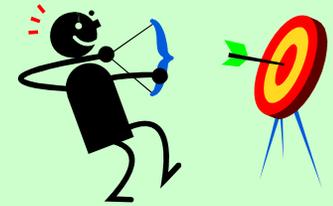




Medication Chart Review

University of Illinois at Chicago

Purpose



- To identify resources to complete the MFP medication chart.
- To accurately transfer information from the nursing facility's medication sheet to the MFP medication chart.
- To understand the importance of updating the medication chart prior to discharge.
- To understand the Department's policies on releasing medication from the nursing facility and pharmacy too-soon-to refill.
- To identify steps to successful medication management in the community.



Finding Information

To complete the MFP medication chart (Form G):

- The most up-to-date medication list can be found on the medication sheet.
- The medication sheet is typically found on top of the medication cart or in the client's chart under the "medication" or "physician orders" tab.
- Ask an RN or LPN to see the client's medication sheet.



Transferring Information

PHYSICIAN'S ORDERS

PATIENT CODE:
REPORT DATE : 02/
PRINT DATE : 01/27/

MEDICATIONS	HOUR	ORDERS
TIMOLOL 0.5% EYE DROPS PLACE ONE DROP INTO BOTH EYES EVERY MORNING	04/27/ AM	*** STANDING ORDERS *** ANNUAL MANTOUX; (UNLESS CONTRAINDICATED) IF POSITIVE RESULT; X-RAY WILL BE DONE PER FACILITY POLICY INFLUENZA VACCINE ANNUALLY (UNLESS CONTRAINDICATED) PNEUMOCOCCAL VACCINE IM UPON ADMISSION & EVERY _____ YRS UNLESS GIVEN WITHIN 10 YRS OR CONTRAINDICATED PLANNED RECREATIONAL ACTIVITIES AS TOLERATED MAY CRUSH APPROPRIATE MEDICATION AND MIX W/FOOD OR LIQUID AS NEEDED MAY GO OUT ON PASS OR HAVE A THERAPEUTIC HOME VISIT MAY GO OUT ON PASS WITH MEDICATION MAY HAVE OCCASIONAL ALCOHOL RESIDENT MAY KEEP TOILETRIES AT BEDSIDE MONTHLY VITAL SIGNS
CYANOCOBALAMIN 1000MCG/ML INJECT. 1,000 MCG I.M. MONTHLY	08/12/ MONTHLY	

To the MFP medication chart:

- The first section of the medication sheet lists scheduled/routine medications.
- **These are medications that the client takes on a daily or weekly basis.**



conti. Transferring Information

To the MFP medication chart:

- Separate medication sheet for PRN (as needed) medications.
- These medications are taken **only when the client needs them.**
- PRN medications can be a mix of over-the-counter and prescription medications.
- *Examples:* Tylenol, lorazepam (Ativan)



Review MFP Medication Chart

Prior to discharge:

- **Compare** the discharge medication list with the MFP medication chart you originally completed.
 - Medications are subject to change over the amount of time that lapses from the client's enrollment in MFP to his/her discharge from the nursing facility.
- **Update** the medication chart as needed.

Note: Some medications have an abusive tendency if not administered in a controlled environment. Therefore, medications are subject to change upon discharge.



Nursing Facility Notice

- Nursing facilities are expected to release the client's remaining medications upon discharge.
- A copy of the notice can be found on the MFP Blackboard site.
- Any problems, contact Jean Summerfield:
email: jean.summerfield@illinois.gov .



Pharmacy Notice & Letter

- Pharmacy notice will override medications that are too-soon-to refill.
- Share notice and letter with pharmacy **one week** prior to planned discharge.
- A copy of the notice and a blank pharmacy letter can be found on the MFP Blackboard site at: <http://blackboard.uic.edu> .



Settling into the Community

- Retrieve the client's medications from the pharmacy.
- Review the medication chart with the client.
- Make a copy of the medication chart for the client.
- Set-up a visit with a home health nurse for medication management and/or lab draws.

MFP Medication Chart – Form G

Date: _____ Participant Name: _____ MFP ID #: _____

Participant Address: _____ Participant Phone: _____

Primary Caregiver Name: _____ Primary Caregiver Phone #: _____

Transition coordinator name: _____ TC Phone #: _____

Allergies/Adverse Reactions: _____

List ALL prescription medications, over the counter medications, vitamins, and supplements (including herbals)

Medication and Dosage	Script?	Purpose	AM	Noon	PM	Bedtime	End Date	Lab test or monitoring	Physician	Pharmacy
EXAMPLE: Lisinopril 20 mg daily	Yes	Blood pressure	1				Ongoing	None	Dr Smith 555-1234	CVS pharmacy 666-1212



Keeping Medication Chart Current

Remind client to:

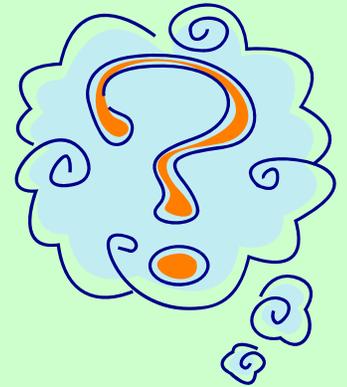
- Take medication and medication chart to all doctor's appointments.
- Have the practitioner update medication chart with any medication related changes (e.g., new medication, change in dosage).
- Ask questions about his/her medication.



