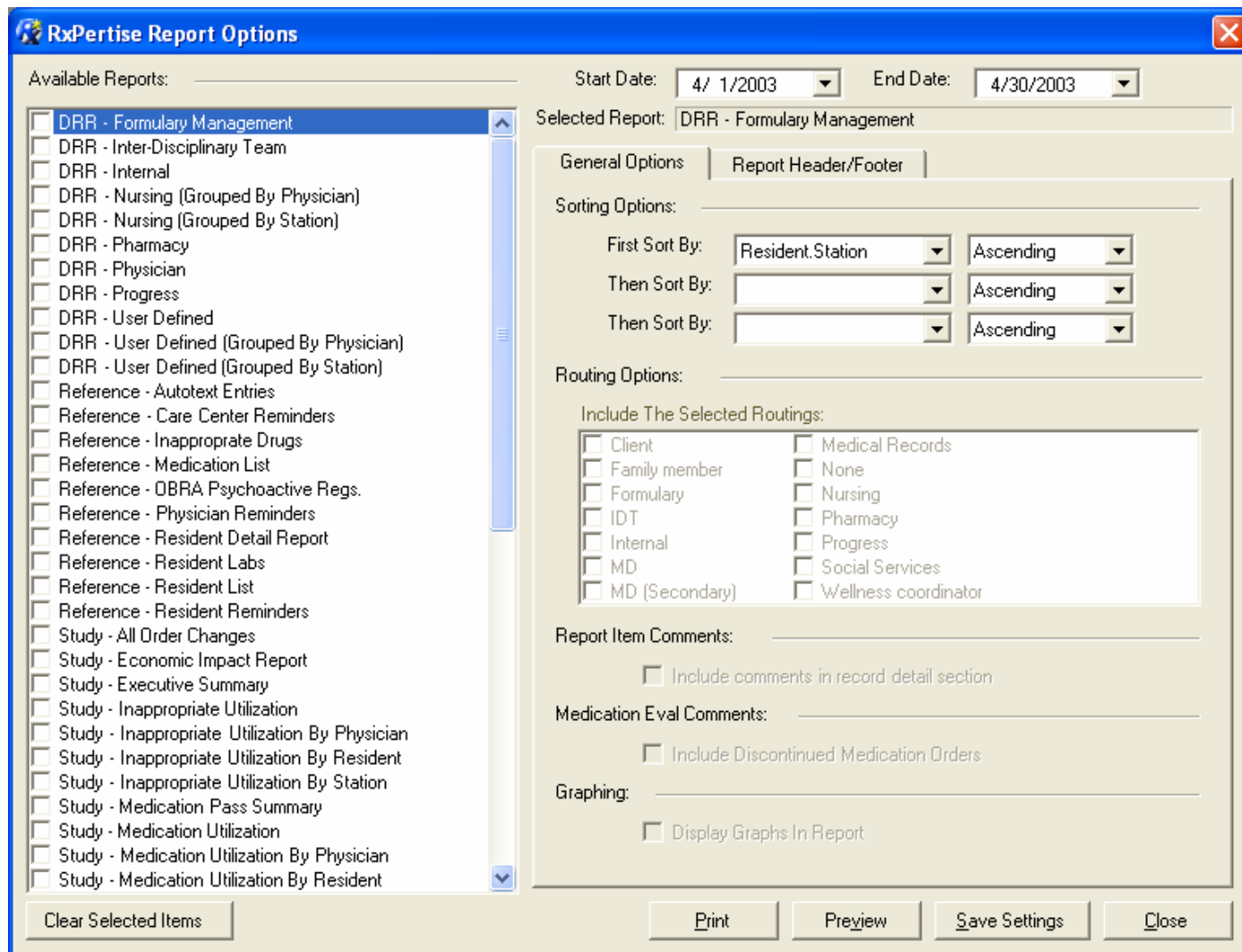




***RxPertise™ Consulting Software
Version 6.0
Sample Reports and Graphs***

*A product of SCP Systems®
Innovative Software Solutions in Healthcare™
SCP Systems
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Yorba Linda, CA 92887
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www.scpsystems.com or www.rxpertise.com*

The following sample reports and graphs will illustrate the power and flexibility of reporting and graphing within RxPertise™ 6.0. To assist new users to 6.0, the reports are arranged in the same order as that of the RxPertise™ Report Options window:



Incredible sorting and customizing options exist within the RxPertise™ Report Options window. DRR reports allow for up to three levels of sorting in ascending and descending order. Additionally, all reports can be printed together, and different date ranges can be set to allow for specific quarterly, biyearly or annual reporting.

The graph options in RxPertise™ 6.0 are pre-formatted for your convenience, and can be included or excluded from your reports.

Company and user information can be included/excluded depending upon each report's settings, and a custom header line and footer line is available for every report

The RxPertise™ 6.0 reports/graphs are listed in the following order:

DRR Reports:

- Formulary
- Inter-Disciplinary Team
- Internal
- Nursing (grouped by Physician)
- Nursing (grouped by Station)
- Pharmacy
- Physician (allows for freeform or formatted MD response with customization)
- Progress
- User defined (per Resident)
- User defined (grouped by Physician)
- User defined (grouped by Station)

Reference Reports:

- Autotext
- Care center reminders
- Inappropriate drugs
- Medication list
- OBRA psychoactive regs.
- Physician reminders
- Resident Detail Report
- Resident Labs
- Resident Listing
- Resident Reminders

Statistical Studies:

- All Order Changes
- Economic Impact
- Executive Summary
- Inappropriate utilization for the Care Center (includes two graph options)
- Inappropriate utilization by Physician
- Inappropriate utilization by Resident (allows for inclusion/exclusion of discontinued orders as well as detailed comments)
- Inappropriate utilization by Station
- Medication Pass Summary (includes graph option)
- Medication Utilization for the Care Center (includes graph option)
- Medication Utilization by Physician
- Medication Utilization by Resident (drill down feature allows for tracking of any class of medication, also allows for inclusion/exclusion of discontinued orders as well as detailed comments)
- Medication Utilization by Station

- Nine or More Medications
- Nine or More Medications by Physician
- Psychoactive Utilization for Care Center (includes two graph options)
- Psychoactive Utilization by Physician
- Psychoactive Utilization by Resident (allows for inclusion/exclusion of discontinued orders as well as detailed comments)
- Psychoactive Utilization by Station
- Recommendation Categories by Category (includes graph option)
- Recommendation Categories by Date
- Recommendation Categories by Physician
- Recommendation Categories by Routing
- Recommendation Categories by Station
- Recommendation Outcome by Category (includes graph option)
- Recommendation Outcome by Date (includes graph option)
- Recommendation Outcome by Physician
- Recommendation Outcome by Routing
- Recommendation Outcome by Station
- Recommendation Totals (includes graph option)

Worksheets:

- Bladder Control Assessment
- Falls Assessment
- Geriatric Depression Scale
- Medication Pass Observation
- Medication Unit Review
- Mini-Mental State Exam
- Pain Assessment
- Stroke Risk
- Vulnerable Elderly Survey



DRR Reports:

- **Formulary** (report of medications not on Preferred Drug List)
- **Inter-Disciplinary Team** (recommendation directly to IDT)
- **Internal** (incident-report level issues)
- **Nursing, grouped by Physician** (cumulative care center report)
- **Nursing, grouped by Station** (cumulative care center report)
- **Pharmacy** (issues for provider pharmacy)
- **Physician** (recommendations to MD, allowing for two different response formats)
- **Progress** (consultant pharmacist progress note)
- **User defined, per Resident** (includes any recommendation routings)
- **User defined, grouped by Physician** (includes any recommendation routings)
- **User defined, grouped by Station** (includes any recommendation routings)

Medication Orders Not On Pharmacy Providers Preferred Drug List

For Recommendations Created Between 1/1/2003 And 4/30/2003

This page header line is fully customizable.

Care Center: **Sample Care Center**

Station **2**

Page 1 of 1

Room	Bed	Resident	Physician	Follow-Through
204	C	Basic, Visual	Patella, Hitmeonthe	Billing Status: _____ Order Change?: _____
Consider a DC of the Lovenox order and evaluate a possible switch to Warfarin.				
200	B	Bacca, Chew	India, Juliet	Billing Status: _____ Order Change?: _____
Consider a change of Omeprazole to Ranitidine for formulary consideration. Recommend 150mg qHS.				

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

Date: 4/30/2003

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Consultant Pharmacist's Recommendation To Inter-Disciplinary Team (IDT)

For Recommendations Created Between 1/1/2003 And 4/30/2003

This page header line is fully customizable.

Care Center: **Sample Care Center**

Station: **1**

Room Bed Resident
111 A Island, Catalina

Physician
Patella, Hitmeonthe

Date: 4/30/2003

Priority: Normal

Prozac accompanied the admit orders, and the resident was found to have lost weight last month. Remeron was added to this therapy to help stimulate the appetite. However, since Prozac can cause weight loss as a side effect, is it appropriate for this resident to be treated with dual therapy vs. having Prozac be replaced by Remeron? Are we treating one side effect with another drug? Please evaluate.

If the IDT feels the present therapy is warranted, please document below how the risks are outweighed by the benefits, so the center may remain compliant. Thank you.

Consultant Pharmacist

IDT Evaluation And Response:

IDT Signatures: _____ **Date:** _____

This page footer line is fully customizable.

This is not a formal report. Once addressed, please discard.

For Recommendations Created Between 1/1/2003 And 4/30/2003

This page header line is fully customizable.

Room Bed: Resident:

Follow-Through:

Station: 3

212 B Fandell, Zin

LATE ANTI-INFECTIVE MEDICATION(S): Rifampin was ordered 0745 on 2/18, but not initially given until 1215 on arrival from Longs Pharmacy. Please generate an incident report for this error, & counsel applicable staff.

215 A Inhand, Hat

MED ERROR(S): Please generate an incident report to account for giving Monopril 25mg bid (an odd dose for this ACE inhibitor) instead of the actual Metoprolol order of the same strength. Please also review with providing pharmacy.

210 B Age, Ice

TRANSCRIPTION ERROR(S): Prilosec was changed to Prevacid on 1/27, but the Prevacid order was never transcribed on to the med sheets. A dose was given on 1/28 without any apparent charting. Discussed with med nurse. Please be sure this is resolved.

215 A Inhand, Hat

TRANSCRIPTION ERROR(S): The admit order for Metoprolol (i.e. Lopressor) 25mg bid was transcribed as MONOPRIL 25mg bid. The resident also had an order for Lotensin (another ACE inhibitor). The pharmacy dispensed both meds vs. scrutinizing the need of two similar meds. Reviewed with med nurse. Please be sure this is resolved.

Sample Consultant, Pharm.D., FASCP

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Consultant Pharmacist's Drug Regimen Review

For Recommendations Created Between 3/1/2003 And 4/30/2003

This page header line is fully customizable.

Care Center: **Sample Care Center**
Physician: **Levy, Dontbreakthe**

Page 1 of 1

Station	Room	Bed	Resident Name and Comments	Follow-Through
2	100	A	Pizza, Delivery Recommendation Type: Anxiolytic therapy recommendation Priority: Normal Due to the 3 dose reduction attempts that have failed with this resident's Ativan therapy, on 12/3/02, 2/1/03 and 3/30/03, we are now at the point of being able to state that it would be "clinically contraindicated" to try to lower the dose again. Side effects are not being seen, and the resident's functional status is maintained with such therapy. Will follow monthly.	Progress note written
2	100	A	Pizza, Delivery Recommendation Type: Clinical monitoring request to follow Rx therapy Priority: Normal Do you feel an ultrasensitive TSH to be of benefit, to monitor the Synthroid therapy? No such labs are in the chart at present. Thank you for your consideration.	Note written to physician
2	201	C	Theforce, Feel Recommendation Type: Documentation/charting issues Priority: Normal Reminder to update the Psychoactive & Hypnotic Assessment & Reduction form to show the recent dose change of the following psychoactive(s): increase of Remeron.	

