

MDS Alert

Pharmacy Review: Anticipate This Quality-Of-Care Snag -- Meds That Can Add Up To An F314 Tag

When a resident has a decub, it may be time to do a med review.

If you don't consider medications as having the potential to worsen or stall a pressure ulcer, watch out.

Surveyors may be on your case if you haven't taken into account this often overlooked risk factor.

Primary example: Cortico- steroids used to treat respiratory problems, arthritis or other inflammatory conditions. "These meds can suppress the body's immune response and lead to slow wound healing," says **Carla Saxton McSpadden, RPh, CGP**, assistant director of policy and advocacy at the **American Society of Consultant Pharmacists**. Cortisone also thins the skin over time and makes it more susceptible to tears, adds **Steven Levenson, MD**, a medical director in Baltimore. Other medications that can cause problems include:

- **Anticholinergic medications**, which include some of the older antihistamines, tricyclic antidepressants and many GI drugs, Levenson says. These drugs can cause confusion, poor appetite and dry skin -- all of which are risk factors for skin breakdown, he cautions.

- **Medications that worsen or cause urinary incontinence or cause diarrhea**. Diuretics can cause excessive urination -- and antibiotics, diarrhea, says McSpadden. "In addition to the excessive urination caused by diuretics, that class of medications can also contribute to dehydration in some situations," which is also a risk factor for pressure ulcers. Thus, residents taking diuretics should be monitored closely, she adds.

- **Sedatives/hypnotics and other psychotropic medications**. These can sometimes cause excessive sleepiness or sedation, leading to inactivity and a higher risk for developing or worsening pressure ulcers.

Before prescribing: The clinician should consider the aforementioned medications and others known to cause or contribute to sedation, incontinence or a weakened immune response, advises McSpadden. In addition, a focused medication review by the consultant pharmacist may benefit a resident whose pressure ulcers have progressed despite treatment, she says.

Also: Nursing facilities should pay very close attention to the revised F329 (unnecessary medications) survey guidance for all clinical care, Levenson emphasizes.