



Pathway Health Services

F329 Unnecessary Drugs Fact Sheet (Combines former F329, F330 and F331)

All medications: Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- In excessive dose (including duplicate therapy)
- For excessive duration beyond manufacture's recommendations
- Without adequate monitoring
- Without indications and appropriate diagnosis for use
- In the presence of adverse consequences (side effects) which indicate the dose should be reduced or discontinued or
- Any combination of the reasons above

Psychotherapeutic drug use: Based on a comprehensive assessment of a resident the facility must ensure that:

- 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, antidepressants, hypnotics, sedatives, anticonvulsants and anti-anxiety drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue the drugs.

Guidance to Surveyors- did the facility complete the following:

- Evaluation and assessment of a resident's signs and symptoms in order to identify the underlying causal factors and root cause of condition including review of medications for adverse consequences of medications.
- Selection of medication(s) based on determination of risk versus benefits to the resident.
- Use of appropriate medication including dosage, and duration based on resident's age, clinical symptoms, current medication regimen and diagnosis.
- Non-pharmacological interventions, when applicable, to minimize the need for medications, permit the use of the lowest possible dose or allow medications to be discontinued (e.g., aromatherapy, massage, environmental changes, accupressure wristbands for nausea etc...)
- Monitoring of medication for efficacy in relation to medication goals as well as monitoring for clinically adverse consequences from medications administered.

Gradual Dose Reduction Guidelines

Within first year of **antipsychotic and psychopharmacological** medication use, attempt gradual dose reduction in 2 separate quarters with one month between attempts unless clinically indicated. After 1st year, a GDR must be attempted annually unless clinically contraindicated.

If clinically contraindicated the MD/NP must have a risk versus benefit statement with rationale that indicates that a reduction at that time would be likely to impair the resident's function or increased distressed behavior in the resident's clinical record (do not thin from chart).

Hypnotics and sedatives used routinely beyond manufacture's recommendations require tapering quarterly. Consider sleep study, review of sleep routines etc...



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Checklist for Medication Management

- Indications for use of medication (including initiation or continued use of antipsychotic medications).
Receive diagnosis for all medications.
- Monitoring for efficacy and adverse consequences.
- Care plan medication goals and review with IDT quarterly with care conference
- Review dosing and for duplicate therapy (2 or meds in same drug category)
- Review medications with a resident who has a decline or significant change to rule out adverse consequences from medications as a root cause of problem.
- Consider non-pharmacological interventions (e.g. aromatherapy, massage therapy, review of environment etc...)
- Involve IDT for review of resident behaviors (especially if new onset) for root cause of behaviors/moods. The team can then identify target behaviors and individualized interventions.
- Perform a baseline assessment for extrapyramidal side effects prior to start of antipsychotic medications for baseline assessment
- Document observations for efficacy and side effects with the initiation of any psychotherapeutic medication for a facility specified period of time.
- Review resident with behaviors for sign and symptoms of pain, or discomfort.
- Review of medications by consultant pharmacist at a minimum monthly.
- Appropriate monitoring of lab values as recommended in *State Operations Manual F329 "Medication Issues of Particular Relevance"*
- Monitor for anticholinergic effects of medications (e.g. Detrol) see F329 table "*Medications with significant anticholinergic properties*". Include confusion, blurred vision, constipation, dry mouth, light-headedness, difficulty starting and continuing to urinate, and loss of bladder control.
- Review and communication of medications with resident and resident representative.
- Review all medications for possible tapering or discontinuation with quarterly review
- Medications must be given as directed by manufacturer (e.g., with 8 oz water etc...).

Storage Guidelines

- All medications are accessible ONLY to authorized staff. Medications must be locked when not under direct observation of authorized staff. Review housekeeping procedure in medication rooms.
- Controlled meds are stored to limit access and to facilitate reconciliation in accordance with facility policies.
- Medication must be stored at appropriate temperature, light, and not be expired
- Medication labels must be legible and not written over. They must contain name dose, appropriate instructions, expiration date and support the safe administration of the medication.
- Multi-dose vials are labeled per facility policy and manufacture's specification once the use of the vial has been initiated.
- Schedule II controlled medication are in separately locked, permanently affixed compartments (or are in minimal amount of unit dose packages).
- Create policies for reconciling medications for frequency, how the facility investigates a loss or inability to reconcile medications, and how the consultant pharmacist is included.