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

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Consultant Pharmacist's Drug Regimen Review

For Recommendations Created Between 3/1/2003 And 4/30/2003

This page header line is fully customizable.

Care Center: **Sample Care Center**

Station 2

Page 1 of 4

Room	Bed	Resident Name and Comments	Physician	Follow-Through
204	C	Basic, Visual	Patella, Hitmeonthe	
Recommendation Type: Transcribing of medication orders Priority: High Please be sure the Xanax order is properly transcribed on the upcoming month's med sheets and MD orders to avoid medication errors.				
100	A	Pizza, Delivery	Levy, Dontbreakthe	
Recommendation Type: Anxiolytic therapy recommendation Priority: Normal Due to the 3 dose reduction attempts that have failed with this resident's Ativan therapy, on 12/3/02, 2/1/03 and 3/30/03, we are now at the point of being able to state that it would be "clinically contraindicated" to try to lower the dose again. Side effects are not being seen, and the resident's functional status is maintained with such therapy. Will follow monthly.				Progress note written
100	A	Pizza, Delivery	Levy, Dontbreakthe	
Recommendation Type: Clinical monitoring request to follow Rx therapy Priority: Normal Do you feel an ultrasensitive TSH to be of benefit, to monitor the Synthroid therapy? No such labs are in the chart at present. Thank you for your consideration.				Note written to physician
100	C	McDonald, Ronald	Uniform, Victor	
Recommendation Type: Documentation/charting issues Priority: Normal I discussed with the charge nurse the lack of documentation to support non-treatment of the resident's MRSA in the urine. A C&S was done 3/12, and no documentation past that date to show the MD specifically did not want any Rx therapy was seen. Please be sure this is resolved.				
100	D	Ex, Fed	Hugo, Victor	
Recommendation Type: Clinical monitoring request to follow Rx therapy Priority: Normal If the resident is going to be with us a while, consider asking the MD if a digoxin level could be drawn, to follow the current Lanoxin therapy. No such labs are in the chart at present.				

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

Date: 4/30/2003

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Consultant Pharmacist's Communication To Provider Pharmacy

For Recommendations Created Between 1/1/2003 And 4/30/2003

This page header line is fully customizable.

Care Center: **Sample Care Center**

Station 1

Room	Bed	Resident Name and Comments	Physician	Follow-Through
112	C	Bam, Bam Recommendation Type: Med. Storage/Labeling Priority: Normal Please do not cover the calibration label for Roxanol, since the nurses cannot read the amount remaining. Thanks.	Hawk, Eyesofa	
215	A	Inhand, Hat Recommendation Type: Administration error Priority: Normal Please review the procedure for admit orders, since the resident was admitted with Metoprolol 25mg bid, and the nurse transcribed the order as Monopril 25mg bid. Since the resident was also taking Lotensin 10mg qd, perhaps these two orders should have been clarified?	Golucky, Happy	

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

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Note To Attending Physician

Resident: **Fabette, AI**

Care Center: **Sample Care Center**

Station: **3**

Room: **217** Bed: **B**

This page header line is fully customizable.

Dear Dr. Arainyday,

Date: 4/30/2003

Based on the most recent data, the resident's Creatinine Clearance can be calculated as 32.36 ml/min. Zantac 300mg BID was started via the ER physician last month for GERD. To avoid ranitidine accumulation and possible CNS side effects, would it be indicated to reduce Zantac to 150mg qHS? If higher dosing is needed, perhaps a change to Omeprazole (with INR follow up due to the drug interaction) is an option? Thank you for your consideration.

Consultant Pharmacist

Physician Response

This page footer line is fully customizable.

AGREE

DISAGREE

Signature: _____

Date: _____

Comments:

Note To Attending Physician

Resident: **Fabette, AI**

Care Center: **Sample Care Center**

Station: **3**

Room: **217** Bed: **B**

This page header line is fully customizable.

Dear Dr. Arainyday,

Date: 4/30/2003

Based on the most recent data, the resident's Creatinine Clearance can be calculated as 32.36 ml/min. Zantac 300mg BID was started via the ER physician last month for GERD. To avoid ranitidine accumulation and possible CNS side effects, would it be indicated to reduce Zantac to 150mg qHS? If higher dosing is needed, perhaps a change to Omeprazole (with INR follow up due to the drug interaction) is an option? Thank you for your consideration.

Consultant Pharmacist

Physician Response

This page footer line is fully customizable.

- AGREE** This line is fully customizable.
- DISAGREE** This line is fully customizable.
- OTHER** This line is fully customizable.

Signature: _____

Date: _____

Consultant Pharmacist's Progress Note

For Recommendations Created Between 1/1/2003 And 4/30/2003

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Care Center: **Sample Care Center**

Date: 4/30/2003

Station: **3** Room: **211** Bed: **A** Resident: **Arizona, Unpainted**

Physician **Soap, Homemade**

Recommendation Type: **Antipsychotic therapy recommendation**

Priority: **Normal**

This progress note will justify the ongoing need for Zyprexa in this resident, since more than 2 dose reduction attempts have failed in the last 12 months. Side effects are being monitored, and are under control. HgA1c results are WNL. The MDS review shows an increase in the resident's functional status compared to 1 year ago. As such, the IDT and I have agreed that it would be clinically contraindicated to attempt to reduce the dose again for OBRA compliance. Should clinical judgement dictate that a dose reduction is necessary, it will certainly be considered.

Sample Consultant, Pharm.D., FASCP
Consultant Pharmacist

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Consultant Pharmacist's Drug Regimen Review

For Recommendations Created Between 1/1/2003 And 4/30/2003

Includes Routings For: Client, Family member, Medical Records, Social Services, Wellness coordinator

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Care Center: **Sample Care Center**

Page 1 of 1

Name: Bender, Fender

Station: 2 **Room:** 102 **Bed:** B

Primary Physician: Lima, Mike

Secondary Physician: Physician, Unassigned

Recommendations By Routing:

Medical Records

Recommendation Type: Transcribing of medication orders

Priority: Normal **Consultant Pharmacist:**

Please be sure to update the diagnosis and strength of the Lovenox order for proper printing of med sheets next month. Thanks.

Social Services

Recommendation Type: Clinical monitoring request to follow Rx therapy

Priority: Normal **Consultant Pharmacist:**

Please evaluate the resident for a psychological consultation, since his drug therapy has been notably ineffective. This would be a good alternative to simply increasing the Risperdal.

Consultant Pharmacist's Drug Regimen Review

For Recommendations Created Between 1/1/2003 And 4/30/2003

Includes Routings For: Client

This page header line is fully customizable.

Care Center: **Sample Care Center**
Physician: **Sauce, Spaghetti**

Page 1 of 1

Station	Room	Bed	Resident Name and Comments	Follow-Through
Client				
1	104 A		Beetes, Dye A Medication initiation request (non-psychoactive)	
Recommendation				
Priority Normal				
I completed my evaluation of your drug regimen today. We discussed the results of the Bladder Control Assessment, and I would recommend the initiation of Detrol LA 2mg once daily. Bear in mind that dry mouth is a rather common side effect, but will be less noticeable with time. Please forward this recommendation to your physician when you see him later this week. If he would like to discuss this with me, please have him call me. Thank you.				

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

Date: 4/30/2003

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Consultant Pharmacist's Drug Regimen Review

For Recommendations Created Between 1/1/2003 And 4/30/2003

Includes Routings For: Client, Family member, Medical Records, Social Services, Wellness coordinator

This page header line is fully customizable.

Care Center: **Sample Care Center**

Station 2

Page 1 of 1

Room	Bed	Resident Name and Comments	Physician	Follow-Through
Medical Records				
102	B	Bender, Fender Transcribing of medication orders	Lima, Mike	
Recommendation				
Priority Normal				
Please be sure to update the diagnosis and strength of the Lovenox order for proper printing of med sheets next month. Thanks.				
Social Services				
102	B	Bender, Fender Clinical monitoring request to follow Rx therapy	Lima, Mike	
Recommendation				
Priority Normal				
Please evaluate the resident for a psychological consultation, since his drug therapy has been notably ineffective. This would be a good alternative to simply increasing the Risperdal.				
Wellness coordinator				
204	C	Basic, Visual Antidepressant therapy recommendation	Patella, Hitmeonthe	
Recommendation				
Priority Normal				
Consider an increase of her antidepressant Zoloft, since the GDS done this quarter was no different than that of the previous quarter. Suggest 50mg qd.				

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

Date: 4/30/2003

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Reference Reports:

- **Autotext** (report of all current Autotext listings in selected database)
- **Care center reminders** (report of all reminders written for care center)
- **Inappropriate drugs** (report of current regulations involving inappropriate medications)
- **Medication list** (report of all medications and related information in selected database)
- **OBRA psychoactive regs.** (report of current regulations involving antipsychotics, anxiolytics and hypnotics)
- **Physician reminders** (report of all reminders written for physician)
- **Resident Detail Report** (report of resident demographic information tracked)
- **Resident Labs** (report of all resident lab orders)
- **Resident Listing** (listing of all residents in care center)
- **Resident Reminders** (report of all reminders written for resident)

RxPertise Autotext Entries

In Database File: C:\Documents and Settings\SCP Systems\Desktop\sample.rx6

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A

a while	If the resident is going to be with us a while, consider asking the MD if
abxadmit	Reminder to show the time of the next antibiotic dose when such meds are ordered on admit, since otherwise Title XXII regulations would expect that the next dose would be given within 4 hours. This was not seen with the following admit antibiotic order(s):
abxinit	To comply with Title XXII regulations, the first dose of any anti-infective needs to be documented on the med sheet. This was not done for
abxnote	To comply with Title XXII regulations, all anti-infective orders need to be noted with the date & time to insure timeliness of administration. This was not noted with the
ac	Unless there is no problem in giving before each meal each day, consider revising the order to read '.' This will give the med nurse more flexibility, & will reduce med errors during an observed med pass. Please evaluate.
accolate	Accolate (Zafirlukast) is best given before meals. Please try to dose it accordingly.
actonel	To follow the manufacturer's specifications, Actonel (Risedronate) should be given at 6AM with no food or other drugs but with a full glass of water. The resident should have the HOB elevated or remain standing for at least 30 minutes to enhance the absorption of this very costly medication. Please review & update.
adcl	Please refer to the Antidepressant Checklist, & update the order accordingly.
adl	NOTE ONLY (NO RESPONSE NECESSARY): Anticonvulsant drug serum level(s) noted to be low, but resident is free of seizures, and is controlled clinically. Intervention not needed, as MD is aware of results. Will follow.
adravoid	NOTE ONLY (NO RESPONSE NECESSARY): An Adverse Drug Reaction, and possibly a hospitalization, was avoided from the nursing center responding to last month's recommendation regarding
adrnoted	(THIS IS NOT AN ERROR - THIS IS ONLY DOCUMENTATION OF A POSSIBLE ADVERSE DRUG REACTION TO COMPLY WITH JOINT COMMISSION STANDARDS): An ADR was potentially caused by
adsticker	Please update the resident's PCP with the SSRI antidepressant sticker, which shows side effects more typical of
aldomet	New OBRA guidelines are now questioning the use of Aldomet, since this antihypertensive causes more hypotension in the elderly, and can exacerbate depression. Do you feel a change to an ACE inhibitor to be feasible? If present therapy is warranted, could you please update your progress notes to reflect its medical need, so the center may remain compliant? Thank you for your consideration.
allergy	Please update the resident's chart with any drug allergies. Even 'NKA' is better than leaving this field blank.
ambien10	Ambien (Zolpidem) 10mg is currently ordered for this resident. While the resident may be well adjusted to this dose, current OBRA regulations question giving more than 5mg to an elderly resident without medical justification. Would you consider revising the dose to Ambien 5mg po hs prn insomnia, not to exceed 9 consecutive doses?

