

## Drug Regimen Review for New Admission: MDS Section N – Coding of Potential Clinically Significant Medication Issues

### INTENT

A Drug Regimen Review is conducted upon the resident's admission (start of SNF Prospective Payment stay) and throughout the stay (through Part A PPS discharge), and clinically significant medication issues are identified and addressed by midnight of the next calendar day.

A Pharmacy Drug Regimen Review includes:

- A review of all drug regimens a resident is currently on (administered by all routes) to identify and, if possible, prevent potential clinically significant medication adverse consequences

### HOW DOES THIS RELATE TO MDS?

Section N	Medications
N2001. Drug Regimen Review	
Enter Code <input type="checkbox"/>	Did a complete drug regimen review identify potential clinically significant medication issues? 0. <b>No</b> – No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. <b>Yes</b> – Issues found during review → Continue to N2003, Medication Follow-up 9. <b>NA</b> – Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code <input type="checkbox"/>	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issue? 0. <b>No</b> 1. <b>Yes</b>

### CLINICALLY SIGNIFICANT MEDICATION ISSUES - SECTION N GUIDANCE

- Medication prescribed despite documented medication allergy
- Excessive or inadequate dose
- Adverse reactions to medication
- Ineffective drug therapy
- Drug interactions (serious drug-drug, drug-food, and drug-disease interactions)
- Duplicate therapy (e.g., generic-name and brand-name equivalent drugs are co-prescribed)
- Wrong resident, drug, dose, route or time errors
- Medication dose, frequency, route or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice
- Use of a medication without evidence of adequate indication for use
- Presence of a medical condition that may warrant medication therapy (e.g., a resident with primary hypertension does not have an antihypertensive medication prescribed)
- Omissions (medications missing from a prescribed regimen)
- Nonadherence (purposeful or accidental)