**High Risk Medications**

# Date Implemented:

**Review/Update Dates:**

# Policy

Medications are an integral part of the care provided to residents of nursing homes. They are administered to try to achieve various outcomes, such as curing an illness, diagnosing a disease or condition, arresting or slowing a disease’s progress, reducing or eliminating symptoms, or preventing a disease or symptom.

Resident’s taking high-risk medications in the categories identified within this policy and procedures are at risk of side effects that can adversely affect their health, safety, and quality of life. While assuring that medications are used to only treat assessed conditions, the nursing home must ensure that the medication is used at its lowest effective dose for the shortest period necessary.

This policy outlines the procedures for use of high-risk medications.

**Definitions**

**Adverse Consequence** is an unpleasant symptom or event that is caused by or associated with a medication, impairment or decline in an individual’s physical, mental, functional, or psychosocial status. It may include various types of adverse drug reactions (ADR) and interactions (such as medication-medication, medication-food, and medication-disease).

**Dose** is the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the “daily dose”.

**Indication** is the identified, documented clinical rationale for administering a medication that is based upon a physician’s or prescriber’s assessment of the resident’s condition and therapeutic goals.

**Monitoring** is the ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline and current data in order to ascertain the individual’s response to treatment and care, including progress or lack of progress toward a goal. Monitoring can detect any improvements, complications, or adverse consequences of the condition or the treatments and support decisions about adding, modifying, continuing or discontinuing any interventions.

**Non-Pharmacological Interventions** are approaches that do not involve the use of medication to address a medical condition.

**Procedures**

High risk medication classifications are outlined in the Resident Assessment Instrument (RAI) manual published by the Centers for Medicare & Medicaid Services (CMS). Classifications included in Section N of the Minimum Data Set (MDS) will vary from time-to-time based on the current version of the MDS used as required by CMS.

These classifications include:

* Antianxiety – The RAI manual includes anxiolytic medications in the antianxiety medications. Anxiolytics are medicines that work on the central nervous system (CNS) to relieve anxiety, aid sleep, or having a calming effect. Benxodiazepines such as alprazolam and clonazepam are the main class of medications that fit in this category.
* Antibiotic – medicines that are used to treat infections by killing bacteria or other susceptible organisms or inhibiting their growth. Examples include Penicillin and Bactrim.
* Anticoagulant – medicines that increase the time it takes for blood to clot and are commonly called blood thinners. Examples include warfarin or Coumadin and Xarelto.
* Anticonvulsant – helps to normalize th way nerve impulses travel along the nerve cells which helps prevent or treat seizures. Examples include Keppra.
* Antidepressant – medications given to help relieve the symptoms of depression and are classified into different types depending on their structure and the way they work. Examples of these types include but are not limited to Monoamine Oxidase Inhibitors (MAOIs) and Selective Serotonin Reuptake Inhibitors (SSRIs). Examples of antidepressant medications are Zoloft and Paxil.
* Antiplatelet – medicines that reduce the ability of platelets to stick together and inhibit the formation of blood clots. Examples include clopidogrel and aspirin.
* Antipyschotic – medications that are used to treat symptoms of psychosis such as delusions, hallucinations, paranoia, or confused thoughts. Examples include Zyprexa and Seroquel.
* Diuretic – medicines that increase the amount of urine you produce by removing excess salt and water. Examples include Lasix and hydrochlorithiazide.
* Hypoglycemic – medications that lower blood glucose levels. Examples include glipizide and insulin. Hypoglycemic medications do not include GLP-1 medications such as Mounjaro or Ozempic.
* Hypnotic – medicines used to help people fall asleep. An example includes Ambien. While Melatonin may be used to aid in sleep, the RAI manual indicates that Melatonin is a dietary supplement that is not regulated by the U.S. Food and Drug Administration (FDA) and should not be coded as a hypnotic on the MDS.
* Opioid – a class of medicines that are used to provide relief from moderate to severe acute or chronic pain that bind to opioid receptors and block the messenger system in our body that controls pain. Examples include fentanyl, morphine, and codeine.

As part of medication management, it is important for the interdisciplinary care team to consider non-pharmacological approaches to treating conditions when appropriate. **Enter Facility Name** will include individualized non-pharmacological approaches in the resident’s care plan for certain types of medication when it is appropriate. For example, when using psychotropic medications, non-pharmacological approaches may be implemented to reduce the need to administer the medication. However, non-pharmacological approaches may not be appropriate for all high risk medications such as in lieu of an anticoagulant.

Target symptoms and goals for the use of high risk medications will be included in the resident’s individualized care plan. This may include the behaviors that the individual resident exhibits that is the basis for pharmacological intervention. **Enter Facility Name** monitors resident behaviors by **enter facility specific information such as placing behaviors on the point of care task sheets to be monitored by direct care staff**.

Common adverse effects that are identified in medication resource manuals will also be placed on the resident’s care plan. Direct care staff will be educated on these common adverse effects and what steps they should take if they believe the resident is experiencing these adverse effects. For example, if the resident uses warfarin, the staff will monitor for signs of bleeding such as bruising, nausea/vomiting, black tarry stools, etc. If adverse effects are noted, nurses will interevene with first aid as necessary and notify the resident’s physician for additional intervention such as a possible reduction in medication. Documentation by exception will be completed in the resident’s progress notes on all adverse effects identified and steps taken by the staff.

Additionally, the consulting pharmacist will review high risk medications monthly during the resident’s drug regimen review (DRR). The drug regimen reviews will be documented in the resident’s record along with any recommendations the pharmacist has based on the review. Drug irregularities shall be reported to the resident’s physician.

**Resources**

Drugs.com (Retrieved 2025. Jul 2). *Drug Classes* <https://www.drugs.com/drug-classes.html>

Medicine Net (Retrieved 2025. Jul 2). Hypnotics. <https://www.medicinenet.com/hypnotics_drug_class_side_effects_article.htm>

CMS. (2024. Oct 1). Resident Assessment Instrument (RAI) Manual. <https://www.cms.gov/files/document/finalmds-30-rai-manual-v1191october2024.pdf>.