Care Center Reminders For Sample Care Center

As Of 4/30/2003

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test reminder for center

Priority: **High** Status: Pending Due Date: 5/8/2003 2:10:00PM
here is where I write the notes

Quarterly meeting

Priority: Normal Status: **Past Due** Due Date: 4/30/2003 10:19:00AM
12:30PM in Administrator's office -- they want lots of graphs.

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Prepared by: Sample Consultant, Pharm.D., FASCP

Summary of "Potentially Inappropriate" Drugs & Drug/Diagnosis Combinations

The following medications may be considered "potentially inappropriate for use in the elderly" according to criteria published by Dr. Mark Beers in the Archives of Internal Medicine, July 28, 1997. The criteria have been adapted for use in long-term care, and nursing centers are required to document that these medications have been reviewed if they cannot be discontinued.

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The following drugs are considered "High Severity." Elderly residents residing in the nursing center for more than 7 days need to have these drugs formally assessed.

<u>Drug Name</u>	<u>Rationale</u>
Talwin (Pentazocine)	Causes more CNS side effects than other narcotics
Long-acting benzodiazepines Dalmane (Flurazepam), Librium (Chlordiazepoxide), Tranxene (Clorazepate), Valium (Diazepam), Klonopin (Clonazepam), Doral (Quazepam), Paxipam (Halazepam)	Long half-life leads to sedation, falls, fractures
Elavil (Amitriptyline)	High anticholinergic/sedative side effects EXCEPTION: used for neurogenic pain, documented risk/benefit assessment
Sinequan (Doxepin)	High anticholinergic/sedative side effects
Equanil (Meprobamate)	Highly addictive, highly sedating
Norpace (Disopyramide)	Strong negative inotropic activity with anticholinergic effects
Lanoxin (Digoxin) dosed > 0.125mg/day	Due to decreased renal clearance, toxicity is more likely with higher doses EXCEPTION: used for atrial arrhythmias
Aldomet (Methyldopa) with/without HCTZ	May cause bradycardia, may exacerbate depression
Diabinese (Chlorpropamide)	Long half-life can cause severe hypoglycemia
GI antispasmodics Bentyl (Dicyclomine), Levsin/Levsinex (Hyoscyamine), ProBanthine (Propantheline), Donnatal (Belladonna alkaloids), Librax (Clinidium/Chlordiazepoxide)	High anticholinergic side effects, questionable efficacy
Barbiturates Amytal (Amobarbital), Butisol (Butabarbital), Nembutal (Pentobarbital), Seconal (Secobarbital), Tuinal (Amobarbital/Secobarbital), Fiorinal (i.e. Barbiturate with other drugs)	More side effects than other hypnotics, highly addictive
Demerol (Meperidine) PO	Ineffective, more side effects than other narcotics
Ticlid (Ticlodipine)	Hematotoxicity, no more effective than ASA EXCEPTION: Intolerant of ASA, Hx of stroke, evidence of TIAs

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RxPertise Medication Listing

In Database File: C:\Documents and Settings\SCP Systems\Desktop\sample.rx6

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Analgesics

Analgesics, opioid

- low-severity inappropriate drug/diagnosis combination with dx of BPH: may impair micturition, cause obstruction (exception: periodic use or <=7 days to treat acute, self-limiting illness)
 - low-severity inappropriate drug/diagnosis combination with dx of constipation: may worsen constipation (exception: periodic or short-term use for acute, self-limiting illness)
-

Darvocet-N 100 (Propoxyphene/APAP)

Psychoactive: No Potentially Inappropriate: **Yes**

- typically no more effective than 1000mg APAP but possesses narcotic side effects

Darvon (Propoxyphene)

Psychoactive: No Potentially Inappropriate: **Yes**

- typically no more effective than 1000mg APAP but possesses narcotic side effects

Demerol (Meperidine)

Psychoactive: No Potentially Inappropriate: **Yes**

- high-severity inappropriate drug (PO form only): ineffective, more side effects than other opioids

Duragesic (Fentanyl)

Psychoactive: No Potentially Inappropriate: **Yes**

- q3d dosing may require review of medication sheet to insure proper administration days
- consider documentation of site of patch application to avoid skin sensitivities
- 25 mcg/hr = 45-134 mg/day PO MS, 8-22 mg/day IV/IM MS
- 50 mcg/hr = 135-224 mg/day PO MS, 23-37 mg/day IV/IM MS
- 75 mcg/hr = 225-314 mg/day PO MS, 38-52 mg/day IV/IM MS
- 100 mcg/hr = 315-404 mg/day PO MS, 53-67 mg/day IV/IM MS

Fiorinal with codeine (Butalbital/ASA/caffeine/codeine)

Psychoactive: No Potentially Inappropriate: **Yes**

- high-severity inappropriate drug: butalbital is highly addictive

MS Contin (Morphine)

Psychoactive: No Potentially Inappropriate: **Yes**

- do not crush SR formulation
- q8h dosing may be needed for severe pain

OxyContin (Oxycodone)

Psychoactive: No Potentially Inappropriate: **Yes**

- do not crush SR formulation

Oxy-IR (Oxycodone)

Psychoactive: No Potentially Inappropriate: **Yes**

Summary of OBRA Psychoactive & Hypnotic Regulations

The following psychoactive and hypnotic medications are regulated under current OBRA regulations, and require a formal assessment of their ongoing need for the nursing center to remain compliant.

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Antipsychotic regulations

Dose Limits

Normal text= "typical" antipsychotic, Italicized text = "atypical" antipsychotic

<u>Brand name</u>	<u>Generic name</u>	<u>Maximum Daily Dose (mg/day) for elderly residents with OMS, dementia or delirium</u>
<i>Abilify</i>	<i>Aripiprazole</i>	<i>Not yet determined</i>
Clozaril	Clozapine	50
Compazine	Prochlorperazine	10
<i>Geodon</i>	<i>Ziprasidone</i>	<i>Not yet determined</i>
Haldol	Haloperidol	4
Loxitane	Loxapine	10
Mellaril	Thioridazine	75
Moban	Molindone	10
Navane	Thiothixene	7
Prolixin	Fluphenazine	4
<i>Risperdal</i>	<i>Risperidone</i>	2
Serentil	Mesoridazine	25
<i>Seroquel</i>	<i>Quetiapine</i>	200
Sparine	Promazine	150
Stelazine	Trifluoperazine	8
Taractan	Chlorprothixene	75
Thorazine	Chlorpromazine	75
Tindal	Acetophenazine	20
Trilafon	Perphenazine	8
<i>Zyprexa</i>	<i>Olanzapine</i>	10

Duration Limits

If the resident has a diagnosis of a psychotic disorder as listed on the previous page), Tourette's disorder, or Huntington's disease, and has a history of recurrence of psychotic symptoms (i.e. hallucinations, delusions), the resident NEED NOT UNDERGO a gradual dose reduction or behavioral intervention, provided the resident is free of significant antipsychotic side effects.

If the resident has Organic Mental Syndromes (delirium, dementia, amnesic and other cognitive disorders by DSM-IV) with associated psychotic and/or agitated features, gradual dose reductions must be attempted twice within one year, and the attempt(s) caused a return of the behavioral symptoms, before one can conclude that it would be "clinically contraindicated" to reduce the dose again.

Otherwise, there should be medical justification in the resident's clinical record to explain why the risks of continuing the current dosing of the antipsychotic are outweighed by the benefits.

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Physician Reminders

As Of 4/30/2003

This page header line is fully customizable.

Physician:

Zulu, Romeo

email psychoactive stats

Priority: Low Status: **Past Due** Due Date: 5/19/2003 2:28:00PM

copy him on all notes to psychiatrist

Priority: **High** Status: **Past Due** Due Date: 6/1/2003 2:28:00PM

MD wants latest article on OSCAR data

Priority: Normal Status: **Past Due** Due Date: 2/19/2003 2:27:00PM

This page footer line is fully customizable.

Prepared by: Sample Consultant, Pharm.D., FASCP

Resident Record Information

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Care Center: **Sample Care Center**

Page 1 of 1

Name: Age, Ice

Gender: Female **DOB:** 4/12/1913 **Health Plan:** Medicaid **Meds Crushed:** No
Station: 3 **Room:** 210 **Bed:** B **Admitted:** 3/28/2002

Primary Physician: Firestone, Recall
Secondary Physician: Physician, Unassigned

Record Last Updated: 3/28/2003 **Record Created:** 2/21/2003

Allergies: No Known Allergies

Diagnosis: Gastro-esophageal reflux disease
Dementia, senile
Arthritis, unspecified
Anemia, iron deficiency
Glaucoma
Hypothyroidism

Comments: 2/21/2003 - Resident record upgraded from RxPertise v5.0

- CBC 5/02
- lytes 7/02

- meds dc'ed 12/02 d/t refusal
- (was on Ativan 0.5mg po tid prn anxiety m/b verbalization of anxiety- order 8/27/02, dc 12/20/02)
- (was on Elavil for appetite. not dc'ed 7/02)

Consultant Pharmacist: Sample Consultant, Pharm.D., FASCP

Date: 4/30/2003

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Lab Orders By Resident

As Of 4/30/2003

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Prepared For: **Sample Care Center**

Resident:	Station:	Room:	Bed:
Arizona, Nathan	2	103	B
Digoxin 2-8			
Priority: Normal	Status: Pending	Due Date: 8/1/2003	12:00:00AM
Arizona, Unpainted	3	211	A
CBC/SMA7 6-12			
Priority: Normal	Status: Pending	Due Date: 6/1/2003	12:00:00AM
Bacca, Chew	2	200	B
Dilantin/albumin 4-10			
Priority: Normal	Status: Past Due	Due Date: 4/1/2003	12:00:00AM
Basic, Visual	2	204	C
LFT/lipid 12/02			
Priority: Normal	Status: Completed	Due Date: 3/1/2003	12:00:00AM
Iytes/BUN/Cr/CBC 10/02			
Priority: Normal	Status: Completed	Due Date: 3/1/2003	12:00:00AM
TSH/Digoxin 2/03			
Priority: Normal	Status: Pending	Due Date: 2/1/2004	12:00:00AM
Beetes, Dye A	1	104	A
Digoxin level q JUL			
Priority: Normal	Status: Pending	Due Date: 7/1/2003	12:00:00AM
7/12/02 = 0.6			
Bodyscan, Full	1		
PT qMO			
Priority: Normal	Status: Past Due	Due Date: 2/1/2003	12:00:00AM
CBC/Iytes 1-4-7-10			
Priority: Normal	Status: Past Due	Due Date: 4/1/2003	12:00:00AM
Tegretol 1-4-7-10			
Priority: Normal	Status: Past Due	Due Date: 4/1/2003	12:00:00AM
Brulee, Creme	1	108	C
Iytes 2/03 pta			
Priority: Normal	Status: Completed	Due Date: 4/1/2003	12:00:00AM
Cake, Pat E	3	212	A
Iytes/BUN/Cr ODD mo			
Priority: Normal	Status: Past Due	Due Date: 3/1/2003	12:00:00AM
Dilantin 3-6-9-12			
Priority: Normal	Status: Past Due	Due Date: 3/1/2003	12:00:00AM

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Current Resident Listing For Sample Care Center as of 4/30/2003

