

## Appendix D1 Medication Administration Record

MEDICATIONS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						



## EVALUATING MEDICATION ORDERS

**The consultant pharmacist determines whether the resident's medication orders represent optimal therapy for that individual.**

*A resident's medication order represents optimal therapy for that individual when its use is based on an accurate diagnosis for which drug therapy is the best method of treatment. Furthermore, the medication selected must represent the drug of choice based on the health and characteristics of the individual. Additionally, the drug must have been prescribed in the formulation, dose, frequency, and duration best suited for the individual. As part of drug regimen review, the consultant pharmacist evaluates these aspects of the medication order and verifies their documentation.*

- Routine medication orders are supported by a current written diagnosis or identified need and relevant diagnostic data (CBC, chemistries, etc.).
- As needed (prn) medication orders include specific written indications for use.
- Medication orders indications for use are consistent with current medical literature.
- Therapeutic goals have been established in writing for all medication orders.
- Medications selected have a favorable benefit-to-risk ratio. This includes consideration of medical history, the significance of any past drug reaction, and cost.
- Drug products, if generic, are listed as bioequivalent to the innovator's drug product by the FDA publication "Approved Drug Products with Therapeutic Equivalence Evaluations" (the Orange Book).
- Medication orders that duplicate other orders currently in the resident's regimen include a written rationale for the duplication.
- The prescribed route of administration is appropriate for the resident, considering absorption, bioavailability, onset of action, metabolism and excretion factors.
- The dosage form chosen is compatible with the resident's needs and/or abilities, including consideration of texture (solids or liquid) and taste.
- The prescribed dose is appropriate to the resident's clinical status.
- The prescribed schedule of administration is appropriate for the resident, including consideration of side effects (such as sedation) and of compatibility with the resident's diet and other medications.
- The duration of drug therapy is indicated and appropriate for the resident.

## MONITORING MEDICATION ADMINISTRATION

**The consultant pharmacist evaluates medication administration to verify that the resident has received his/her medications in conformance with prescriber's orders and facility policies.**

*As part of providing optimal drug therapy to the resident, it is necessary to assure that the correct medication is given as prescribed, in the correct amount, at the correct time, and to the correct resident. Although not directly responsible for administering medications, the consultant pharmacist should monitor procedures, techniques, and personnel responsible for this function and intervene when necessary.*

- Medications are administered at the frequencies and times indicated in the resident's chart.
- "Stop order" policies are observed.
- Alteration of dosage forms has not impaired the therapeutic response. For example, medications should not be crushed when this may change bioavailability.
- The consultant pharmacist observes the drug administration techniques of staff and/or instructs supervisory staff in this process as needed.
- Residents are evaluated for refusal or inability to take medications.
- Administration of medications is documented including the frequency and reason for administration of prn medications.
- Residents who self-administer medications are counseled regarding the correct technique of administration and routinely evaluated by the pharmacist in the following areas: therapeutic response, refill frequency, storage conditions and medication information.

## EVALUATING RESPONSE TO DRUG THERAPY

**The consultant pharmacist evaluates the resident's response to drug therapy.**

*Evaluation and recommendations for adjustment of drug therapy is the cornerstone of the consultant pharmacist's role in assuring that each resident receives optimal drug therapy. The status of the resident's disease state, response to medication, side effects, adverse drug reactions, and interactions are among those aspects which should be evaluated. Based on this evaluation, the consultant pharmacist then makes recommendations regarding adjustments in the resident's drug therapy.*

- The resident's response to drug treatment is evaluated through the use of laboratory data, physical assessment, medication administration record and other objective and subjective information to determine if therapeutic goals have been achieved.



- Side effects, adverse reactions, and interactions (drug-drug, drug-lab, drug-nutrient, and drug-disease) are evaluated; and modifications or alternatives are considered.
- Based on the resident's therapeutic condition and response to drug therapy, the resident's drug regimen is evaluated for unnecessary medications.
- The risk/benefit of each medication is reevaluated on an ongoing basis.
- Non-compliance is evaluated by the consultant pharmacist.
- Recommendations, including identification of the concern, specific means to correct the situation, how and when improvements will be measured are communicated to all appropriate personnel (prescriber, nursing staff, director of nursing, administration, medication administration personnel, resident).

### COMMUNICATING OBSERVATIONS AND RECOMMENDATIONS

**The consultant pharmacist communicates observations and recommendations regarding residents' drug therapy to those with authority and/or responsibility to implement the recommendations and verifies that there has been a response.**

*Following evaluation of drug therapy, the consultant pharmacist must make recommendations necessary for improved resident care. Information should be communicated in a manner which promotes interaction with other health care professionals and is likely to elicit a response in a timely fashion. Furthermore, the consultant pharmacist's responsibility goes beyond the initial recommendation and includes follow-up to determine that a response has been made.*

- A record of the consultant pharmacist's observations and recommendations is available in an easily retrievable form.
- Comments and recommendations concerning drug therapy are communicated in a timely fashion. The timing of these recommendations should be sufficient to enable a response prior to the next drug regimen review.
- Observations and recommendations are presented in a format promoting dialogue and interaction between all appropriate individuals.
- The consultant pharmacist follows up on his/her recommendations to verify they have been acted on.
- Recommendations to residents who are self-administering medications are presented in a straightforward and clear manner and include written as well as oral information when appropriate.
- Recommendations regarding facility policies, procedures, and/or methods of administration of medications are made by the consultant pharmacist when practices jeopardize the provision of optimal care to residents.

### SUPPORTIVE ENVIRONMENT

**The long term care facility supports pharmacy practices that promote quality care.**

*Effective drug regimen review is best achieved in a supportive environment that recognizes the value of the consultant pharmacist as part of the facility's health care team. While the long term care facility's administrative and medical staff have the greatest responsibility for creating this environment, the consultant pharmacist shares this responsibility as well. Drug regimen review related activities, such as participation in committees, projects, and special studies, provide both an opportunity to foster interprofessional relationships and a reflection of current attitudes and cooperation.*

- Organizational authority exists for and support is given to the drug regimen review process.
- The long term care facility uses the consultant pharmacist as an active participant on the pharmacy services committee.
- The long term care facility assures that the consultant pharmacist is a participant in the facility's infection control process.
- The long term care facility uses the consultant pharmacist in peer review of personnel affecting drug therapy, for example, physicians, nurses, and pharmacists.
- The long term care facility works with the consultant pharmacist in establishing drug utilization protocols for specific drug categories, such as antibiotics and investigational drugs.
- The long term care facility supports the consultant pharmacist's efforts in performing regular drug utilization studies and medical care evaluation studies.
- The long term care facility supports the consultant pharmacist's provision of inservice education to all pertinent facility personnel (nurses, aides, physicians, residents, and families).
- The long term care facility provides the consultant pharmacist with the opportunity to be involved in responding to questions and comments from licensing agencies and to participate in resident discharge consultation.
- The long term care facility's policies and procedure for storage and inventory of medications subject to abuse are in accordance with state and federal regulations pertaining to those medications. Furthermore, those policies and procedures are observed in daily practice.
- All medications are stored and handled in a manner that maintains product quality, purity, integrity, and security.
- The long term care facility supports the consultant pharmacist's participation in the evaluation of residents being considered for self-administration of medications and in the detection and prevention of medication errors.