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APP FOR THAT!

Opiate prescribing guidelines are a hot topic as we struggle with balancing pain management and addiction in our society.

The Centers for Disease Control (CDC) have an app that incorporates the recent CDC guidelines for treating chronic pain. Check it out!

COPD + Antipsychotics = Respiratory Failure?

In the January 4, 2017, issue of the Journal of the American Medical Association (JAMA) Psychiatry, a study was published that looked at patients with Chronic Obstructive Pulmonary Disease (COPD) and their risk of Acute Respiratory Failure (ARF) in relation to antipsychotic use.

The authors made the following points:

• Monitoring for the development of ARF in COPD patients receiving antipsychotic treatment is essential, particularly when the antipsychotic is started.
• Antipsychotic use for COPD patients needs to be justified.
• Risk of ARF development increases with increased doses of the antipsychotic.
• Risk of ARF should be considered when weighing benefits against risks of using antipsychotics for COPD patients.

Patients and providers should not discontinue antipsychotics arbitrarily; however, carefully weighing these risks would be prudent. COPD patients on antipsychotics should report symptoms of breathing problems.

Although there have been great strides in reducing inappropriate antipsychotic use, inappropriate use still
with these medications that will warrant further justification when using antipsychotics for non-FDA approved uses.

**New Drug**

In DQA-regulated mental health programs and long-term care (LTC) facilities, surveyors have seen antipsychotic medication use that may have led to tardive dyskinesia. Recently, the U.S. Food and Drug Administration (FDA) approved Ingrezza (valbenazine) capsules to treat adults with tardive dyskinesia. This is the first drug approved by the FDA for this condition.

Tardive dyskinesia is a neurological disorder characterized by repetitive involuntary movements, usually of the jaw, lips, and tongue (e.g., grimacing, sticking out the tongue, and smacking the lips). Some affected people also experience involuntary movement of the extremities or difficulty breathing.

Ingrezza may cause serious side effects, including sleepiness and heart rhythm problems (QT prolongation). Its use should be avoided in patients with congenital long QT syndrome or with abnormal heartbeats associated with a prolonged QT interval. Those taking Ingrezza should not drive or operate heavy machinery or do other dangerous activities until it is known how the drug affects them.

Surveyors should be aware of this new medication and determine if facilities have a plan in place to monitor for the serious side effects.

**Range Orders**

A recent inquiry to DQA stated, “What are your thoughts about as-needed (PRN) medication orders written with this language: ‘Take 1 or 2 tablets every 4-6 hours, as needed.’ Comments have been made that the laws do not allow orders to be written like this. However, no one can provide a copy of the law that says it is not allowed.”

It is important to realize that range orders allow necessary and safe adjustments of dosing to meet individual needs based on varying responses to treatment. However, there can be issues with orders like the above and physicians, nurses, and pharmacists need to have common procedures to properly write, interpret, and implement these range orders.

Issues that providers may want to include in their policies and procedures include:

- How do you insure consistent implementation between staff administering the medication?
- If you give only one tablet and find that it is not working an hour later, can you give the second?
- Is there a maximum amount allowed in a 24-hour period?
- Are patterns of medication use evaluated to optimize patient treatment?
- Are patterns of medication use evaluated to rule out diversion of the medication?

These are just a few of the questions that come up when range orders are used. These orders are a necessary part of care; however, they need additional review by those who are involved in the writing, interpretation, and administration of the medication order.
Consultant Corner by Doug Englebert, R.Ph.

Do over-the-counter medications expire on the first day of the month or the last day? (For example, aspirin 81 mg; the manufacturer's expiration on the bottle says March 2017.)

When there is no day listed, the expiration date is the last day of the month. In the example given, the expiration date would be March 31, 2017.

I observed a resident with an order for honey-thickened liquids. The nurse mixed 17gm of Miralax with 4 ounces of a nutritional supplemental drink. I observed the nurse aide provide the drink to the resident. I stopped the nurse aide because the drink did not appear to be honey consistency. Nurses at the facility indicated that Miralax can be used in place of a thickening agent. Is this true?

Miralax instructions direct you to mix with 4 to 8 ounces of a hot or cold beverage and drink. Typically, when mixed with water or other clear liquids, Miralax does not thicken the liquid. It is possible that when Miralax is put into a nutritional supplement the Miralax may not completely dissolve and may thicken the supplement.

However, if the Miralax did not dissolve when mixed with a supplement, that may be an issue. If the facility is using a medication to thicken liquids, the facility’s consultant pharmacist should have reviewed the use of the medication to insure it is safe. In addition, as a surveyor, if the resulting liquid does not appear to be honey-thickened or the consistency that is required, you should investigate what the facility definition or standard definition of honey-thickened means and how the facility is to implement that definition.

I observed a nurse administering Lovenox in a patient’s abdomen with a needle at roughly a 25 degree angle, rather than a 90 degree angle. Would this change absorption and constitute a medication error?

It is hard to determine if the technique observed caused the patient to get the incorrect dose of medication and to call this a medication error. I would ask questions about the facility policies and training procedures on giving injections. When injectable medications are not administered correctly, there can be issues at the injection site, as well as ineffectiveness of the medication because of the incorrect delivery.

As a nursing home surveyor, I observed a resident receiving scheduled melatonin for sleep with no sleep assessment. Is this something to address at the unnecessary drug requirements?

Melatonin is not a drug nor, in this case, does it appear that melatonin is interfering with another drug. Therefore, addressing the use of the melatonin under the unnecessary drug requirements would not be appropriate. However, if the melatonin is being used as an intervention for a specific, identified problem like insomnia, the facility should have a care plan. If the person is having insomnia, you should see an assessment, care plan, monitor towards care plan, and a modification of the care if necessary. If melatonin is part of that and they have not assessed, care planned or monitored the care plan, you should address that in the survey under care planning.

We were on a nursing home survey and the facility was told by their medical record consultant that gabapentin is now required to have a signed consent. I am wondering if there is a website that will tell us what medications should have a signed consent and for what reasons?
In a nursing home, federal and state law require residents to be informed of their care. Residents need to be informed of ALL of their prescribed drugs.

The requirement for a written consent form is found in Wis. Stat. chs. 50, 51, and 55. Under § 50.08, “Psychotropic medication means an antipsychotic, an antidepressant, lithium carbonate, or a tranquilizer.” These drugs would require a form only if they have a black box warning and the drug is used for degenerative brain disorder. Gabapentin does not have a black box warning and does not meet the definition of a psychotropic medication listed in the statute; so no written form is required.

Under Wis. Stat. ch. 51 and Wis. Admin. Code ch. DHS 94 the requirement for a written form is different. Written consent is required for “proposed treatment or services made necessary by and directly related to the person’s mental illness, developmental disability, alcoholism, or drug dependency….” This rule, however, does not apply to traditional nursing homes. The following links provide good resources that will help you to determine if a written consent is required.

https://www.dhs.wisconsin.gov/regulations/nh/infconsent-psychotropic.htm
https://www.dhs.wisconsin.gov/publications/p0/p00336.pdf