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Resident Name:	Station:	Room:	Bed:	Records Last Updated:
Basic, Visual	2	204	C	4/30/2003
Pizza, Delivery	2	100	A	4/30/2003
Total Records Updated On 4/30/2003: 2				
Dyler, Phyllis	2	101	E	4/24/2003
Total Records Updated On 4/24/2003: 1				
Age, Ice	3	210	B	3/28/2003
Ampeg, Roland	3	217	A	3/28/2003
Angeles, Los	1	111	B	3/28/2003
Antoinette, Marie	3	208	B	3/28/2003
Arizona, Nathan	2	103	B	3/28/2003
Arizona, Unpainted	3	211	A	3/28/2003
Bacca, Chew	2	200	B	3/28/2003
Bam, Bam	1	112	C	3/28/2003
Beetes, Dye A	1	104	A	3/28/2003
Bender, Fender	2	102	B	3/28/2003
Bodyscan, Full	1			3/28/2003
Borealis, Aurora P	3	206	A	3/28/2003
Brooks, Riversand	3	216	A	3/28/2003
Brooks, Running	2	200	A	3/28/2003
Brulee, Creme	1	108	C	3/28/2003
Cake, Pat E	3	212	A	3/28/2003
Carolina, South	1	108	A	3/28/2003
Cellphone, Nokia	2	204	A	3/28/2003
Chaplain, Charlie	1	107	B	3/28/2003
Cone, Eyescream	1	114	D	3/28/2003
Cornfield, Lostinthe	1	107	A	3/28/2003
Disk, Floppy	1	112	B	3/28/2003
Ernay, Cab	3	213	A	3/28/2003
Ex, Fed	2	100	D	3/28/2003
Fabette, Al	3	217	B	3/28/2003
Fandell, Zin	3	212	B	3/28/2003
Fiftyseven, Heinz	3	215	A	3/28/2003
Flintstone, Fred	3	205	A	3/28/2003
Flintstone, Wilma	2	201	B	3/28/2003
Gates, Bill	2	202	B	3/28/2003
Grimm, Brothers	1	114	F	3/28/2003
Halleluyah, Gloryglory	1	111	C	3/28/2003
Hill, Bobby	2	101	C	3/28/2003
Hill, Hank	2	102	C	3/28/2003
Hill, Kingofthe	3	209	A	3/28/2003
Hill, Peggy	2	101	B	3/28/2003
Ignon, Sauv	3	213	B	3/28/2003
Inhand, Hat	3	215	A	3/28/2003
Island, Catalina	1	111	A	3/28/2003

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Resident Reminders

As Of 4/30/2003

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Prepared For: **Sample Care Center**

Resident:	Station:	Room:	Bed:
Fabette, Al	3	217	B
Create A New Discontinued Inappropriate RxDxLow Medication Order			
Priority: Normal	Status: Past Due	Due Date: 2/28/2003 4:14:00PM	
[ORDER]			
KCI with dx of GERD, addressed 1/03			
Fiftyseven, Heinz	3	215	A
TSH update?			
Priority: Normal	Status: Pending	Due Date: 5/8/2003 3:31:00PM	
Flintstone, Wilma	2	201	B
Create A New Discontinued Inappropriate RxDxLow Medication Order			
Priority: Normal	Status: Past Due	Due Date: 2/28/2003 4:14:00PM	
[ORDER]			
KCL with dx of GERD - 4/01, 5/01 DRR addressed, MD checked disagree box			
Gates, Bill	2	202	B
Create A New Discontinued Inappropriate RxDxHigh Medication Order			
Priority: Normal	Status: Past Due	Due Date: 2/28/2003 4:14:00PM	
[ORDER]			
- 8/02 note only re. Plavix + asa			
- PRN Motrin added to regimen of Tums tid for gastritis, 4/01 prompted DC of Motrin, MD started PRN DN100			
Grimm, Brothers	1	114	F
Zyprexa eval due			
Priority: Normal	Status: Pending	Due Date: 9/1/2003 12:00:00AM	
Halleluyah, Gloryglory	1	111	C
K+ update?			
Priority: Normal	Status: Pending	Due Date: 8/28/2003 11:38:00AM	
Risperdal eval due			
Priority: Normal	Status: Pending	Due Date: 7/1/2003 12:00:00AM	
Ignon, Sauv	3	213	B
lytes update?			
Priority: Normal	Status: Past Due	Due Date: 4/1/2003 12:00:00AM	
Italy, Florence	3	209	B
lytes update			
Priority: Normal	Status: Pending	Due Date: 6/1/2003 12:00:00AM	
Jones, AliasSmithAnd	2	103	A
f/u on PT			
Priority: Normal	Status: Past Due	Due Date: 4/26/2003 11:23:00AM	

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Statistical Studies:

- **All Order Changes** (report of all order changes affected from consultant pharmacist's suggestions)
- **Economic Impact** (potential money/time savings based on pharmacist's suggestions)
- **Executive Summary** (summary report including many center-level statistics)
- **Inappropriate utilization for the Care Center (includes two graph options)** (inappropriate utilization rate)
- **Inappropriate utilization by Physician** (inappropriate utilization rate)
- **Inappropriate utilization by Resident (allows for inclusion/exclusion of discontinued orders as well as detailed comments)** (resident-specific report of inappropriate orders)
- **Inappropriate utilization by Station** (inappropriate utilization rate)
- **Medication Pass Summary (includes graph option)** (tracks error rates of med pass observations)
- **Medication Utilization for the Care Center (includes graph option)** (average number of medication orders)
- **Medication Utilization by Physician** (average number of medication orders)
- **Medication Utilization by Resident (drill down feature allows for tracking of any class of medication, also allows for inclusion/exclusion of discontinued orders as well as detailed comments)**
- **Medication Utilization by Station** (average number of medication orders)

- **Nine or More Medications** (listing of residents with 9 or more medication orders)
- **Nine or More Medications by Physician** (listing of residents with 9 or more medication orders)
- **Psychoactive Utilization for Care Center (includes two graph options)** (psychoactive utilization rate)
- **Psychoactive Utilization by Physician** (psychoactive utilization rate)
- **Psychoactive Utilization by Resident (allows for inclusion/exclusion of discontinued orders as well as detailed comments)**
- **Psychoactive Utilization by Station** (psychoactive utilization rate)
- **Recommendation Categories by Category (includes graph option)** (summary of recommendation categories linked to DRR recommendations)
- **Recommendation Categories by Date**
- **Recommendation Categories by Physician**
- **Recommendation Categories by Routing** (by DRR recommendation routings)
- **Recommendation Categories by Station**
- **Recommendation Outcome by Category (includes graph option)** (tracks response characterizations)
- **Recommendation Outcome by Date (includes graph option)**
- **Recommendation Outcome by Physician**
- **Recommendation Outcome by Routing**
- **Recommendation Outcome by Station**
- **Recommendation Totals (includes graph option)** (tracks total number of recommendations written per visit)

Order Changes Affected By The Consultant Pharmacist

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Prepared For: **Sample Care Center**

As part of the outcome oriented Drug Regimen Review, efforts are made to monitor the follow-up of the previous visit's report and any changes that occurred as a result of the recommendations made. The changes affected from last visit's report were:

Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003

	<u>Routine Orders</u>			<u>PRN Orders</u>			<u>Monitoring</u>	
	Inappropriate	Psychoactive	Other	Inappropriate	Psychoactive	Other	Nursing	Lab Orders
Discontinued	2	2	5	0	1	2	2	1
Reduced	0	3	1	0	0	0	0	0
Replaced	N/A	1	3	N/A	0	0	0	0
Increased	N/A	2	1	N/A	0	0	1	0
Added	N/A	0	1	N/A	0	0	2	6

Adverse Drug Reactions (And Potential Hospitalizations) Avoided: 1
Adverse Drug Reactions Identified: 0

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Economic Impact Of The Consultant Pharmacist

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Prepared For: **Sample Care Center**

As part of the outcome-oriented Drug Regimen Review, emphasis is placed on optimizing drug therapy by discontinuing and reducing overall drug utilization. The following changes were noted from following up the previous visit's recommendations:

Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003

	<u>Routine Orders</u>			<u>PRN Orders</u>			<u>Monitoring</u>	
	Inappropriate	Psychoactive	Other	Inappropriate	Psychoactive	Other	Nursing	Lab Orders
Discontinued	2	2	5	0	1	2	2	1
Reduced	0	3	1	0	0	0	0	0

Adverse Drug Reactions (And Potential Hospitalizations) Avoided: **1**
Adverse Drug Reactions Identified: **0**

Potential Monthly Savings In Drug/Lab Costs: **\$520.66**
Potential Monthly Savings In Nursing Time: **28.3 Hours**

The totals presented in this report are based upon:

- | | |
|--|---------|
| 1.) An average perscription price, as determined by the consultant pharmacist, of: | \$37.00 |
| 2.) An average dose reduction, as determined by the consultant pharmacist, of: | 33.00% |
| 3.) An average laboratory cost, as determined by the consultant pharmacist, of: | \$70.00 |
| 4.) An average of labs being drawn quarterly. | |
| 5.) An average lab order reduction, as determined by the consultant pharmacist, of: | 50.00% |
| 6.) An average of 2 minutes to pass of dose of medication from a modified unit-dose system (Drug Intelligence & Clinical Pharmacy) | |
| 7.) An average of medications being given twice daily. | |
| 8.) An average of 5 minutes per day of nursing time being spent in regards to monitoring. | |
| 9.) An average of nursing monitoring being reduced by 50%. | |

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Potentially "Inappropriate" Medication Evaluation

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Prepared For: **Sample Care Center**

As part of the Drug Regimen Review process, tracking of all medications that would be considered potentially inappropriatein the elderly is performed. The criteria for determining an inappropriate medication order is based upon current CMS interpretive guidelines. This visit's utilization rate was determined to be:

Data compiled on: **3/28/2003** for updates made between **3/1/2003** and **3/28/2003**

Percentage of Residents Receiving Potentially Inappropriate Medications:	4.60
Percentage Of Residents Receiving "High Severity" Medications Or Medications In The Presence Of Certain Diagnoses:	1.15
Percentage Of Residents Receiving "Low Severity" Medications Or Medications In The Presence Of Certain Diagnoses:	3.45

The breakdown of potentially "Inappropriate" utilization by category:

Category:	Count of Residents:	Center Average:
"High Severity" medication use	1	1.15
"High Severity" medication/diagnosis combination	0	0.00
"Low Severity" medication use	2	2.30
"Low Severity" medication/diagnosis combination	1	1.15
Total Residents: 87		

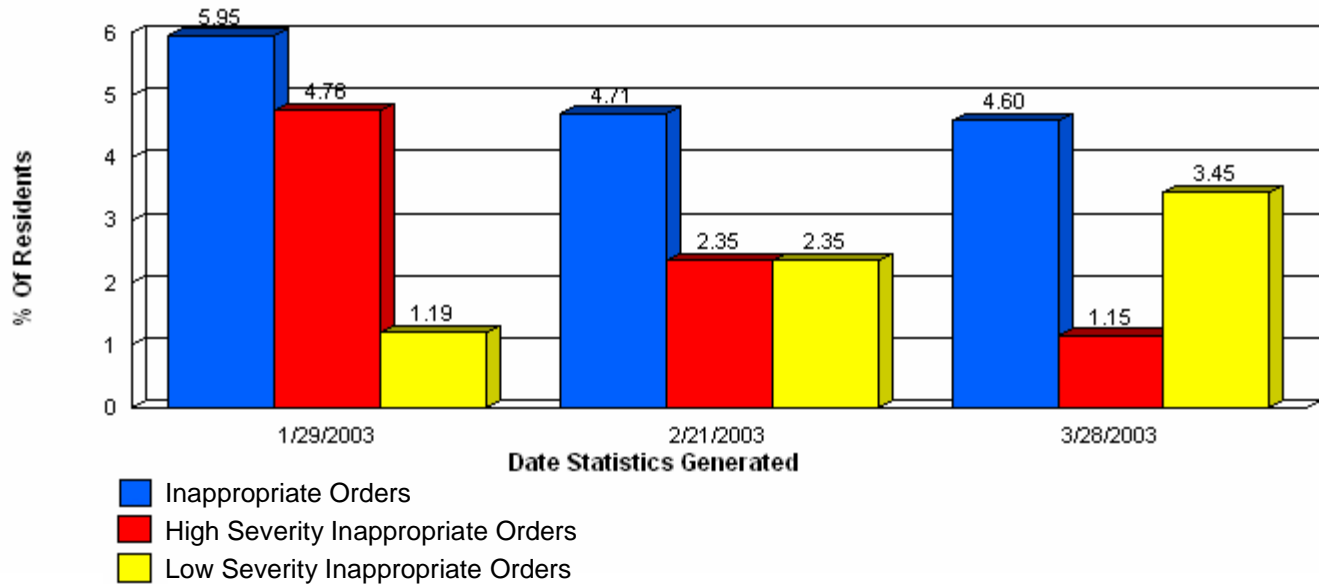
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Potentially "Inappropriate" Medication Evaluation

