

MEDICATION TYPE	F-758 GUIDELINES FOR DURATION OF USE AND GRADUAL DOSE REDUCTIONS (GDR)	DOCUMENTATION FOR CONTINUATION AND EXCEPTIONS
<p>Routine Psychotropic</p> <ul style="list-style-type: none"> • Anti-psychotic • Anti-depressant • Anti-anxiety • Hypnotic • Other <p>Any medication that affects brain activities associated with mental processes and behaviors</p>	<p>Gradual Dose Reductions (GDR):</p> <ul style="list-style-type: none"> • Within the first year : <u>Must</u> attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated • After the first year, a GDR <u>must</u> be attempted annually, unless clinically contraindicated <p>Ongoing assessment and documentation of GDR:</p> <ul style="list-style-type: none"> • Admission or within 2 weeks: (at the time of the initial MDS assessment) on new admissions who do not require PASRR screening • During quarterly care plan meeting if not more often • Identification as possibly causing or contributing to an adverse consequence or change in condition 	<ul style="list-style-type: none"> • Psychotropic GDR Contraindication Justification for use <u>Dementia Diagnosis</u> (include but not limited to): <ul style="list-style-type: none"> ○ The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; AND ○ The physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior. • Psychotropic GDR Contraindication Justification for Disorder <u>OTHER THAN Dementia Diagnosis</u> (Schizophrenia, Bipolar Mania, Depression with Psychotic Features, or other disorder which may cause Psychosis: <ul style="list-style-type: none"> ○ The continued use is in accordance with relevant current standards of practice ○ AND the Physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder; <p>OR</p> <ul style="list-style-type: none"> ○ The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility ○ AND the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder. <ul style="list-style-type: none"> ○ Long term treatment for specific disorders with psychotropic meds: Clinical goal is to have no symptoms of Disorder – Clinical Rationale <ul style="list-style-type: none"> ▪ Even though symptoms have subsided, long term treatment is required so that symptoms do not return. Reducing or eliminating medication may be contraindicated and must be individualized.. ▪ Chronic depression Parkinson's disease psychosis ,recurrent seizures, chronic psychiatric illness (schizophrenia, schizoaffective disorder, post-traumatic stress Disorder); Neurological disorders (Huntington's and Tourette's); Psychosis and psychotic episodes <ul style="list-style-type: none"> • Antipsychotics: Require clear documentation of diagnosis and indication for use; multiple attempts at care planned non-drug interventions that have failed and ongoing evaluation of these approaches. Diagnoses alone do not warrant use. Indication may be warranted if: <ul style="list-style-type: none"> ○ Behavioral symptoms present danger to self or others ○ Expressions or indications of distress that are significant to the resident ○ If not clinically contraindicated, non-pharmacological approaches previously attempted have failed and/or ○ GDR was attempted, but clinical symptoms returned • Potential Adverse Reactions of Psychotropic Medications for Monitoring: <ul style="list-style-type: none"> ○ General: anticholinergic effects which may include flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation, constipation ○ Cardiovascular: signs and symptoms of cardiac arrhythmias such as irregular heart beat or pulse, palpitations,lightheadedness, shortness of breath, diaphoresis, chest or arm pain, increased blood pressure, orthostatic hypotension ○ Metabolic: increase in total cholesterol and triglycerides, unstable or poorly controlled blood sugar, weight gain ○ Neurologic: agitation, distress, EPS, neuroleptic malignant syndrome (NMS), parkinsonism, tardive dyskinesia, cerebrovascular event (e.g., stroke, transient ischemic attack (TIA). • Emphasis is on seeking lowest effective dose and duration and minimizing risk of adverse consequences
<p>PRN Psychotropic (EXCEPT Anti-Psychotics)</p>	<ul style="list-style-type: none"> • Limited to 14 days <p>OR</p> <ul style="list-style-type: none"> • Can extend duration beyond 14 days with prescribing practitioner's rationale and duration 	<ul style="list-style-type: none"> • Effectiveness • Ongoing specific diagnosed condition • Indication • Duration
<p>PRN Anti-Psychotic</p>	<ul style="list-style-type: none"> • Limited to 14 days (without exception) 	<p>Direct evaluation by prescriber including the following in the resident's medical record with every order and continuation :</p> <ul style="list-style-type: none"> • Ongoing specific diagnosed condition and indication: Is the antipsychotic medication still needed on a PRN basis? • What is the benefit of the medication to the resident? • Effectiveness: Have the resident's expressions or indications of distress improved as a result of the PRN medication? • Duration cannot exceed 14 days

- Always consider outside factors that may be contributing to symptoms; Initiate meaningful Non-drug interventions unless clinically contraindicated ; Evaluate for adverse consequences
- PRN Psychotropic exceptions are NOT made for residents on Hospice; PRN antipsychotics used for other non-psychotropic indications such as nausea, hiccups, etc. have not been given exception and are still subject to the 14 day limit.
- Other medications which may affect brain activity such as central nervous system agents, mood stabilizers, anticonvulsants, muscle relaxants, anticholinergic medications, antihistamines, NMDA receptor modulators, and over the counter natural or herbal products must also only be given with a documented clinical indication consistent with accepted clinical standards of practice
- **Unnecessary Drugs**—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used— In excessive dose (including duplicate drug therapy); or For excessive duration; or Without adequate monitoring; or Without adequate indications for its use; or In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic

Psychotropic Drugs: Based on a comprehensive assessment of a resident, the facility must ensure that-

- Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and PRN orders for psychotropic drugs are limited to 14 days. Except as if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication