

Long-Term Care Survey Alert

Survey & Clinical News

Are any of your patients taking Fentora (fentanyl buccal) tablets? The U.S. **Food and Drug Administration** recently issued a public health advisory about deaths associated with the medication, which is approved to treat breakthrough pain in cancer patients who have become tolerant to opioid pain medication. The FDA says it's critical for prescribers to follow the labeling when administering Fentora. The agency also says it's "dangerous" to use Fentora for short-term pain, such as migraines. In addition, the FDA has concerns about "the improper substitution" of Fentora, a fast-acting drug, for other pain medicine. "Fentora is not the same as other fentanyl products and cannot be substituted for Actiq, another fentanyl product used to treat breakthrough cancer pain," says the FDA. "Because Fentora delivers more fentanyl to the blood than Actiq, substituting Fentora for Actiq using the same dose can result in a fatal overdose."

Also be aware of the signs of fentanyl overdose, which include trouble breathing or shallow breathing, sedation, tiredness, inability to think, talk or walk normally, and feeling faint, dizzy or confused, the FDA advises.

Expect surveyors to pay closer attention to whether your nursing facility is complying with preadmission screening and resident review (PASRR) requirements. A recent survey & cert memo (S&C-07-38) notes that the **Health & Human Services Office of Inspector General** has found shortfalls in the legislatively required PASRR, a Medicaid program designed to identify individuals with serious MI/MR who apply to or reside in a nursing facility (NF).

According to the memo, an NF must not admit people with MI or MR (as defined by the regulation), unless the state mental health/mental retardation or developmental disabilities authority has determined the person's placement in an NF is appropriate, and if the person requires specialized MI/MR services. The state must do the screens, prepare the PASRR report and provide or arrange for the resident's specialized services. NFs are not in compliance if individuals with possible MI/MR were admitted without complete PASRR Level II documentation indicating that the admission was appropriate. The state is required to provide a copy of the PASRR report to the NF. (The PASRR report includes determinations and an evaluation report collectively known as PASRR Level II, the memo states.)

The OIG recommends state surveyors (1) sample residents with serious MI or MR; (2) review all PASRR documentation for timely completion; and (3) review care plans for incorporation of all PASRR Level II service recommendations. Read the survey & cert memo at www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-38.pdf.

Age-related problems with cognition, movement and mood could potentially share commonly etiologies. Researchers explored that theory in the first of a series of "Bench to Bedside" research conferences initiated by the **American Geriatrics Society** this fall.

The potential common causes include anemia, inflammation, changes in sleep patterns, and disorders in nutrition and energy metabolism and circulation, according to a press release on the conference.

The potential clinical impact: Presenters suggested that therapeutic interventions, including treating high blood pressure and inflammation, and exercise -- especially with an aspect of social interaction -- might help address all three disorders. "Clinicians who observe symptoms of one disorder should look for signs -- which may be subtle -- of the other two," according to the press statement.

The second conference in the series, "Idiopathic Fatigue of Aging: Definitions, Epidemiology and Potential Mechanisms: Implications for Prevention and Treatment," is scheduled for fall 2008. The third conference, "Inflammation and Nutrient Metabolism," is planned for fall 2009.