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Summary Of Inappropriate Medication Orders



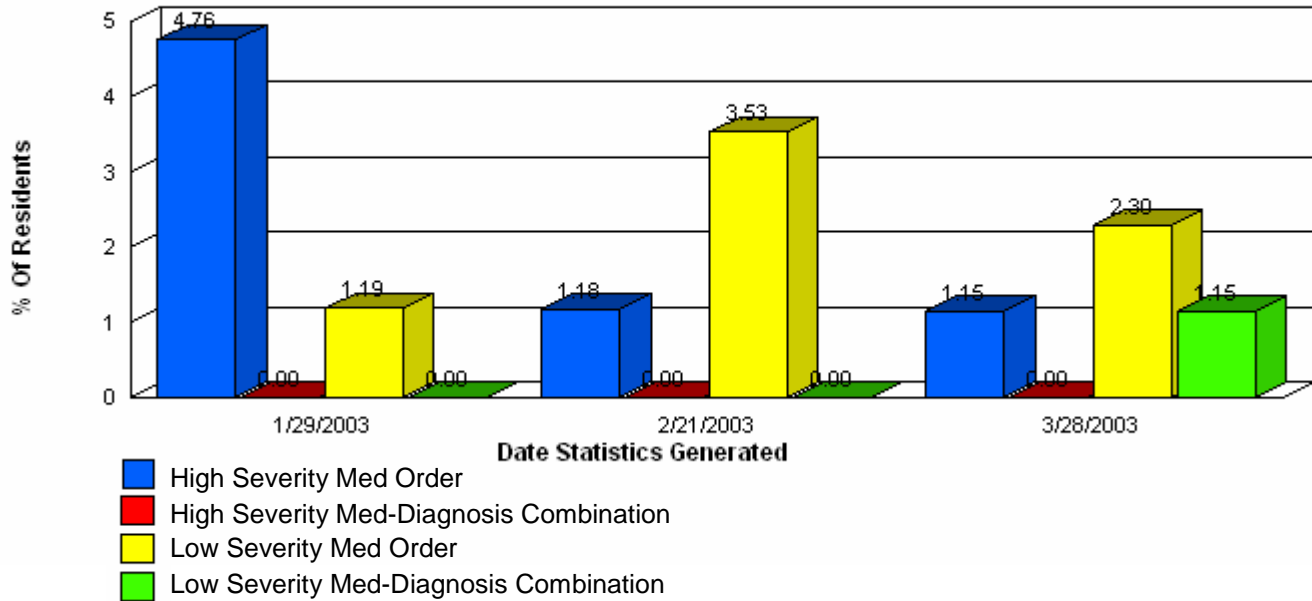
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Potentially "Inappropriate" Medication Evaluation

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Summary Of Inappropriate Medication Orders By Type



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Potentially "Inappropriate" Medication Evaluation By Physician

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Prepared For: **Sample Care Center**

As part of the Drug Regimen Review process, tracking of all medications that would be considered potentially inappropriate in the elderly is performed. The criteria for determining an inappropriate medication order is based upon current CMS interpretive guidelines. This visit's utilization rate, which is broken down by physician, was determined to be:

	% of Residents with Inappropriate Medications		% of Residents with High Severity Concerns		% of Residents with Low Severity Concerns		Residents with High Severity Rx Orders		Residents with Low Severity Rx Orders		Residents with High Severity Drug-Diagnosis Combinations		Residents with Low Severity Drug-Diagnosis Combinations		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Physician: Arainyday, Umbrella															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 3	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Arrow, Bowen															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 1	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Atyre, Changing															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 3	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Bravo, Alpha															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 1			0.00	1	100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Canyousee, Ohsay															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 1	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Cherry, Choke															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 2	50.00	0.00	50.00	0	0.00	1	50.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Firestone, Recall															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															
Residents: 4	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Physician: Golucky, Happy															
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003															

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Potentially "Inappropriate" Medication Orders By Resident

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

As part of the Drug Regimen Review process, tracking of all medications that would be considered potentially inappropriatein the elderly is performed. The criteria for determining an inappropriate medication order is based upon current CMS interpretive guidelines. This visit's utilization rate, which is broken down by resident, was determined to be:

Station: 2

Room Bed	Resident Name / Medication Order / Comments	Severity
201D	Stipation, Connie Persantine (Dipyridamole)	Low Severity Med Order
101D	Solo, Han Prozac (Fluoxetine)	Low Severity Med/Diagnosis Combo

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Potentially "Inappropriate" Medication Orders By Resident

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

As part of the Drug Regimen Review process, tracking of all medications that would be considered potentially inappropriatein the elderly is performed. The criteria for determining an inappropriate medication order is based upon current CMS interpretive guidelines. This visit's utilization rate, which is broken down by resident, was determined to be:

Station: 2

Room Bed	Resident Name / Medication Order / Comments	Severity
101C	Hill, Bobby Prednisone (Prednisone) DC'd: 2/21/2003 <u>Order:</u> Date: 2/21/2003 Prednisone + DM, note only 9/02 <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	Low Severity Med/Diagnosis Combo
101D	Solo, Han Prozac (Fluoxetine) DC'd: 2/21/2003 <u>Order:</u> Date: 3/26/2003 10mg po qd for depression m/b statements of helplessness, worthlessness <u>Comments:</u>	Low Severity Med/Diagnosis Combo
202B	Gates, Bill Donnatal (Belladonna alkaloids) DC'd: 2/21/2003 <u>Order:</u> Date: 2/21/2003 Donnatal 7/23/01 for urinary frequency - 7/01 DRR written, MD checked disagree box - now for "night sweats" <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	High Severity Med Order
102A	Printer, Laser Ditropan (Oxybutynin) DC'd: 2/21/2003 <u>Order:</u> Date: 2/21/2003 Ditropan + prostate CA, got dc'ed 8/02 <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	Low Severity Med/Diagnosis Combo
200B	Bacca, Chew Atarax (Hydroxyzine) DC'd: 2/21/2003 <u>Order:</u> Date: 2/21/2003 Atarax for itch - 3/00 DRR prompted MD to document med is for pruritis, and checked 'Disagree' box - 7/01 DRR prompted redn to prn x30d as of 8/10/01 <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	Low Severity Med Order

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Potentially "Inappropriate" Medication Evaluation By Station

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Prepared For: **Sample Care Center**

As part of the Drug Regimen Review process, tracking of all medications that would be considered potentially inappropriate in the elderly is performed. The criteria for determining an inappropriate medication order is based upon current CMS interpretive guidelines. This visit's utilization rate, which is broken down by physician, was determined to be:

	% of Residents with Inappropriate Medications	% of Residents with High Severity Concerns	% of Residents with Low Severity Concerns	Residents with High Severity Rx Orders		Residents with Low Severity Rx Orders		Residents with High Severity Drug-Diagnosis Combinations		Residents with Low Severity Drug-Diagnosis Combinations	
				#	%	#	%	#	%	#	%
Station: 1											
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003											
Residents: 31	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003											
Residents: 28	11.00	7.00	4.00	1	4.00	2	7.00	0	0.00	0	0.00
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/31/2003											
Residents: 31	13.00	10.00	3.00	3	10.00	1	3.00	0	0.00	0	0.00
Station: 2											
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003											
Residents: 25	8.00	0.00	8.00	0	0.00	1	4.00	0	0.00	1	4.00
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003											
Residents: 28	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/31/2003											
Residents: 22	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Station: 3											
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003											
Residents: 31	6.00	3.00	3.00	1	3.00	1	3.00	0	0.00	0	0.00
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003											
Residents: 29	3.00	0.00	3.00	0	0.00	1	3.00	0	0.00	0	0.00

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Prepared by: Sample Consultant, Pharm.D., FASCP

Medication Pass Observation Summary

For Observations Conducted Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

The medication pass observations conducted during the specified time period revealed the following error rates. A non-compliant medication pass is determined by having at least one significant medication error or a non-significant error rate of 5% or more.

<u>Date Assessed</u>	<u>Med Errors</u>	<u>Significant Errors</u>	<u>Doses</u>	<u>Error Rate</u>	<u>Compliant</u>
3/7/2003 Good technique.	1	0	21	4.76%	Yes
2/25/2003 Suggested review of procedures for resident ID, handwashing between residents.	1	0	17	5.88%	□ □
1/30/2003	0	0	18	0.00%	Yes
Overall Averages:	1	0	19	3.57%	

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Prepared by: Sample Consultant, Pharm.D., FASCP

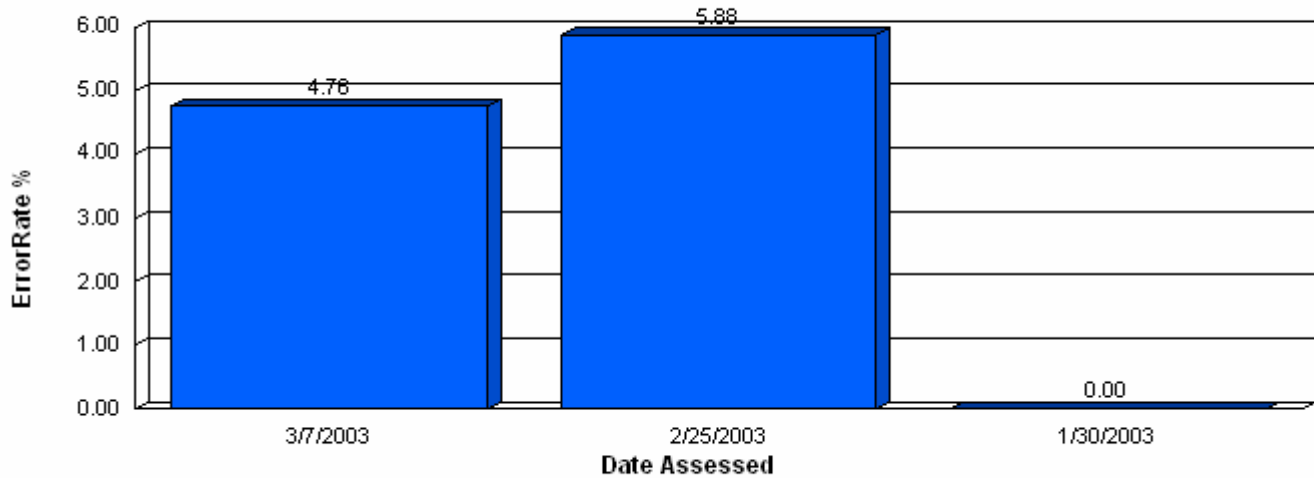
Medication Pass Observation Summary

For Observations Conducted Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

Med Pass Error Rate Trend



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Prepared by: Sample Consultant, Pharm.D., FASCP

Medication Utilization Study

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Prepared For: **Sample Care Center**

4/30/2003

From performing Drug Regimen Reviews on all of the nursing center's residents, an assessment of overall drug utilization may be made. This report displays the average number of routine and PRN (as needed) medication orders, and compares them to regional and national statistics. Additionally, an average number of medications per the current MDS criteria is used to account for PRN and "Stat" medications used within the last 7 days of the data collection. The figures are as follows:

Date:	Average # of Routine Medication Orders Per Resident:	Average # of PRN Medication Orders Per Resident:	Average # of Medications Per MDS Criteria:	# of Residents With 9 or More Medications:	# Of Residents	% Of Residents With 9 or More Medications:
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	6.27	1.76	6.49	35	85	41.18
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	6.32	2.30	6.81	29	84	34.52
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	6.00	2.29	6.40	30	87	34.48

Comparisons of this study may be made with the following averages**:

