

Medication Monitoring

General Discussion:

Medication monitoring involves two questions:

- Is the medication working? To answer that question, the reason for using the medication must be known; the goals of treatment must be known; and data must be collected. In some cases facility staff may play a critical role in determining if a medication is working. For example, when a medication is being used for pain with the goal to reduce pain, staff at the facility can collect data related to the pain the resident may be experiencing. That data can be used to determine if different or more medication may be needed. In some cases, the data that is collected may be more isolated like a blood level for the medication. In these cases medication monitoring for effectiveness may be in the hands of the physician. It is important for facility staff to know what a medication is being used for and the goals for treatment. Often times the facility will need to have a role in collecting data so that a determination of the medication's effectiveness can be made.
- Is the medication causing adverse effects? To answer this question, common potential adverse effects for medications need to be known. Facility staff who know some of the potential adverse effects of medications can have a vital role in notifying physicians, pharmacists etc. that the resident may be experiencing a medication adverse effect. Some adverse effects are easily identified like a rash or hives. Other medication adverse effects may be subtle like increased confusion or less sleep. Facility staff generally will know a resident very well and can identify potential adverse effects and notify appropriate individuals so that an intervention can be made.

Relevant Regulations:

ADC:

Standard I.F.(3)(e) Written information describing side effects and adverse reactions of each medication must be kept in the participant's record.

FAMILY ADC:

Standard I.D.(3)(e) Written information describing side effects and adverse reactions of each medication must be kept in the participant's record.

AFH:

DHS 88.07(3)(e)2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.

RCAC:

DHS 89.13(22) “Medication management” means oversight by a nurse, pharmacist or other health care professional to minimize risks associated with use of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions, and delegation and supervision of medication administration.

CBRF:

DHS 83.37(1)(e)1. If residents' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident's medication regimen. This review shall occur within 30 days before or 30 days after the resident's admission, whenever there is a significant change in medication, and at least every 12 months.

DHS 83.37(1)(e)3. The CBRF shall obtain a written report of findings under [subds. 1.](#) and [2.](#), and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address.

DHS 83.37(1)(f)1. When an employee of the CBRF administers a resident's medication, the CBRF shall provide a list of the resident's current medications to all practitioners. If this information is not provided before a prescription is written, the CBRF shall update the resident's primary practitioner or pharmacist before the administration of any new medication.

DHS 83.37(1)(f)2. When a resident self administers medications, the CBRF shall provide a list of the resident's current medications for the resident to provide to all practitioners.

DHS 83.37(1)(h) When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following:

DHS 83.37(1)(h)1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident's record as required under [s. DHS 83.42 \(1\) \(n\)](#).

DHS 83.37(1)(h)2. Ensure all resident care staff understands the potential benefits and side effects of the medication.

DHS 83.37(1)(i) When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following:

DHS 83.37(1)(i)1. The resident's individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.

DHS 83.37(1)(i)2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use.

DHS 83.37(1)(i)3. Documentation in the resident's record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

DHS 83.37(1)(k)2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days.

DHS 83.37(1)(L) The CBRF shall make available written information to resident care staff on the purpose and side effects of medications taken by residents.

DHS 83.37(2)(b) When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:

DHS 83.37(2)(b)1. The registered nurse, practitioner or pharmacist coordinates, directs and inspects the administration of medications and the medication administration system.

DHS 83.37(2)(b)2. The registered nurse, practitioner or pharmacist participates in the resident's assessment under [s. DHS 83.35 \(1\)](#) and development and review of the individual service plan under [s. DHS 83.35 \(3\)](#) regarding the resident's medical condition and the goals of the medication regimen.

DHS 83.37(2)(d) As required under [s. DHS 83.42 \(1\) \(o\)](#), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident's response shall be documented.

Relevant DQA Memos:

[DQA Memo 08-002 Warfarin Monitoring](#)

Other Resources:

[Bureau of Assisted Living Medication Regimen Review Guide](#)

[Drugs.com Drug Information](#)

[Drugs and Treatment Web MD](#)

Best Practice, Tools & Forms:

[ALCharts Medication Delivery Audit](#)

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