

### Stage 2 Critical Elements for Unnecessary Medication Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Resident ID: \_\_\_\_\_

*The ASE-Q selects Stage 2 residents for the Unnecessary Medication Review who are currently residing in the facility and have the most care areas identified for Stage 2 review.*

*Review the medications (prescription, over-the-counter medications, and nutritional supplements such as herbal products) currently ordered and/or discontinued by the prescriber at least back to the most recent signed recapitulation/reorder of all medications. Obtain a copy of the current orders if necessary. Gather information through observation and record review regarding the resident’s mental, physical, functional, and psychosocial status using the medication-related therapeutic goals identified in the care plan as the basis for further review. If the information indicates symptoms or changes in condition that may be related to medications, determine whether the facility considered medications as a potential cause of the change or symptom.*

*Follow the guidance in F329, located in the SOM Appendix PP, for the determination of unnecessary medications. Refer to Tables I and II in F329 for current medication references. Each unnecessary medication criterion is included in the column headers below and must be marked as “Yes” or “No.” Document findings in the Investigative Documentation field for each medication if there is an indication of a concern or need for follow-up.*

Medication and dosage	Adequate indication for use	Adequate monitoring	For appropriate duration	Appropriate dose (consider duplicative therapy)	Gradual dose reductions (unless clinically contraindicated)	Medication dose reduced or discontinued in presence of adverse drug reactions or side effects
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Investigative Documentation:						
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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#### Medication Regimen Review (MRR)

Review for compliance with the MRR requirements at F428. Determine:

- If the pharmacist had identified and reported to the director of nursing and attending physician any irregularities with the medication regimen such as:
  - The emergence or existence of clinically significant adverse consequences; and
  - Excess dose or duration, lack of monitoring, lack of indication for use, lack of GDR (as indicated) or behavioral interventions for residents receiving antipsychotics, medication interactions potentially affecting the medication's effectiveness.
- Whether the attending physician and the director of nursing acted on any irregularities identified in the report. The responses from the attending physician could include the following:
  - Changed the medication regimen in response to the concern raised in the report (or after additional review of the situation);
  - Provided a clinically pertinent rationale that is relevant to that specific resident's signs and symptoms, prognosis, test results, etc., documenting or indicating why the benefit of the medication(s) or dose(s) outweighed the risks of the adverse consequence;
  - Provided a clinically pertinent rationale for why any gradual dose reduction (for antipsychotic medications) and/or tapering (for other medications) is contraindicated, even for a trial period; or
  - Provided a clinically pertinent rationale for why a particular medication, dose, or duration is appropriate for a resident despite its risks (for example, the resident has had recurrent seizures unless he/she receives anticonvulsant dosing that exceeds the usual recommended serum medication concentration level or therapeutic range, and the attending physician and facility have been monitoring for and addressing adverse consequences).
- If the pharmacist identified a suspected adverse consequence, and the attending physician did not respond, determine if staff followed up with the attending physician.
 

**NOTE:** If the staff and pharmacist identify a medication that they believe may be causing a serious adverse consequence or a risk of clinically significant adverse consequences for the resident, and the attending physician did not address the risks or harm to the resident, determine what steps staff took; e.g., contacting the medical director to review the situation and address the issue with the attending physician, as necessary. See guidance at 42 CFR 483.75(i) Medical Director (F501) for additional guidance.

If problems are identified with the MRR, interview the pharmacist, as indicated, to determine:

- How he/she conducts the MRR, including the frequency and extent of the medication review and under what circumstances a review might be conducted more often than monthly;
- How the facility communicates with him/her regarding medication-related issues in specific residents; and
- How he/she approaches the MRR process for short stay residents.

**Stage 2 Critical Elements for Unnecessary Medication Review**

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<p><b>1. Did the facility ensure that each resident’s medication regimen was free from unnecessary medications?</b></p> <ul style="list-style-type: none"> <li>• <b>An unnecessary medication is a medication used:</b> <ul style="list-style-type: none"> <li>○ <b>In excessive dose (including duplicate therapy); or</b></li> <li>○ <b>For excessive duration; or</b></li> <li>○ <b>Without adequate monitoring; or</b></li> <li>○ <b>Without adequate indications for its use; or</b></li> <li>○ <b>In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</b></li> <li>○ <b>Any combination of the reasons above.</b></li> </ul> </li> <li>• <b>Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and</b></li> <li>• <b>Residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</b></li> </ul> <p style="text-align: right;"><input type="checkbox"/> <b>Yes ( This task is complete.)</b>    <input type="checkbox"/> <b>No</b>    <b>F329 (Answer question #2.)</b></p>						
<p><b>2. Did the consulting pharmacist report the irregularity to the attending physician and director of nursing and did the facility act upon the information?</b></p> <p style="text-align: right;"><input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    <b>F428</b></p> <p style="text-align: right;"><input type="checkbox"/> <b>NA, no irregularities were identified</b></p>						
<p>Notes:</p>						