Region	Average #	Average #
United States	6.69	2.61
Western US	6.63	2.85
Southern US	6.66	2.00
NorthCentral US	7.19	2.80
Northeast US	6.39	2.78

State average of residents with 9 or more medications: 12%

** (Excerpt from MDS Section 0): Count the number of different medications (not the number of doses or different dosages) administered by any route (e.g. oral, IV, injection, patch) at any time during the last seven days. Include any routine, prn, and stat doses given. "Medications" can also include topical preparations, ointments, creams used in wound care (e.g., Elase), eye drops, vitamins, and suppositories. Include any medications that the resident administers to self, if known. If the resident takes both the generic and brand name of a single drug, count as only one medication. If the resident received a long-acting antipsychotic medication prior to the assessment period (e.g., if fluphenazine decanoate or haloperidol decanoate is*

*** Statistics derived from D. Tobias, M. Sey, General and Psychotherapeutic Medicine Use in 328 Nursing Facilities: A Year 2000 National Survey, presented at ASCP*

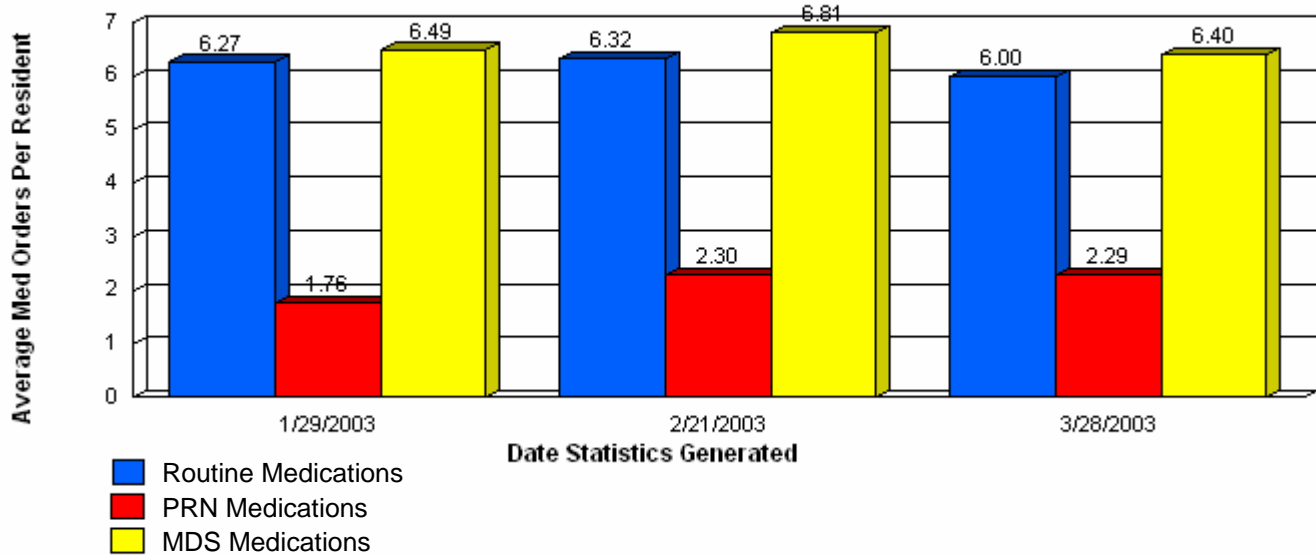
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Medication Utilization Study

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Medication Utilization By Type



Comparisons of this study may be made with the following averages**:

Region	Average #	Average #
United States	6.69	2.61
Western US	6.63	2.85
Southern US	6.66	2.00
NorthCentral US	7.19	2.80
Northeast US	6.39	2.78

State average of residents with 9 or more medications: 12%

** (Excerpt from MDS Section 0): Count the number of different medications (not the number of doses or different dosages) administered by any route (e.g. oral, IV, injection, patch) at any time during the last seven days. Include any routine, prn, and stat doses given. "Medications" can also include topical preparations, ointments, creams used in wound care (e.g., Elase), eye drops, vitamins, and suppositories. Include any medications that the resident administers to self, if known. If the resident takes both the generic and brand name of a single drug, count as only one medication. If the resident received a long-acting antipsychotic medication prior to the assessment period (e.g., if fluphenazine decanoate or haloperidol decanonate is*

*** Statistics derived from D. Tobias, M. Sey, General and Psychotherapeutic Medicine Use in 328 Nursing Facilities: A Year 2000 National Survey, presented at ASCP*

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Medication Utilization Study By Physician

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Prepared For: **Sample Care Center**

4/30/2003

From performing Drug Regimen Reviews on all of the nursing center's residents, an assessment of overall drug utilization may be made. This report displays the average number of routine and PRN (as needed) medication orders, and compares them to regional and national statistics. Additionally, an average number of medications per the current MDS criteria is used to account for PRN and "Stat" medications used within the last 7 days of the data collection. The figures, broken down by primary physician, are as follows:

Physician:	Average # of Routine Medication Orders Per Resident:	Average # of PRN Medication Orders Per Resident:	Average # of Medications Per MDS Criteria:	# of Residents With 9 or More Medications:	# Of Residents	% Of Residents With 9 or More Medications:
Arainyday, Umbrella						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	6.00	2.00	7.00	2	3	66.67 %
Arrow, Bowen						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	17.00	4.00	22.00	1	1	100.00
Atyre, Changing						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	7.00	1.67	7.00	1	3	33.33 %
Bravo, Alpha						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	6.00	4.00	9.00	1	1	100.00
Canyousee, Ohsay						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	0.00	0.00	0.00	0	1	0.00 %
Cherry, Choke						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	8.00	3.50	11.50	1	2	50.00 %
Firestone, Recall						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	8.50	2.75	8.50	2	4	50.00 %
Golucky, Happy						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	3.50	1.00	3.50	0	2	0.00 %
Gonzales, Speedy						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	6.80	3.00	6.80	2	5	40.00 %
Hatfield, McCoy						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	4.00	0.67	4.00	1	3	33.33 %
Hawk, Eyesofa						
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003						
	4.50	1.63	4.50	2	8	25.00 %

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Resident Medication Utilization By Category

For Records Updated Between 1/1/2003 And 4/30/2003

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Station Room Bed Resident Name / Medication Order / Comments

Cardiovascular

Antiplatelet drugs

Number Of Residents In Category: **1** Percent Of All Residents: **2%**

ENT

Antihistamines

Number Of Residents In Category: **1** Percent Of All Residents: **2%**

Psychiatry

Antidepressants, other

Number Of Residents In Category: **7** Percent Of All Residents: **13%**

Antidepressants, SSRI

Number Of Residents In Category: **27** Percent Of All Residents: **48%**

Antipsychotics, atypical

Number Of Residents In Category: **17** Percent Of All Residents: **30%**

Anxiolytics, long-acting

Number Of Residents In Category: **2** Percent Of All Residents: **4%**

Anxiolytics, short-acting

Number Of Residents In Category: **13** Percent Of All Residents: **23%**

Hypnotics, short-acting

Number Of Residents In Category: **20** Percent Of All Residents: **36%**

Total Number Of Residents: **56**

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Resident Medication Utilization By Category

For Records Updated Between 1/1/2003 And 4/30/2003

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Station Room Bed Resident Name / Medication Order / Comments

Psychiatry

Antidepressants, SSRI

1	114	F	Grimm, Brothers Celexa (Citalopram)
1	108	C	Brulee, Creme Zoloft (Sertraline)
1	106	B	Quitecontrary, Mary Celexa (Citalopram)
1	112	B	James, Jessie Lexapro (Escitalopram)
1	111	B	Angeles, Los Zoloft (Sertraline)
1	107	A	Cornfield, Lostinthe Prozac (Fluoxetine)
1	111	A	Island, Catalina Prozac (Fluoxetine)
1	106	C	Pager, Noisy Prozac (Fluoxetine)
1	104	C	Submarine, Yello Celexa (Citalopram)
2	202	B	Gates, Bill Paxil (Paroxetine)
2	201	A	Smoke, Gun Paxil (Paroxetine)
2	102	C	Hill, Hank Zoloft (Sertraline)
2	101	E	Power, Pacificgasand Zoloft (Sertraline)
2	204	A	Cellphone, Nokia Zoloft (Sertraline)
2	202	A	Jackson, Samuel L Paxil (Paroxetine)

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Resident Medication Utilization By Category

For Records Updated Between 1/1/2003 And 4/30/2003

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Station Room Bed Resident Name / Medication Order / Comments

Psychiatry

Antidepressants, SSRI

- | | | | | |
|---|-----|----------|---|-----------------------|
| 1 | 104 | C | Submarine, Yello | |
| | | | Celexa (Citalopram) | |
| | | | Order: Date: 1/28/2003 | |
| | | | 20mg po qd for depression m/b persistent weeping | |
| | | | Comments: | |
| | | | 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring | |
| | | |
 | |
| | | | - order for Paxil 20mg qd 11/28/01 - changed to Remeron 15mg qhs 3/29/02 - replaced with Paxil 10mg qd 5/2/02 after increased confusion - incr 9/13/02 to 20mg qd - changed per formulary to Celexa 20mg qd 12/2/02 | |
| 1 | 106 | B | Quitecontrary, Mary | DC'd: 3/5/2003 |
| | | | Celexa (Citalopram) | |
| | | | Order: Date: 9/24/2002 | |
| | | | 20mg po qd for depression m/b persistent crying | |
| | | | Comments: | |
| | | | 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring | |
| | | |
 | |
| | | | - order 9/24/02 admit | |
| | | | Celexa (Citalopram) | |
| | | | Order: Date: 3/5/2003 | |
| | | | 40mg po qd for depression m/b persistent crying | |
| | | | Comments: | |
| | | | 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring | |
| | | |
 | |
| | | | - order 9/24/02 admit 20mg qd - incr 3/5 to 40mg qd | |
| 1 | 106 | C | Pager, Noisy | |
| | | | Prozac (Fluoxetine) | |
| | | | Order: Date: 3/11/2003 | |
| | | | 20mg po qd for depression m/b tearfulness | |
| | | | Comments: | |
| 1 | 107 | A | Cornfield, Lostinthe | |
| | | | Prozac (Fluoxetine) | |
| | | | Order: Date: 3/7/2003 | |
| | | | 10mg po qd for depression m/b verbalization of depression | |
| | | | Comments: | |
| | | | - initially for Paxil 10mg qd on readmit 3/03 - phcy prompted change to Prozac 10mg qd 3/7/03 | |

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Medication Utilization Study By Station

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Prepared For: **Sample Care Center**

4/30/2003

From performing Drug Regimen Reviews on all of the nursing center's residents, an assessment of overall drug utilization may be made. This report displays the average number of routine and PRN (as needed) medication orders, and compares them to regional and national statistics. Additionally, an average number of medications per the current MDS criteria is used to account for PRN and "Stat" medications used within the last 7 days of the data collection. The figures, broken down by the center's stations, are as follows:

Station: 1	Average # of Routine Medication Orders Per Resident:	Average # of PRN Medication Orders Per Resident:	Average # of Medications Per MDS Criteria:	# of Residents With 9 or More Medications:	# Of Residents	% Of Residents With 9 or More Medications:
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	6.79	1.79	7.21	12	28	42.86 %
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	6.06	1.61	6.61	11	31	35.48 %
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	5.61	1.52	5.61	10	31	32.26 %
Station: 2						
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	6.68	2.14	6.75	11	28	39.29 %
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	7.55	3.00	7.55	9	22	40.91 %
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	7.24	2.88	8.12	12	25	48.00 %
Station: 3						
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	5.38	1.38	5.55	12	29	41.38 %
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	5.71	2.48	6.48	9	31	29.03 %
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	5.39	2.58	5.81	8	31	25.81 %

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Residents Receiving 9 or More Medications

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

The drug utilization study performed identifies residents receiving nine or more medications. Data collection follows MDS criteria. While the resident's diagnoses and disease management therapy must always be considered, a high percentage of residents receiving nine or more medications may result in a focused HCFA survey.