Asking the Right Questions

Encourage your client to ask questions about his/her medication:

- What is the name of this medication?
- What is it supposed to do?
- How long will I be on this medication?
- When and how often do I need to take it?
- Do I take it with food or on an empty stomach?
- Should I expect any side effects?



Keeping Medication Chart Current

TCs should:

- Review the medication chart with his/her client at every home visit.
- Schedule client's lab draws with home health nurse or outpatient clinic, if applicable.
- Role play “asking the right questions” with your client.
- Always update medication chart in pencil.



Medication Chart Case Study

- An MFP transition coordinator is preparing Michael Ellis for transition to the community.
- Michael is a 50 year old male who has been living in a nursing facility for five years.
- ***Past Medical History:*** Alcohol abuse, seizure disorder, chronic pain related to bulging disc C3, chronic hepatitis.



Case Study – Medication Sheet

Below is a sample list of medications on the client's medication sheet in the nursing facility:

- Multivitamin 1 tab daily
- Thiamine 1 mg daily
- Folic Acid 1 mg daily
- Naltrexone (Revia) 50 mg daily
- Cyclobenzaprine (Flexeril) 10 mg three times a day
- Phenytoin Sod Ext (Dilantin) 200 mg three times a day
- Neurontin 300 mg three times a day
- Ibuprofen 600 mg every 6 hrs prn
- Acetaminophen 500 mg every 4 hrs prn
- Lorazepam (Ativan) 2 mg every 4 hrs prn



Which MFP form will you use to transfer the client's medications from the med sheet?

Case Study – Discharge Med Orders

Below is a sample list of medications on the physician's discharge orders for Michael:

- Multivitamin 1 tab daily
- Thiamine 1 mg daily
- Folic Acid 1 mg daily
- Naltrexone (Revia) 50 mg daily
- Phenytoin Sod Ext (Dilantin) 200 mg three times a day
- Neurontin 300 mg three times a day

What action(s) will you take after seeing the discharge med orders on Michael?





Case Study

Answer: The transition coordinator should update Michael's medication chart (Form G).

Why are there differences between the original medication sheet and the discharge orders?

- Some medications have a potential for abuse if not administered in a controlled setting (e.g., Flexeril, Ativan).
- Some medications should not be taken with certain diagnoses. In this case, Michael should not be taking Motrin or Tylenol with his history of chronic hepatitis. These medications are directly metabolized by the liver.

What are the next steps prior to Michael's transition?

- **Obtain** prescriptions from the physician for medications and lab draws.
- **Send** pharmacy notice and letter to preferred pharmacy with prescriptions.
- **Retrieve** Michael's remaining medications from the nursing facility.
- **Purchase** a medication (pill) box for Michael.
- **Schedule** an appointment with a home health nurse the week Michael is transitioned for medication management.
- **Schedule** an appointment with the home health nurse or an outpatient clinic for lab draws.



How will I know if a certain medication requires a specific blood draw?

- Ask an RN or LPN.
- Ask a pharmacist.
- Ask your pod leader.
- Review the physician's discharge orders for your client.
- Look at the “standing orders” on your client's medication sheet in the nursing facility.



Michael will need Dilantin levels drawn every 3 months.

What is my role in medication management after transition?

- Provide medication resources for Michael (e.g., pharmacy number, educational material).
- Monitor completion of lab work.
- Update and review Michael's medication chart.
- Remind Michael to take his medication chart with him to all physician visits.
- Encourage Michael to “ask the right questions” at his doctor's appointments.
- Make arrangements for Michael or someone else to pick-up his medication from the pharmacy.



Comprehension Questions

1. Name two areas to look for client's medication sheet in the nursing facility.
2. Identify the appropriate information to transfer from the medication sheet to the medication chart.
3. List the steps you need to take before transitioning the client into the community.
4. How will you monitor and manage the client's medications in the community?



Answers

1. On top of the medication cart or in the client's chart under the "medication" or "physician orders" tab.
2. Medication and dosage; whether or not the medication is prescription or OTC; purpose of med; when and how often it is taken; whether labs are needed for monitoring; prescribing physician name; pharmacy name and number.
3. Before transition:
 - Complete and update Form G,
 - Share refill-too-soon notice and letter with pharmacy **one week** prior to planned discharge,
 - Retrieve the client's medication from the pharmacy.
 - Review the medication chart and schedule with the client and caregiver.
 - Make a copy of the medication chart for the client.
 - Set-up a visit with a home health nurse for medication management and/or lab draws.
4. See [What is my role in med management after transition?](#) (Slide #19)



Questions

- Contact your pod leader if you have any questions.

