

Eli's Hospice Insider

MEDICATION MANAGEMENT: Know the Goal for Psychoactive Meds to Avoid Survey and Quality-of-Care Problems

Find out why and how to target inappropriate use of sedation.

When does a medication for pain or anxiety become a chemical restraint or an inappropriate attempt to quell emotional, social, or spiritual distress?

Addressing that question improves hospice patients' quality of life, and it helps your hospice navigate an issue that is drawing attention from regulators and medical ethicists.

"The use of chemical restraints is clearly a survey and compliance issue," says **Beth Carpenter**, president of Beth Carpenter and Associates in Lake Barrington, Ill.

So how can hospices walk that sometime fine line in deciding -- and demonstrating -- that a sedating medication is being used appropriately?

Evaluate the issue on a case-by-case basis in terms of how a medication affects the patient, advises attorney **Rachel Hold-Weiss**, an associate with Arent Fox in New York, N.Y.

And "any medication given to a hospice patient by hospice must be included in the plan of care," she says. "If the goal in giving Haldol, for example, is to make the patient more comfortable, easing restlessness, etc., the drug must be part of the plan of care," which includes the reason for giving the drug.

A big plus: "We have CMS saying that if a hospice is using Haldol for nausea or other symptoms related to the terminal illness...then it's absolutely appropriate to use the medication even though it's on the Beers list for [elderly patients]," says **Judi Lund Person**, with the National Hospice & Palliative Care Organization. (The Beers list identifies potentially inappropriate medications for elders.)

Take Into Account Patient Goals

Keep the hospice patient as alert as possible if he has a goal of communicating with his family and having some quality of life in his last days, advises **Thomas Snader, PharmD**, a consultant in New Wales, Pa. "Look at the person's ADLs, quality of life, ability to dress and feed himself, and desire to interact with others and optimize that."

Documentation tip: The hospice team should also document its decision-making about using medications that cause sedation to the point that they affect ADLs and cognitive status, advises Snader.

Danger sign: Look for a rapid decline in the patient's status soon after he starts taking a new pain or other sedating medication. That may be a drug-induced problem, cautions Snader.

At that point, the hospice should "back off the drug" to see what happens-- " or see if you could approach the problem from another direction," Snader advises.

Include Non-Pharmacological Interventions

Also make sure the care plan includes adequate spiritual and psychosocial interventions to address psychosocial or existential distress.

For example, some hospices bring in musicians to play to patients or provide massage or other forms of relaxation and

solace, says attorney **Connie Raffa**, partner with Arent Fox.

"If a patient is expressing concerns about loneliness or isolation because they don't have family nearby or any at all," the hospice plan of care could bring in volunteers to visit and sit with the patient, Person suggests. "And the hospice might step up its social work or chaplain services, depending on the patient's needs."