Station:	Room:	Bed:	Resident Name:	Physician:	Medications
1	111	B	Angeles, Los	Patella, Hitmeonthe	11
1	108	A	Carolina, South	Soap, Homemade	13
1	104	C	Submarine, Yello	India, Juliet	11
1	106	B	Quitecontrary, Mary	Hawk, Eyesofa	9
1	107	A	Cornfield, Lostinthe	Patella, Hitmeonthe	9
1	106	A	Stewart, Martha	Soap, Homemade	17
1	114	F	Squires, Billy	Soap, Homemade	9
1	110	A	Mitchelle, Joan E	Firestone, Recall	11
1	107	B	Chaplain, Charlie	Soap, Homemade	10
1			Bodyscan, Full	Hatfield, McCoy	12
2	200	B	Bacca, Chew	India, Juliet	11
2	204	B	Williams, Robin	Soap, Homemade	13
2	201	D	Stipation, Connie	Cherry, Choke	23
2	100	B	Knots, Tideupin	Soap, Homemade	10
2	102	C	Hill, Hank	Atyre, Changing	17
2	204	C	Basic, Visual	Patella, Hitmeonthe	19
2	202	B	Gates, Bill	Soap, Homemade	14
2	102	A	Printer, Laser	Hawk, Eyesofa	9
2	101	E	Power, Pacificgasand	Firestone, Recall	12
2	201	A	Smoke, Gun	Patella, Hitmeonthe	11
2	200	A	Brooks, Running	Gonzales, Speedy	10
2	201	C	Theforce, Feel	Levy, Dontbreakthe	11
2	201	B	Flintstone, Wilma	Lima, Mike	13
3	209	B	Italy, Florence	Gonzales, Speedy	10
3	215	A	Fiftyseven, Heinz	Bravo, Alpha	9
3	215	B	Weizen, Hef E	Lima, Mike	12
3	205	B	Rubble, Barney	Uniform, Victor	10
3	207	A	Simpson, Lisa	Xray, Whiskey	18
3	217	B	Fabette, Al	Arainyday, Umbrella MD	10
3	216	B	Lady, Bag	Arainyday, Umbrella MD	11
3	218	B	Roses, Guns N	Arrow, Bowen	22

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Residents Receiving 9 or More Medications

Grouped By Physician

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

The drug utilization study performed identifies residents receiving nine or more medications, and is broken down by physician. Data collection follows MDS criteria. While the resident's diagnoses and disease management therapy must always be considered, a high percentage of residents receiving nine or more medications may result in a focused HCFA survey.

Station:	Room:	Bed:	Resident Name:	Medications
Dr. Arainyday, Umbrella MD				
3	217	B	Fabette, Al	10
3	216	B	Lady, Bag	11
Dr. Arrow, Bowen				
3	218	B	Roses, Guns N	22
Dr. Atyre, Changing				
2	102	C	Hill, Hank	17
Dr. Bravo, Alpha				
3	215	A	Fiftyseven, Heinz	9
Dr. Cherry, Choke				
2	201	D	Stipation, Connie	23
Dr. Firestone, Recall				
1	110	A	Mitchelle, Joan E	11
2	101	E	Power, Pacificgasand	12
Dr. Gonzales, Speedy				
2	200	A	Brooks, Running	10
3	209	B	Italy, Florence	10
Dr. Hatfield, McCoy				
1			Bodyscan, Full	12
Dr. Hawk, Eyesofa				
1	106	B	Quitecontrary, Mary	9
2	102	A	Printer, Laser	9
Dr. India, Juliet				
1	104	C	Submarine, Yello	11
2	200	B	Bacca, Chew	11
Dr. Levy, Dontbreakthe				
2	201	C	Theforce, Feel	11
Dr. Lima, Mike				
2	201	B	Flintstone, Wilma	13
3	215	B	Weizen, Hef E	12
Dr. Patella, Hitmeonthe				
1	107	A	Cornfield, Lostinthe	9
1	111	B	Angeles, Los	11

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Psychoactive And Sedative/Hypnotic Utilization Trends

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Prepared For: **Sample Care Center**

Part of the Drug Regimen Review process involves tracking of psychoactive and hypnotic utilization. This visit's utilization rates were determined to be:

Data compiled on: **3/28/2003** for updates made between **3/1/2003** and **3/28/2003**

Center's Cumulative Psychoactive Utilization Rate (i.e. average % of residents receiving one or more mood-altering medications, including sedative/hypnotics): **60.9**

State Psychoactive Utilization Rate*: 49.9

National Psychoactive Utilization Rate**: 56.8

Center's True Psychoactive Utilization Rate (i.e. average % of residents receiving one or more mood-altering medications, including sedative/hypnotics, but not including antidepressants): **44.8**

(The larger the difference between the Cumulative Psychoactive Rate and the True Psychoactive Rate, the greater the number of residents who are receiving antidepressants as monotherapy, which is considered to be clinically appropriate for elderly residents in SNFs.)

The utilization of each class of medication (i.e. residents with one or more orders) was determined to be:

Class of Medication:	# Of Residents with Orders:	Center Average:	State Average*:	National Average**:
Antipsychotics	17	19.5	22.9	23.5
Anxiolytics	13	14.9	12.2	15.7
Antidepressants	31	35.6	29.1	38.4
Miscellaneous Psychoactives	0	0.0	N/A	N/A
Sedative/Hypnotics	19	21.8	6.7	5

* State averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001. State is chosen by the Consultant Pharmacist.

** National averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001.

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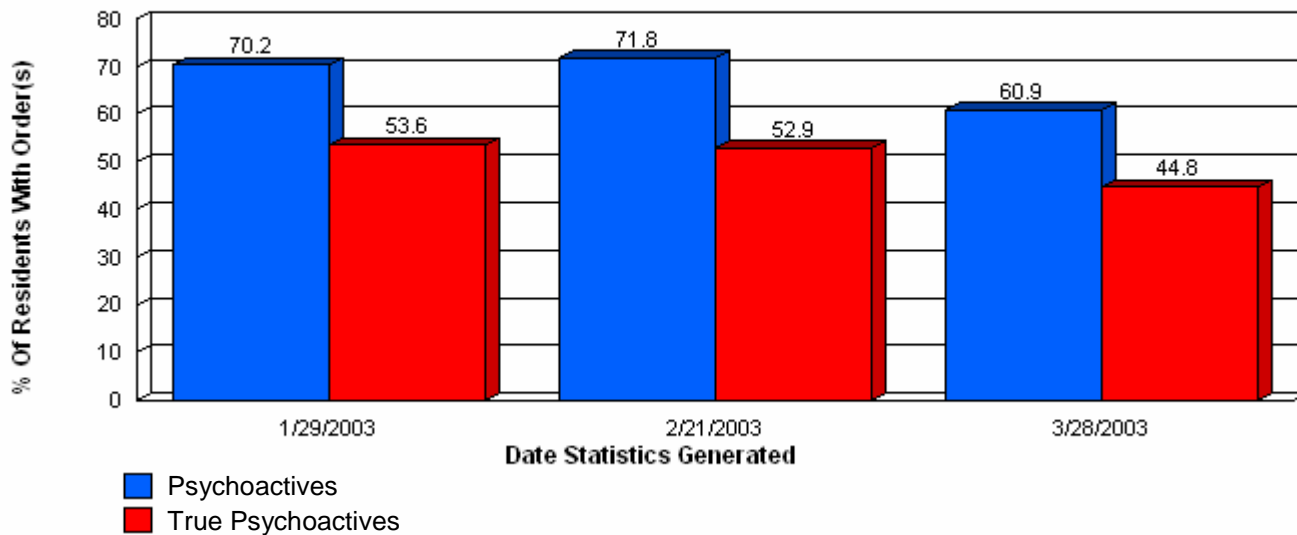
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Psychoactive And Sedative/Hypnotic Utilization Trends

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Prepared For: **Sample Care Center**

Overall Psychoactive Utilization



* State averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001. State is chosen by the Consultant Pharmacist.

** National averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001.

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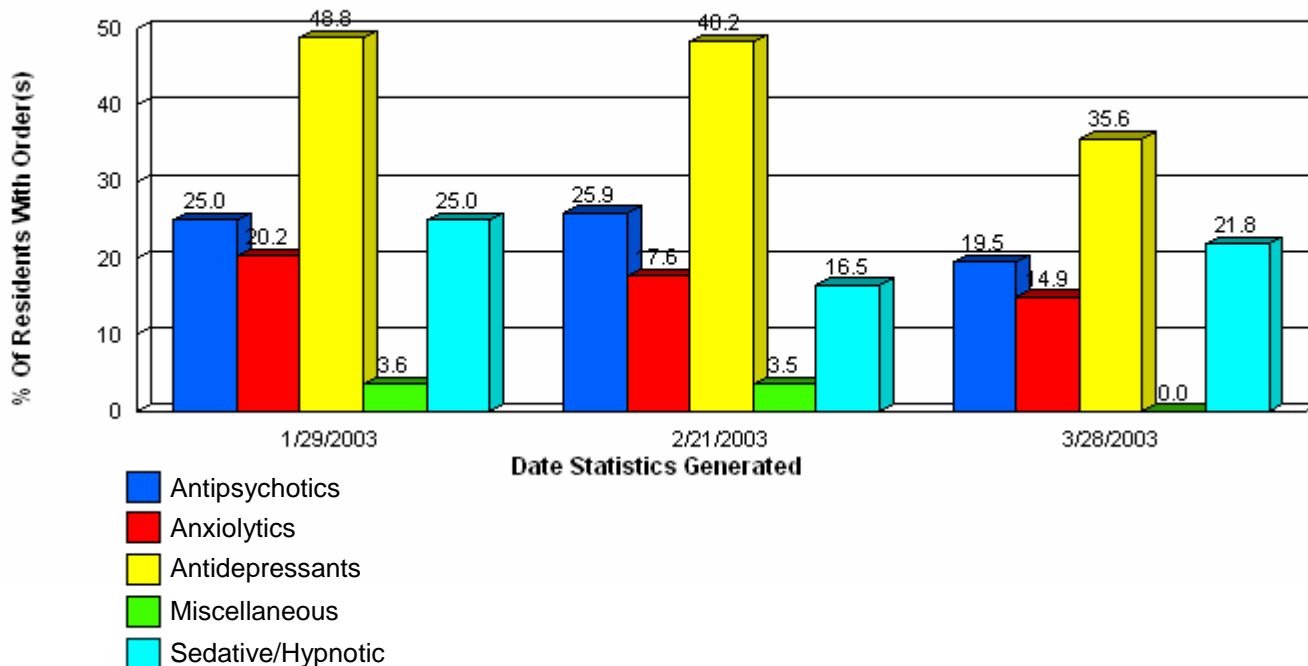
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Psychoactive And Sedative/Hypnotic Utilization Trends

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Prepared For: **Sample Care Center**

Psychoactive Utilization By Type



* State averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001. State is chosen by the Consultant Pharmacist.

** National averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001.

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Psychoactive And Sedative/Hypnotic Utilization Trends By Physician

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Prepared For: **Sample Care Center**

Each visit, efforts are made to monitor and trend psychoactive and sedative/hypnotic utilization. The following results were noted during the date ranges listed below, and are broken down by physician to make the data more meaningful. The "#" refers to the number of residents with such order(s), while the "%" refers to the percentage of such order(s) for a particular physician.

Please refer to the "Psychoactive Utilization Report" for the entire nursing center for explanations of the different values, as well as comparisons to state and national averages.

