

# UNNECESSARY MEDICATIONS

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**Impacted F-tags: F605 Right to Be Free from Chemical Restraints, F757 Drug Regimen is Free from Unnecessary Drugs, F841 Responsibilities of Medical Director, F758 Free from Unnecessary Psychotropic Medications / PRN Use (REMOVED)**

**Critical Element Pathway: Unnecessary Medications, Chemical Restraints / Psychotropic Medications, and Medication Regimen Review (UPDATED)**

### MAIN POINTS

- Surveyors are not evaluating the clinician's judgment in prescribing the medication(s) but rather the existence of appropriate documentation to support prescription and administration of the medication.
- Any psychotropic drug for which there is not sufficient documentation of indications for use, contraindications of non-pharmacological interventions, and Gradual Dose Reductions (GDR) or contraindications for GDRs will be determined an unnecessary drug and will be tagged under F605 Chemical Restraints, an abuse tag.
- You must document monitoring for adverse effects including side effects.
- All psychotropic medications require documentation of a comprehensive assessment.
- All medications should be re-evaluated: on admission/re-admission, new/worsening change in condition, irregularity identified in pharmacist's medication regimen review, or when the medication was ordered as an emergency measure.
- The Medical Director holds ultimate responsibility for ensuring that clinicians follow clinical standards of care when prescribing and administering medications.

### WHAT TO DO

- Focus your efforts: identify residents with antipsychotics, polypharmacy, duplicate therapies, and antibiotics to start with.
- Run your audits: comprehensive assessments, adequate indications for use (including contraindications, adverse event monitoring, consents, and, for psychotropics, gradual dose reductions).

## FREQUENTLY ASKED QUESTIONS

### **Who completes the comprehensive assessment?**

The comprehensive assessment can be done by the attending physician. It is not required to be completed by a psychiatrist or other mental health professional. However, any clinician completing the comprehensive assessment must follow professional standards of care.

### **Does the Minimum Data Set (MDS) assessment count as the required comprehensive assessment?**

No, the assessment completed on the MDS is not sufficient to meet the requirements for a comprehensive assessment. Required documentation elements are outlined clearly in Appendix PP and must be documented in the medical record by a clinician.

### **What if I can't get prior consent? Do I hold the medication?**

No. You must make every attempt to obtain consent prior to initiating or increasing a medication; however, you must continue to follow standards of care which includes not delaying care. If you must administer a medication without prior consent, document all attempts to obtain prior consent and continue attempts to notify the resident / resident representative of the change in medication.

### **Is verbal consent acceptable, or is written consent required?**

Verbal consent is acceptable but must be documented in the medical record.

### **Are there any exceptions for medications prescribed by hospice providers to hospice patients?**

No, there are no exceptions. You must continue to follow all requirements, though CMS is open to feedback on ways to improve the guidance.

