

## Stop Recommendation Overload Improve Survey Readiness with your Consultant Pharmacist

### Required Information for a Complete Order

(If any this information is missing the order will require clarification.)

- Medication name and strength
- Total dose for administration (i.e. ½ tab = X mg; 2 tabs = X mg)
- Frequency of administration (daily, four times a day)
- Route of administration
- Is there a documented reason for use for PRN (as needed) medications included in order
- Duration of use for non-chronic medications (antibiotics, heparin, lovenox, etc.)

### General

<b>PRN Psychotropics</b> (as needed)	All PRN psychotropics require a 14 day stop date UNLESS the following requirements are met: <ul style="list-style-type: none"> <li>• Specific duration of use (i.e. 30 days, 90 days, stop on 01/02/2026)</li> <li>• Clearly documented clinical rationale by provider for continued use beyond 14 days</li> </ul>
<b>PRN Antipsychotics</b> (as needed)	PRN antipsychotics CANNOT EXCEED 14 days of use for any reason. If there is a need for continued use the following must occur: <ul style="list-style-type: none"> <li>• The patient must be examined by provider</li> <li>• A new order written (still cannot exceed 14 days max)</li> </ul>
<b>Insulin Site</b>	Please consider clarifying insulin order to allow for site documentation. This will allow tracking and provide assurance that sites are properly rotated to avoid adverse events.
<b>Diagnoses</b>	Please ensure appropriate diagnosis or indication for use is added to resident's medical record for each medication (i.e., Aspirin EC 81mg daily for CAD – not listing medication drug class).
<b>Monitoring for High-Risk Medications</b> (e.g., Anticoagulants, Psychotropics, Opioids, Antidiabetics, Diuretics, Anticonvulsants, etc.)	Please ensure your facility has a system for monitoring for adverse effects from high-risk medications & make sure your consultant pharmacist is aware of where to look. Some examples of systems are: <ul style="list-style-type: none"> <li>• Documented on the MAR as a monitoring order</li> <li>• Documented within the care plan</li> </ul>
<b>Behavior Monitoring</b>	Please ensure your facility has a system for monitoring for behaviors for residents receiving psychotropic medications & make sure your consultant pharmacist is aware of where to look. Some examples of systems are: <ul style="list-style-type: none"> <li>• Documented on the MAR as a monitoring order</li> <li>• Documented within the care plan</li> </ul> <p>This monitoring should be PATIENT specific and should not be the same for every resident in your facility.</p>

## General, Continued

<b>Informed Consents</b>	<p>Please ensure your facility has a system for obtaining informed consents for residents receiving psychotropic medications &amp; make sure your consultant pharmacist is aware of where to look.</p> <p>This is REQUIRED by CMS Guidelines BEFORE administration of any NEW medication or INCREASED dose.</p>
<b>Crushed Medications</b>	<p>Please make sure residents receiving crushed medication orders have proper documentation and orders in chart.</p> <p>Please also be sure to utilize resources and your pharmacy team to assure all medications are appropriate for crushed administration.</p>
<b>PRN Medications for Blood Pressures or Other Parameter-Based Orders</b>	<p>If there is an as needed (PRN) order for a blood pressure medication, then there should also been a monitoring order to <b>record</b> the blood pressure at the same interval.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Clonidine every 8 hours as needed for SBP above 160 or DBP above 90</li> <li>• There should also be an order to monitor and record BP every 8 hours</li> </ul>

## Medications with Special Administration Times

(This is only a sample, please see previous DYK article for more comprehensive list)

