PHARMACY NEWSCAPSULE

DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

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APP For That!

AllTrails

This one is more for fun. If you are a hiker or biker this app helps you find trails near you, see reviews of trails, allows you to add your favorites, and track your progress.

Sometimes after a long week of work a little exercise in nature can go a long way in rejuvenating your spirit.

Give the app a try!

DEA Training Requirement

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Below is information on this new requirement.

Who is responsible for satisfying this new training requirement?
All DEA-registered practitioners, with the exception of practitioners that are solely veterinarians.
How will practitioners be asked to report satisfying this new training requirement?
Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.

DEA Training Requirement cont.

What is the deadline for satisfying this new training requirement?
The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.

This one-time training requirement affirmation will not be a part of future registration renewals.

DQA surveyors are not required to review DEA training requirements. However, surveyors may see these trainings or verifications occurring in various credentialling procedures completed by hospitals, or in personnel files. Providers may ask surveyors about this new requirement. Providers who wish to obtain more information can refer to the registrant letter issued by the DEA.

Antidepressant Medication

What should be done if a resident is receiving an antidepressant medication and does not appear to have a diagnosis of depression?

Antidepressants, such as the serotonin reuptake inhibitors (i.e., fluoxetine, paroxetine, citalopram, Lexapro, etc.) often each have several FDA approved and appropriate off-label uses. Indications, other than depression, include general anxiety disorder (GAD), obsessive-compulsive disorder (OCD), chronic fatigue syndrome, panic disorder, posttraumatic stress disorder, eating disorders, along with several other uses.

Different uses for antidepressants are continuously being evaluated. Specifically, in an article published in the January 2009 edition of the Journal of the American Medical Association, researchers found that Lexapro may offer benefit in symptoms for older adults with general anxiety disorder. Patients especially had a significant improvement in overall anxiety if higher doses of Lexapro (20 mg per day) were being used and if patients believed they were receiving Lexapro (compared to placebo).

As with other medications, it is essential that facilities are appropriately monitoring patients receiving antidepressant medications, regardless of the indication, for effectiveness and side effects. It is also important to note that for several of the uses of antidepressants, that the full benefit of the medication may not be seen until 6-8 weeks of treatment. Side effects, on the other hand, can be seen immediately, but many can tolerate over time. Common side effects of antidepressants may include stomach upset, mild fatigue, sleep disturbances, sexual dysfunction, headache, and urinary symptoms. Rare, but serious side effects may include sodium levels that are below the normal range, increased risk of fractures, increased risk of suicide during the first month of treatment, and gastrointestinal bleeding.

Many surveyor protocols require a review of the use of medications. When antidepressants are being used you need to know what the specific use is to be able to determine if monitoring should be occurring. As noted above, effective monitoring includes monitoring for effectiveness. To monitor for effectiveness, the purpose of the medication must be known and measurable symptoms must be defined. If the facility is uncertain of the use of the antidepressant it is likely they are not monitoring appropriately.

Home Meds

“Home medication” are two little words with at least two very different meanings or applications.

One application can occur in facilities when patients or residents (who reside in or receive services for an extended period of time) need to leave the facility for some purpose. These leaves may be short---as for lunch or dinner---or for as long as a day or a week. In these situations, facilities often ask how the provision of medications should be handled so that a patient or resident can have medication available during their leave. Some of the questions that come up include, “When a resident/patient is going on pass to home, what is the proper procedure for packing home meds? Is this a function a nurse can perform? Is the length of the pass relevant? Is it a pharmacist function only?”

In general, the preferred method to handle leave medications is to have the pharmacy package the needed supply for the leave. However, from a practical standpoint involving such things as timing, insurance, other payment issues, and location, this cannot always happen. The next best solution is to send the entire supply of medications from the pharmacy with the patient/resident. In most cases the medications are appropriately labeled and packaged. This can be a problem if there is a concern about the return of the balance of needed medications to the facility when the leave is finished.

In some cases, facility regulations limit who can transfer medications to other types of packaging. For example, in a nursing home, medication packaging transfers can only be done by a pharmacist or physician. Therefore, if the resident is going on a leave from the nursing home that extends beyond a single med pass, the facility is required to send the entire supply of medications, have a pharmacist package up a leave supply, or have a physician package or delegate the packaging up of a leave supply.

The second application or meaning of “home meds” involves a situation in which a resident or patient is admitted with a supply of medication from home that they wish to use or finish in the facility. The common question is, “Can a facility use medications brought in from home by the resident or patient at the time of admission?”

Sometimes, patients or residents will come to a hospital or nursing home with their own medications that they wish to continue taking or finish using. Facilities often ask if this can be allowed. In most situations the medications can be used. When a facility administers such medications, the facility will have a process and procedure in place to address this situation. For example, when a facility wants to make sure that medications brought in are the correct products, the facility will have a procedure to ensure identification. This may mean that a

facility only allows the use of medication that comes from home if it is in its original packaging or if it has had its identification verified by a pharmacist.

In general, medications from home can be utilized when the resident or patient is self-administering the medication. In these cases, it may still be necessary to identify the medications and establish processes for self-administration that address such things as storage and documentation.

FAQs

Q: Skilled Nursing Facility: SNF - are we expected to shift count schedule III, IV or V medications?

A: There is no requirement federally to do a shift count of ANY controlled substances. WI state law requires proof of use sheet and daily audit ONLY for schedule II.

However, federal rules require a facility to have a way to periodically reconcile all controlled drugs. Facilities can establish their own procedures for reconciling controlled drugs. A facility where they have 20 pool nurses and another 20 staff nurses all with access to medications 24/7 will need more counts than a facility where there are only 6 nurses with medication access.

Q: Skilled Nursing Facility:. The facility has a resident that currently has a PICC line and receiving IV antibiotics through a grenade type infusion bulb. So no IV pump but it does require a flush of saline before and after. Does there have to be a RN in house under section N6.03(3)?

A:

- Skilled facilities are to have policy and procedures for medication administration to include IV administration. RN/DON is responsible to ensure staff are qualified and appropriate delegation occurs.
- Delegation under Wis. Admin. Code ch. DHS N6 requires for components of educate, provide direction/assistance, observe/monitor, and evaluate.
- Wis. Admin. Code §§ DHS N6.02(2) and N6.02(3) define basic patient situations and complex patient situations. These definitions can assist an RN in determining if supervision requires an RN in the building.