident's medications and comparing that list against medication orders at each stage of the resident's stay in the facility and resolving any discrepancies found.

AMDA's Guidelines for Medication Reconciliation:*

- Pharmacist does medication reconciliation every month (at a minimum).
- Medication review should occur upon admission and should be documented.
- Each time the resident transfers from one facility to another, medication reconciliation should be conducted.

Handling Discrepancies

- Conduct Medication Reconciliation once the resident returns from another site.
- Look for changes, additions, or omissions, and check dosages of continuing medications.
- Note any lab orders resulting from medication changes.
- Notify practitioners of any changes or omissions from the resident's medication regimen
- Verify if the physician wishes to re-order stopped medications.

Unnecessary Drugs:†

General: Resident's drug regimens must be free from unnecessary drugs. Any drug is unnecessary when used for any of these reasons:

- An excessive dose, including duplicate therapy
- For excessive duration
- Without adequate monitoring
- Without adequate indications for its use
- When there are adverse consequences indicating the dose should be reduced or stopped

Antipsychotic Drugs: Facilities must comprehensively assess a resident to ensure the following:

- Residents who have not used antipsychotic drugs are not given these drugs, unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

End Notes

* American Medical Directors Association. Transitions of Care in the Long-Term Care Continuum Clinical Practice Guideline. Columbia, MD: AMDA 2010.

† Centers for Medicare & Medicaid Services. "State Operations Manual Appendix PP—Guidance to Surveyors for Long Term Care Facilities" (Revised December 12, 2014); §483.25(l) Unnecessary Drugs. Available at www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (accessed February 10, 2015).