Standardised care process (SCP): managing medication to minimise risks associated with polypharmacy

health

Topic

Managing medication to minimise risks associated with polypharmacy

Objective

To promote evidence-based practice in the management of medications in residential aged care

Rationale

Older people are the largest users of medicines. Older people are often prescribed multiple medicines resulting in complicated medication regimes leading to an increased risk of adverse medication events. Appropriate interventions can minimise these risks (Australian Pharmaceutical Advisory Council (APAC), 2002).

Definitions

Medication management: the appropriate prescription, dispensing and administration of medicines or 'the right drug to the right resident for the right reason'.

Polypharmacy: the concurrent use of multiple medications, including the use of too many medicines and medicines prescribed in doses higher than necessary (National Prescribing Service, 2000).

This SCP refers to the use of nine or more medications to reflect the quality indicators.

Team

Manager, RNs, ENs, PCAs, resident and/or family, GP, pharmacist, Medication Advisory Committee

Evidence base for this SCP

Australian Nursing Federation, Geriaction & Royal College of Nursing Australia 2002, *Nursing guidelines for the management of medicines in an aged care setting*, Australian Nursing Federation, Melbourne.

Australian Pharmaceutical Advisory Council (APAC) 2002, *Guidelines for medication management in residential aged care facilities* (3rd ed.), Commonwealth of Australia, Canberra.

Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR & Beers MH 2003, Updating the Beers Criteria for potentially inappropriate medication use in older adults: Results of a US consensus panel of experts. *Archives of Internal Medicine*, 163(22), 2716–2724.

Royal Australian College of General Practitioners (RACGP) 2006, *Medical care of older persons in residential aged care facilities (*4th ed.), RACGP, Melbourne.

Zwicker D & Fulmer T 2012, Reducing adverse drug events, in M. Boltz, E. Capezuti, T. Fulmer, D. Zwiker (Eds.), *Evidence-based geriatric nursing protocols for best practice*. Springer, New York.

Brief SCP: managing medication to minimise risks associated with polypharmacy

Recognition and assessment	• On admission: – conduct a general assessment in conjunction with GP – in conjunction with GP, pharmacist and resident conduct a review of the resident's current medications • Conduct regular review of medicines on a date set on admission • Repeat the above assessment and medication review procedure if at any time the resident's condition changes, a new medicine is ordered, or when the resident is taking nine or more medicines
Interventions	• Ensure medicines are administered by appropriately qualified or trained staff • Monitor medicines for inappropriate orders (for example, inappropriate medicine for the resident, wrong dose, potential for interaction with other medicines) • Document the reason (indication) for each drug • Document the resident's response to medicines • Document any adverse responses to medicines • Report any adverse responses to GP • Facilitate self-medication where resident is able and wishes to do so • Ensure that an up-to-date list of medications accompanies residents to specialist appointments or hospital visits • Ensure that your facility has a system for recording and reviewing any medication adverse events
Referral	• GP • Pharmacist • Medication Advisory Committee
Evaluation and reassessment	• Ongoing monitoring of the effectiveness of medicines and recognition of side effects and/or adverse reactions • Review all medications annually or if the resident's condition changes, a new medicine is ordered, or when the resident is taking nine or more medicines
Resident involvement	• Information/education regarding each medicine • Right to refuse medications • Self-medication if appropriate
Staff knowledge and education	• Safe medication administration • Contemporary knowledge of pharmacology and health assessment • Issues relating to medicines in older people • Clinical judgement regarding medicine use (for example, why administering, how to administer, when to administer or not to administer, recognition of side effects and adverse reactions) • Delegation

Full SCP: managing medication to minimise risks associated with polypharmacy

Recognition and assessment	On admission: • In conjunction with GP, conduct a general assessment of the resident including: – medical history – current medical conditions – allergies – cognition – mood – ability to swallow tablets or need for alternative formulations – ability to manage own medicines. • In conjunction with GP, pharmacist and resident, check resident's medications to assess their potential for causing current or future problems, including non-prescription and complimentary medicines: – what medicines are prescribed – why they are prescribed – who prescribed them – how long has the resident been taking them – their effectiveness. • In conjunction with GP, pharmacist and resident, cease medicines or reduce dose wherever possible • In conjunction with GP and pharmacist, set a date for routine medication review • Identify potential high risk medications: medicines that pose particular problems when used in older people • Identify which medications need ongoing monitoring, such as blood tests, and document how often that is required (for example, anti-coagulants, digoxin) • Identify potential for interaction between drugs If at any time the resident's condition changes, a new medicine is ordered, or when the resident is taking nine or more medicines: • repeat the above assessment and check medications to assess their potential for causing current or future problems Conduct regular review of medicines as stipulated in regulations at any given time.
Interventions	• Ensure only staff deemed competent and within their scope of practice administer medicines • Monitor medicines for inappropriate orders (for example, inappropriate medicine for the resident, wrong dose, potential for interaction with other medicines) • Document the reason (indication) for each drug • Document the resident's response to medicines • Document any adverse responses to medicines • Report any adverse responses to GP. When a new drug is ordered check need for all current medications – can anything be ceased? • Facilitate self-medication where resident is able and wishes to do so • Use computerised drug management system if possible • Ensure that an up-to-date list of medications accompanies residents to specialist appointments or hospital visits • Ensure the facility has a system for recording and reviewing any medication adverse events • Use appropriate dose administration aids

Referral	• GP • Pharmacist • Medication Advisory Committee
Evaluation and reassessment	• Ongoing monitoring of the effectiveness of medicines and recognition of side effects and/or adverse reactions • Check medications to assess their potential for causing current or future problems annually or if the resident's condition changes, a new medicine is ordered or when the resident is taking nine or more medicines
Resident involvement	• Information/education regarding each medicine • Right to refuse medications • Self-medication if appropriate
Staff knowledge and education	• Safe medication management • Contemporary knowledge of pharmacology and health assessment • Issues relating to medicines in older people • Clinical judgement regarding medicine use (for example, why administering, how to administer, when to administer or not to administer, recognition of side effects and adverse reactions) • Delegation

Disclaimer: This Standardised Care Process (SCP) was prepared by the Department of Health and then subject to a pilot program to determine its suitability for use in public sector residential aged care settings. The research that informs this document was conducted from 2008 to 2009. This document is a general resource only and should not be relied upon as an exhaustive or determinative clinical decision-making tool. All decisions in relation to resident/patient care should be made by appropriately qualified personnel in each case. The Department of Health and the State of Victoria do not represent or warrant that the content of this document is accurate, current, or suitable for the use to which it may be put. To the extent allowed by law the Department of Health and the State of Victoria disclaim all liability for any loss or damage that arises from any use of this SCP.

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