

Debunking Med Pass Myths

Med pass can be a stressful time, especially when staffing levels are low. A key reason is that there are numerous regulations to consider. While non-compliance with regulations can have serious consequences, including citations, costly fines, and hits to your facility's reputation, in the process of trying to follow every rule to the letter, there may be times when nurses overdo it. And that can lead to unnecessary tasks or even increased risk.

Here are two regulatory "myths" that may be adding time without realizing any benefit.

Myth 1: One Hour Before/One Hour After

Most nurses know from their nursing school days that medications must be administered within one hour before or one hour after they are scheduled. Surveyors know this, too. But according to Bill Vaughan, RN BSN, a consultant with NADONA, there is a lack of evidence to support this practice.

He likes to share the example of a resident who's been on digoxin long term and is supposed to receive a dose at 9 a.m., but med pass goes awry and the resident gets the medication at 2 p.m. How dangerous is this to the resident? PharMerica Consultant Pharmacist, Jeff Herr, PharmD, says not very. "It's not clinically significant," he says. "Digoxin has a long half-life – 36 to 44 hours. Because of that, for anyone taking the medication for a long time, it's at a steady state and won't be eliminated from the body quickly. A few hours will not make a difference."

Vaughan notes that it is sometimes critical to stick to the dosing schedule, such as when a resident is very sensitive to a medication. However, in many cases, strictly following the one hour before/after rule leads to rushing and can increase the risk of errors. Fortunately, he says, CMS seems to agree. The latest F759 guidance tells surveyors to "count a wrong time error if the medication is administered 60 or more minutes earlier or later than its scheduled time of administration, but only if that wrong time error can cause the resident discomfort or jeopardize the resident's health or safety." So, it requires looking at the half-life of the drug, how long the resident has been taking it, and the resident's overall health.



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Myth 2: One Hour Before/One Hour After

Confusion around manufacturer specifications versus recommendations is another area that may lead to unnecessary, time-consuming tasks that, in some cases, may be detrimental to a resident's health. A specification is something must be done to administer the medication. Take oral medications for bone health, for example. The resident has to be able to sit upright for at least 30 minutes after taking the medication because of the high risk of esophagitis and other side effects. "If the resident can't do that, you can't give them the medication," Vaughan says.

A manufacturer's recommendation is less dire. Recommendations are not critical, but not following them may reduce the effectiveness of the drug. "The drug will still work," he says. "But it may not work as efficiently." With Synthroid, for example, many nurses believe it must be given on an

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stomach. But that's not what the manufacturer says – the manufacturer says it's best absorbed on an empty stomach. "If I'm a new resident at your facility and I've been taking Synthroid every day after breakfast, and you start waking me up at 5 a.m. to take my medication, there are a couple of problems," he says.

"First, I'm not going to be happy to be woken up for this drug and secondly, you could destabilize me by giving me the drug at a time when I may absorb it more readily. For a resident who's clinically stable and has appropriate laboratory studies, this doesn't make person-centered care sense."

Vaughan recommends talking to your medical director or consultant pharmacist if you have questions about a particular drug. He also recommends looking closely at your facility's policies on medication timing to ensure you're taking appropriate steps to improve med pass efficiency to reduce the burden on nurses and enhance resident care.



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