

Bureau of Assisted Living Medication Regimen Review Guide

What does the pharmacist need in order to complete a medication review?

The following information is necessary to provide a comprehensive review of medications.

- Resident name, date of birth and admission date
- Diagnoses
- Any allergies the resident may have to medications, food, etc.
- Medications taken and reason/diagnosis for use
- Start/discontinue date for medication
- Dosage, form of medication (tablet, liquid etc.) and administration (including crushing or other techniques used)
- Side effect monitoring information (has the resident been experiencing symptoms that may be side effects from medications)
- Monitoring notes (information that the facility has been collecting to determine if a medication is working)
- Non-pharmacological interventions the facility has attempted

A comprehensive review of medications will use the above information to determine if medications are causing problems, having benefit or need changes to prevent a future problem or improve outcomes.

How does a pharmacist complete a review? What questions does a pharmacist ask?

The following is a list of categories that a pharmacist may review including some of the questions they may be asking.

- Use of laxatives
 - Are there three or more laxatives used concurrently?
 - If the resident is taking medications that can cause constipation have alternative medications been considered?
- Use of sedatives and hypnotic medications
 - Have other causes of insomnia been ruled out/assessed?
 - Has a sleep hygiene program been attempted in place of the use of hypnotics? (i.e. massage, aroma therapy, music, etc.)
 - Has dose reduction been attempted?
- Use of antidepressant medications
 - Are these medications used on a routine rather than a PRN schedule?
 - Is there only one medication from each class of antidepressants?
 - Are there anti-cholinergic side-effects present?
- Use of antianxiety medications
 - Is there an indication for use?
 - Have reasons for behaviors other than anxiety been ruled out?
 - Has dose reduction been attempted?

- Does use of the medication result in maintenance or improvement in the resident's functioning?
- Use of antipsychotic medications
 - Have reasons for behaviors other than psychosis been ruled out?
 - Are side effects routinely monitored? (i.e. Tardive Dyskinesia, EPS, etc.)
 - Is there only one medication from this class used by the resident?
- Use of anticonvulsant medications
 - Is there an indication for use to determine if the medication is used for seizure control, behavior control, or other purpose?
 - Are blood levels drawn as recommended? Is this information reported to the prescribing practitioner for appropriate follow-up?
- Use of hypertensive/diuretic medications
 - Is the resident's blood pressure monitored as directed by the prescribing practitioner?
 - Is the blood pressure within the acceptable range determined by the prescribing practitioner? Is this information reported to the prescribing practitioner for appropriate follow-up?
 - Are electrolytes monitored?
- Use of cardioactive medications
 - Is the resident's pulse monitored as directed by the prescribing practitioner?
 - Is the resident's pulse within the acceptable range? Is this information reported to the prescribing practitioner for appropriate follow-up?
 - If the resident is taking Digoxin and a diuretic, are potassium and creatinine monitored as directed by the prescribing practitioner? Is this information reported to the prescribing practitioner for appropriate follow-up?
- Use of nitrates
 - If the resident is taking a nitrate, are they free of chest pain?
 - If a transdermal product is used, is there a system to rotate sites of application?
- Use of CHF (congestive heart failure) medications
 - If the resident is taking an ACE inhibitor, are potassium and cough being monitored?
 - Is the resident's weight and breathing being monitored? Is this information reported to the prescribing practitioner for appropriate follow-up?
- Use of beta blockers
 - Is this medication used with caution in residents with diabetes and peripheral vascular disease?
 - Beta blockers should not be used by residents with symptomatic COPD or asthma.
 - Is the resident experiencing syncope (fainting) or falls?
- Use of anticoagulant medications
 - Is the resident's clotting function monitored as directed by the prescribing practitioner? Is this information reported to the prescribing practitioner for appropriate follow-up?
- Use of thyroid medications
 - Are thyroid levels monitored as directed by the prescribing practitioner? Is this information reported to the prescribing practitioner for appropriate follow-up?

- Use of hematinic medications
 - Are blood levels for iron, vitamin B12 and folic acid monitored as directed by the prescribing practitioner? Is this information reported to the prescribing practitioner for appropriate follow-up?
- Use of diabetes medications
 - Are blood sugar levels monitored as directed by the prescribing practitioner?
 - Is there an acceptable blood sugar range identified by the prescribing practitioner?
 - Is this information reported to the prescribing practitioner for appropriate follow-up?
- General use of analgesic medications including opiates
 - If used for pain, has a pain assessment been completed?
 - If the resident's pain is chronic, is the medication prescribed on a routine basis rather than PRN, and is the dosage sufficient to prevent breakthrough pain?
- Use of NSAIDs (nonsteroidal anti-inflammatory drugs)
 - Is the resident routinely monitored for GI bleed, blood pressure changes, lower back or abdominal pain? Is this information reported to the prescribing practitioner for appropriate follow-up?
 - Is the medication given with food?
 - Is there aspirin given with NSAIDs? (Exception: one aspirin daily as an anticoagulant if ordered by the prescribing practitioner.)
- Use of acetaminophen
 - Is there only one medication containing acetaminophen being used on a routine basis?
 - Does the total daily dose of medications containing acetaminophen not exceed 4000 mg?
- Use of antibiotic medications
 - If the resident had a UTI, was follow-up lab completed as directed by the prescribing practitioner?
 - Is the duration of use for the antibiotic appropriate?

When a review is complete what can you expect?

The resident and facility should expect something from the pharmacist that summarizes the outcome of the review. Some pharmacists will have a specific form or report that they will provide for each resident. The pharmacist may provide an overview report compiling results for all residents or provide the information in the form notes in each resident's record. When there are changes that must be addressed immediately, the pharmacist may contact the physician immediately. A facility should make sure they work with their pharmacist to have a good understanding how the medication review results will be documented. The results of the review must be communicated to the administrator for the follow up to recommendations made by the pharmacist.