**Drug Regimen Review**

**Post Test**

**Post Test – Drug Regimen Review**

**Answer Key**

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| **Question: True or False?** | **Answer** |
| 1. A Drug Regimen Review is completed by pharmacist every 90 days. | **False** – A Drug Regimen Review must be completed at least monthly-more often if high risk or change of condition and if the resident is short stay (i.e. respite, rehab, etc.) in order to capture a review. |
| 1. When the Pharmacy Consultant identifies irregularities during the Drug Regimen Review, this needs to be reported to the attending physician, medical director and director of nursing in a written report. | **True** – The attending physician, DON and Medical Director need to be notified in writing—if an urgent issue is identified, it must be immediate notification. |
| 1. Respite residents do not need to have a Drug Regimen Review since they are only in the building for a short time. | **False** – all residents, including short stay residents – must have a Drug Regimen Review. |
| 1. It is important to ensure that both the C.N.A.’s and the nurses are documenting on the resident behaviors accurately in order for the pharmacist to have good information to make decisions on recommendations for medication use and dosage changes. | **True –** the Pharmacy Consultant is to complete a Medical Record Review (which would include documentation of behaviors) in order to make decisions on recommendations for medication adjustments. |
| 1. I need to notify the Pharmacy Consultant within 24 hours of a resident admission, signification change in resident condition or short stay resident that would indicate a need for a medication regimen review. | **True** - This will alert the Pharmacy Consultant that there may need to be a review that is not currently scheduled due to new admissions, changes of condition, high risk residents or short stay residents. |
| 1. If the physician does not agree with the recommendations of the pharmacy consultant, he/she will need to document rationale, and this must be in the medical record. | **True**-there needs to be documentation to substantiate rationale for physician choosing not to initiate the recommendations by the Pharmacy Consultant. |