<b>Carvedilol</b>	This resident is currently receiving Carvedilol which is being administered q12h. Please consider changing the time of administration to mealtime in an effort to improve efficacy and reduce the risk of potential adverse effects. Medication is recommended to be administered with meals.
<b>Pramipexole for RLS</b>	Resident is receiving pramipexole/Mirapex® ER by mouth at bedtime for RLS. This medication should be administered 1-3 hours prior to bedtime when used for this indication. Please consider changing order to daily at 6pm.
<b>Tamsulosin (Flomax)</b>	It is recommended to administer Flomax capsules 30 minutes after the same mealtime each day. Capsules should be swallowed whole; do not crush, chew, or open.
<b>Levothyroxine</b>	Thyroid hormones should be administered at least 4 hours apart from the administration of antacids, simethicone, sucralfate, calcium supplementation and iron containing products. To minimize the risk of certain food interactions, thyroid hormones should be administered at least 30-60 minutes before food or enteral feedings.
<b>Calcium &amp; Iron</b>	Separate dosing of oral iron preparations and calcium by as much time as possible in order to minimize impact on therapeutic efficacy of the iron preparation. Monitor for decreased therapeutic effects of oral iron preparations if calcium is co-administered.
<b>PPI Time</b>	Note the following manufacturer recommended administration times: Rabeprazole (Aciphex®): With or without food Esomeprazole (Nexium®): One hour before a meal Lansoprazole (Prevacid®): Before eating (15-60 min.) Omeprazole (Prilosec OTC®): Before a meal (15-60 min.)
<b>Donepezil</b>	Best if administered at bedtime due to risk of bradycardia (increased fall risk). If vivid dreams occur, may change to AM administration.
<b>Diuretics (HCTZ, Furosemide)</b>	Give at the latest by 3pm; separate by 6 hours if BID
<b>Metformin, Glyburide, Glimepiride</b>	Give WITH a meal (to reduce GI side effects of metformin and reduced hypoglycemia risk of sulfonylureas).
<b>Glipizide</b>	Give 30 min before breakfast (or am/pm meal if bid)
<b>Prednisone &amp; Methylprednisolone</b>	Give WITH breakfast in the morning
<b>Bisphosphonates (Alendronate, Ibandronate, etc.)</b>	It is recommended that bisphosphonates be administered in the morning with a full glass of water (6-8 oz.) at least 30 minutes before the first food, beverage, or medication. To avoid esophageal irritation, patient should not lie down for at least 30 minutes post dose.

## Medications with Special Instructions and/or Administration Requirements

<b>Lidocaine Patches</b>	<p>Please ensure each order for lidocaine topical patches contains all of the following:</p> <ul style="list-style-type: none"> <li>• Strength being used (4% vs 5%)</li> <li>• Quantity of patches maximum of 3</li> <li>• A separate order to track removal after 12 hours (or proper removal to align with product specifications)</li> </ul>
<b>Polyethylene Glycol 3350</b> (Miralax®)	<p>Please clarify the Miralax® order to include complete instruction: Dissolve 17gm in 4-8 ounces of liquid</p>
<b>Diclofenac gel</b> (Voltaren®)	<p>Please clarify diclofenac gel to contain specific amount in grams. According to Lexidrug™ this medication is to be applied using dosing card to measure dose as follows. Note: Maximum total body dose of 1% gel should not exceed 32 g per day</p> <ul style="list-style-type: none"> <li>• Lower extremities: Apply 4 g of 1% gel to affected area 4 times daily (maximum: 16 g per joint per day)</li> <li>• Upper extremities: Apply 2 g of 1% gel to affected area 4 times daily (maximum: 8 g per joint per day)</li> </ul>
<b>Rinse</b>	<p>This resident is receiving an inhaled corticosteroid (Breo Ellipta®, Symbicort®, Pulmicort® Nebs.) Steroid inhalers can cause oral thrush which may be minimized by rinsing the mouth with water after each dose of the inhaler. Please consider adding the following verbiage to the order as a reminder to staff: "Rinse mouth with water and spit back into cup after use."</p>
<b>Potassium</b>	<p>Tablets: Give with at least 4 oz fluid and with food Liquid: Give with at least 8oz fluid</p>
<b>Inhalers</b>	<p>Separate different medications by at least 1 minute Administration order: 1) Bronchodilators, 2) Anticholinergics, 3) Corticosteroids</p>
<b>Eye Drops</b>	<p>Separate each DROP by at least 3 minutes (even same medication) Separate DIFFERENT medications by at least 5 minutes Brinzolamide by 10 minutes from any other drop Cyclosporine (Restasis®) by 15 minutes from any other drop</p>
<b>Nitroglycerin</b>	<p>Please ensure the nitroglycerin order to includes complete instructions and parameters. Consider the following "1 tab under the tongue q5min PRN chest pain; if not effective in 3 doses, call physician."</p>
<b>Calcitonin Nasal Spray</b>	<p>Medication is administered ONE spray in ALTERNATING nostrils daily – ensure order has documentation of which nares medication was administered in to confirm appropriate administration.</p>