

Long-Term Care Survey Alert

Quality Assurance: Pills Should Help Residents' Ills -- Not Create Them

Know when it's time to shed a med or change the dose.

Asking the right questions can help tell you if a resident's medication regimen is causing him problems.

Start by always determining whether a medication could be causing or contributing to a resident's new symptom(s).

Timing is key: "If you add a medication or increase the dose -- and the resident has an unexplained symptom within a couple of days -- likely the medication has caused it," says **Matthew Wayne, MD, CM**, chief medical director of **Eliza Jennings Senior Care Network** in Cleveland.

Look for certain events as triggers to evaluate a resident's medications as part of the care planning team process, suggests **Carla Saxton McSpadden, RPh, CGP**, with the **American Society of Consultant Pharmacists**:

- A hospital stay
- An ER visit
- Physician visits and order changes
- Abnormal labs
- Delirium

"Delirium is often caused by a medication," McSpadden says. Thus, anytime a resident has an acute change in cognition or mental status, evaluate whether a medication could be causing or contributing to it, she advises. On the other hand, the resident's delirium or mental status change could be due to a med error, she adds.

Example: Staff in one facility mistakenly gave a resident Zyprexa rather than Zyrtec (for allergies), which caused the resident to "appear as if she'd had a stroke" due to her altered mental status, McSpadden says.

Medication side effects in elderly patients can also include weight loss, decline in late loss ADLs, cognitive decline and falls, Wayne cautions.

Example: If a resident has dizziness or has fallen, look to see if he's taking a med known to cause dizziness or orthostatic hypotension. If so, the physician might consider modifying the dose or switching to an alternative medication that doesn't cause that problem, suggests **William Simonson, PharmD**, in Suffolk, VA. Suppose the resident is receiving an alpha receptor blocker for lower urinary tract symptoms caused by benign prostatic hyperplasia. "Switching to a different alpha blocker that is less likely to cause dizziness could be an appropriate intervention," he says.