

PHARMACY



NEWSCAPSULE

WISCONSIN DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

Quarter 1 2024

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Medication Administration Instructions

In a world of technology, computer generated Medication Administration Records (MARs) will very often contain specific information on how to administer medications. The MAR lists medications the patient is receiving and provides a way for nurses and others to document when a medication is given.

Many times, ancillary medication instructions are automatically generated on the MAR by the computer and are not specific to the individual. Therefore, the ancillary instructions may or may not be appropriate for the particular patient or resident.

Surveyors are often asked to evaluate medication administration in the facility. Sometimes nurses will follow the ancillary instructions on the MAR and sometimes they do not. Surveyors need to evaluate if following the MAR instructions was required for the individual. To do this, look at the physician's order. Some physician orders will specify how the medication was to be administered (e.g., "give on an empty stomach"). In absence of a physician's order, look at the drug manufacturer's guidelines.

APP for That!



The IDDSI app contains everything you wanted to know about the International Dysphagia Diet standards. Surveyors may want to pay attention to the food and drink descriptors. Some of the implementation guides are helpful as well.

The IDDSI app is available on DQA iPhones. Check it out!

Contact: Doug Englebert Pharmacy Practice Consultant ● 608-266-5388 ●
douglas.engelebert@dhs.wisconsin.gov

Med Admin Instructions cont.

These guidelines may require the drug to be given on an empty stomach in order to be effective. In other situations, the guidelines are recommendations that can be followed but are not necessary. In these situations, surveyors need to evaluate the individual concerns to determine if the nurse should have followed the ancillary instructions. For example, a common ancillary MAR instruction may state “give with food.” The physician’s order may not specify this, and the manufacturer guideline indicates that giving the medication with food is not required. However, the instruction may be appropriate and recommended if a patient or resident is not tolerating the medication on an empty stomach.

Bottom line:

Physician order must be followed, or it is considered a medication error. If there is a problem with a physician order, then the order should be clarified and changed if necessary.

Manufacturer requirements must be followed, or it is considered a medication error. For example, the medication must be given on an empty stomach if the manufacturer’s instructions indicate the medication **MUST** be given on an empty stomach.

Manufacturer recommendations, *pharmacist recommendations*, and *MAR recommendations* may not have to be followed. In these situations, gathering information from the patient, staff who administer medications, and pharmacist who provided the guidance will be important in determining if the guidance needs to be followed for that specific patient before considering if a medication error occurred.

Sleep or Lack of Sleep

Insomnia---combined with the medications used to treat insomnia---can create problems, especially when treating the elderly.

On one end of the spectrum, insomnia can impair physical, social, and cognitive function. This can lead to a significant strain on an elderly person’s overall general well-being. The other end of the spectrum is the medications. Many of the medications used to treat insomnia carry significant side effects. Some of these side effects can also affect physical, social, and cognitive functions.

Therefore, insomnia and treatment are a challenge that requires careful navigation. Proper assessment and work-up should be the cornerstone to treating insomnia. Assessments can determine if the insomnia is acute, recurring, or chronic.

Assessments can also identify external factors as causes of insomnia. For example, caffeine, alcohol, and many medications can cause insomnia. Sometimes, even withdrawing medication can cause transient insomnia. And, very often, adding another

medication is not a good solution. The assessment of all facts is critical in developing a treatment plan.

Proper assessments should lead to proper treatments. Guiding principles for insomnia treatment can include pharmacological treatments as well as basic sleep hygiene and behavioral interventions.

Sleep hygiene programs usually involve:

- waking up at the same time each day
- maximizing daily physical activity and light exposure
- limiting stimulant medications
- minimizing napping
- increasing comfort measures in the sleep area
- only going to bed when sleepy

Some **behavioral interventions** can include sleep restriction. This means limiting time in bed to sleep times only. Other behavior interventions include cognitive therapy or education about insomnia that address beliefs or attitudes about sleep. Behavior therapy can also include stimulus reduction and relaxation therapy. Behavior therapy can be accomplished by identifying those occurrences that cause a person to wake up from sleep and changing or removing that stimulus. Relaxation can include finding those occurrences that alleviate interruptions and relax an individual.

Pharmaceutical interventions should involve medications that are shorter acting. This should eliminate the morning “hangover” where the drug may cause drowsiness late into the morning. Typically, medications should be started in the elderly at the least effective dose. In some instances, medications should be tapered before they are discontinued.

Sometimes, insomnia is the result or symptom of some other disease. A good assessment should determine this fact. Subsequent treatment of the underlying disease should lead to the reduction of insomnia. A classic example is a person who has pain. Frequently, individuals who have pain have insomnia. If the pain can be adequately treated, very often the insomnia will go away and medication for the insomnia can be avoided. Insomnia should be evaluated if it does not decrease with the treatment for the underlying disease.

In summary, when insomnia is being treated in some facilities such as nursing homes and community based residential facilities there are regulations that shall be recognized. The regulations should not prohibit the use of medications to treat insomnia but should assist in ensuring that the proper assessment and monitoring are occurring.

Consultant Corner

1. OTC medications in an Adult Family Home (AFH): Wis. Admin. Code ch. DHS 88 addresses prescription medications but does not really address over-the-counter (OTC) medications. For example, if a resident was to purchase their own ibuprofen or Benadryl®– Can they keep that in their room and take as needed? Or would the

AFH provider have to get a prescription for the OTC? What if the resident had a guardian, can they make their own purchases of ibuprofen and self-administer?

A: Wis. Admin. Code ch. DHS 88.07(3) addresses only prescription medications so we can only apply those provisions to prescription meds. For OTC medications if a facility is following the OTC manufacturer's labeling instructions, then no prescription is needed. If they happen to use OTC drugs but follow prescription strength labeling or orders, then they would need a prescription. For example: Ibuprofen. Anyone can purchase 200 mg tablets of Ibuprofen OTC and the labeling will say something like adult dosage being 1-2 tablets every 4-6 hours. However, you can also get prescription strength Ibuprofen 600 mg tablets and have orders to take that every 4-6 hours. If a facility got 200 mg OTC tablets but are administering three tablets every 4-6 hours, they would need to have a prescription to administer the medication outside of approved OTC labeling.

Wis. Admin. Code ch. DHS 88 for the Individual Service Plan (ISP) provisions address all medications. That would determine if resident can self-administer or requires staff to administer medications. The ISP may also address who is going to manage OTC medications including who will purchase and how will they be stored.

In general, yes, a resident can buy the OTCs and keep them in their room. The guardian could do that as well. However, that should be assessed and noted in the ISP. An exception would be if the facility is administering the OTC medication and they are not following the OTC instructions for use (possibly using it as prescription strength).

2. Question about over the counter medications that are in bulk. example Ibuprofen. We normally monitor the expiration date... do we have to mark when we open the container? If so, how long is it good for?

A: For bulk OTCs: If the product remains in the manufacturer container and it is stored as required by the manufacturer and the manufacturer provides no other guidance related to beyond use date after opening then it will be good until the stamped expiration date. This will be true for most pills. Liquid products it may not be the case. If you cannot guarantee storage as required by the manufacturer, then knowing when the package was opened will help in determining how long to keep the medication.