Physician	Cumulative Rate (%)	True Rate (%)	Antipsychotics		Anxiolytics		Antidepressants		Miscellaneous Psychoactives		Sedative/Hypnotics	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003												
Arainyday, Umbrella												
Residents: 3	33.3	0.0	0	0.0	0	0.0	1	33.3	0	0.0	0	0.0
Arrow, Bowen												
Residents: 1	100.0	100.0	0	0.0	1	100.0	1	100.0	0	0.0	1	100.0
Atyre, Changing												
Residents: 3	66.7	33.3	0	0.0	0	0.0	1	33.3	0	0.0	1	33.3
Bravo, Alpha												
Residents: 1	100.0	100.0	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Canyousee, Ohsay												
Residents: 1	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cherry, Choke												
Residents: 2	100.0	100.0	1	50.0	0	0.0	1	50.0	0	0.0	1	50.0
Firestone, Recall												
Residents: 4	100.0	75.0	2	50.0	0	0.0	3	75.0	0	0.0	1	25.0
Golucky, Happy												
Residents: 2	100.0	100.0	1	50.0	1	50.0	1	50.0	0	0.0	1	50.0
Gonzales, Speedy												
Residents: 5	60.0	60.0	1	20.0	2	40.0	2	40.0	0	0.0	2	40.0
Hatfield, McCoy												
Residents: 3	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hawk, Eyesofa												
Residents: 8	25.0	12.5	1	12.5	0	0.0	2	25.0	0	0.0	0	0.0
Hugo, Victor												
Residents: 1	100.0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
India, Juliet												
Residents: 5	60.0	20.0	1	20.0	0	0.0	2	40.0	0	0.0	0	0.0
Inone, Hole												
Residents: 1	100.0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0
Levy, Dontbreakthe												
Residents: 3	66.7	66.7	0	0.0	2	66.7	2	66.7	0	0.0	0	0.0

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Psychoactive & Sedative/Hypnotic Utilization By Resident

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

The following is a comprehensive list of all psychoactive and hypnotic orders for each resident. The Next Evaluation field is the pharmacist's recommendation for the next formal assessment of the particular order. Depending upon the settings chosen, enhanced comments and discontinued medication orders may also be displayed.

Station: 1

Room	Bed	Resident Name / Medication Order / Comments	Next Evaluation
107	B	Misstheofframp, Dont Sedative/Hypnotic Ambien (Zolpidem) <u>Order:</u> Date: 3/13/2003 5mg po hs prn insomnia NTE 9 consecutive doses	monthly - assess need
111	A	Island, Catalina Sedative/Hypnotic Ambien (Zolpidem) <u>Order:</u> Date: 3/12/2003 5mg po hs prn insomnia NTE 9 consecutive doses	monthly - assess need
107	A	Cornfield, Lostinthe Anxiolytic Ativan (Lorazepam) <u>Order:</u> Date: 3/26/2003 1mg IM q4h prn SOB/expressions of anxiety Anxiolytic Ativan (Lorazepam) <u>Order:</u> Date: 3/13/2003 1mg po qhs for anxiety m/b dyspnea	monthly - assess need 7/03
111	C	Halleluyah, Gloryglory Anxiolytic Buspar (Buspirone) <u>Order:</u> Date: 7/15/2002 10mg po tid for dementia with agitated psychotic behavior m/b repetitive anxious concerns	n/a
106	B	Quitecontrary, Mary Antidepressant Celexa (Citalopram) <u>Order:</u> Date: 3/5/2003 40mg po qd for depression m/b persistent crying	n/a
104	C	Submarine, Yello Antidepressant Celexa (Citalopram) <u>Order:</u> Date: 1/28/2003 20mg po qd for depression m/b persistent weeping	n/a

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Psychoactive & Sedative/Hypnotic Utilization By Resident

For Records Updated Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

The following is a comprehensive list of all psychoactive and hypnotic orders for each resident. The Next Evaluation field is the pharmacist's recommendation for the next formal assessment of the particular order. Depending upon the settings chosen, enhanced comments and discontinued medication orders may also be displayed.

Station: 1

Room	Bed	Resident Name / Medication Order / Comments	Next Evaluation
	106 B	Quitecontrary, Mary	
Antidepressant		Celexa (Citalopram) <u>Order:</u> Date: 3/5/2003 40mg po qd for depression m/b persistent crying <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	n/a
Antidepressant		- order 9/24/02 admit 20mg qd - incr 3/5 to 40mg qd Celexa (Citalopram) DC'd: 3/5/2003 <u>Order:</u> Date: 9/24/2002 20mg po qd for depression m/b persistent crying <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	n/a
Antipsychotic		- order 9/24/02 admit Zyprexa (Olanzapine) <u>Order:</u> Date: 3/5/2003 2.5mg po qhs for dementia m/b striking out <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	3/03
Antipsychotic		- order 9/24/02 admit for 2.5mg qhs - increased to 2.5mg bid 2/18/03 - 3/5 redn 2.5mg hs Zyprexa (Olanzapine) DC'd: 3/5/2003 <u>Order:</u> Date: 2/18/2003 2.5mg po bid for dementia m/b striking out <u>Comments:</u> 2/21/2003 - Record upgraded from RxPertise v5.0 Drug Category Monitoring	3/03
		- order 9/24/02 admit for 2.5mg qhs - increased to 2.5mg bid 2/18/03	

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Prepared by: Sample Consultant, Pharm.D., FASCP

Psychoactive And Sedative/Hypnotic Utilization Trends By Station

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Prepared For: **Sample Care Center**

Each visit, efforts are made to monitor and trend psychoactive and sedative/hypnotic utilization. The following results were noted during the date ranges listed below, and are broken down by station to make the data more meaningful. The "#" refers to the number of residents with such order(s), while the "%" refers to the percentage of such order(s) within a particular station.

Please refer to the "Psychoactive Utilization Report" for the entire nursing center for explanations of the different values, as well as comparisons to state and national averages.

Date:	Cumulative Rate (%)	True Rate (%)	Antipsychotics		Anesthetics		Antidepressants		Miscellaneous Psychoactives		Sedative/Hypnotics	
			#	%	#	%	#	%	#	%	#	%
Station: 1												
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	67.7	41.9	8	25.8	4	12.9	12	38.7	1	3.2	6	19.4
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	78.6	46.4	8	28.6	5	17.9	13	46.4	2	7.1	5	17.9
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	58.1	35.5	7	22.6	3	9.7	11	35.5	0	0.0	3	9.7
Station: 2												
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	100.0	81.8	9	40.9	7	31.8	13	59.1	0	0.0	8	36.4
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	82.1	64.3	9	32.1	7	25.0	13	46.4	0	0.0	7	25.0
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	84.0	68.0	8	32.0	7	28.0	13	52.0	0	0.0	6	24.0
Station: 3												
Data compiled on: 1/29/2003 for updates made between 1/1/2003 and 1/29/2003	51.6	45.2	4	12.9	6	19.4	16	51.6	2	6.5	7	22.6
Data compiled on: 2/21/2003 for updates made between 2/1/2003 and 2/21/2003	55.2	48.3	5	17.2	3	10.3	15	51.7	1	3.4	2	6.9
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003	45.2	35.5	2	6.5	3	9.7	7	22.6	0	0.0	10	32.3

* State averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001. State is chosen by the Consultant Pharmacist.

** National averages derived from HCFA Online Survey Certification and Reporting (OSCAR) Records 8/2001.

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Prepared by: Sample Consultant, Pharm.D., FASCP

Analysis Of Recommendation Categories

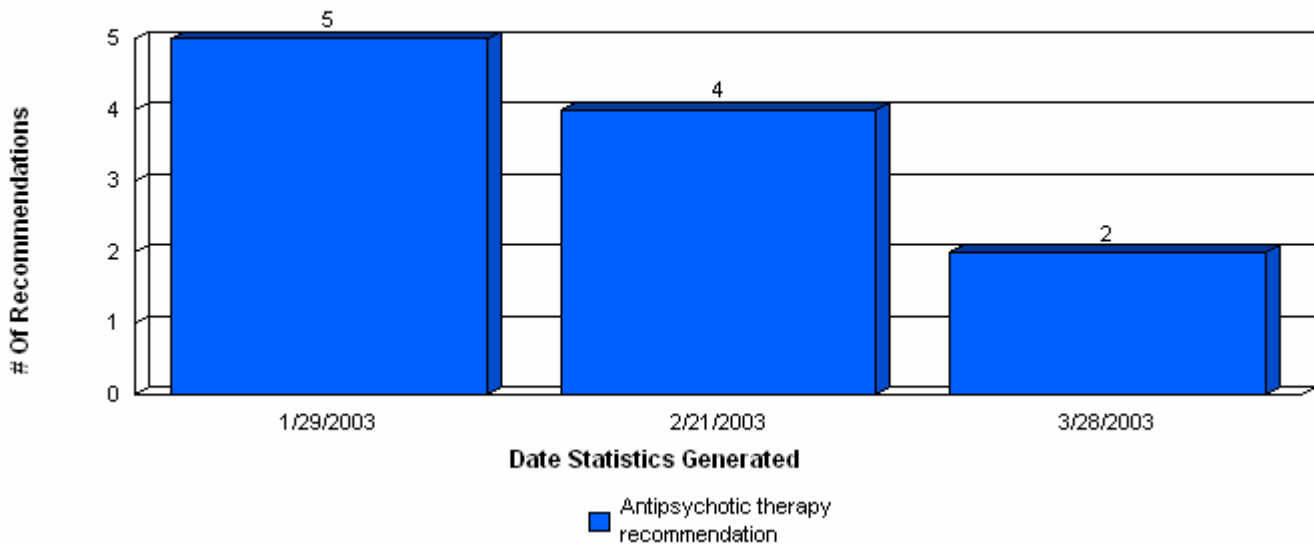
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Prepared For: **Sample Care Center**

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on:	For Recommendations Created Between Dates:	# Of Responses
Antipsychotic therapy recommendation		
1/29/2003	1/1/2003 To 1/29/2003	5
2/21/2003	2/1/2003 To 2/21/2003	4
3/28/2003	3/1/2003 To 3/28/2003	2

Recommendations By Category



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Prepared by: Sample Consultant, Pharm.D., FASCP

Analysis Of Recommendation Categories

Grouped By Date

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Prepared For: **Sample Care Center**

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on: **3/28/2003 12:00:00AM** for outcomes entered between **3/1/2003 12:00:00AM** and **3/28/2003**

Recommendation Category	Recommendations	% Of Total
Administration error	2	4
Antidepressant therapy recommendation	1	2
Antipsychotic therapy recommendation	2	4
Anxiolytic therapy recommendation	4	8
Clinical monitoring request to follow Rx therapy	6	12
Diagnosis needed to support therapy	2	4
Documentation/charting issues	12	24
Extra Audit/Study	1	2
Incomplete Rx Order	1	2
Lab Results Missing	2	4
Medication administration recommendation	7	14
Medication DC request (non-psychoactive)	3	6
Medication increase request (non-psychoactive)	1	2
Order clarification request	1	2
Psychoactive Management	1	2
Risk/benefit documentation	1	2
Transcribing of medication orders	3	6
Total Recommendations:	50	

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Analysis Of Recommendation Categories By Physician

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Prepared For: Sample Care Center

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on: 3/28/2003 for recommendations created between 3/1/2003 and 3/28/2003

Recommendation Category	Recommendations	% Of Total
Physician: Arainyday, Umbrella MD		
Documentation/charting issues	2	100
Total Recommendations For Physician:	2	
Physician: Bravo, Alpha		
Anxiolytic therapy recommendation	2	100
Total Recommendations For Physician:	2	
Physician: Canyousee, Ohsay		
Diagnosis needed to support therapy	1	100
Total Recommendations For Physician:	1	
Physician: Cherry, Choke		
Clinical monitoring request to follow Rx therapy	1	17
Lab Results Missing	1	17
Medication administration recommendation	2	33
Transcribing of medication orders	2	33
Total Recommendations For Physician:	6	
Physician: Firestone, Recall		
Clinical monitoring request to follow Rx therapy	1	100
Total Recommendations For Physician:	1	
Physician: Golucky, Happy		
Diagnosis needed to support therapy	1	100
Total Recommendations For Physician:	1	
Physician: Gonzales, Speedy		
Anxiolytic therapy recommendation	1	17
Medication administration recommendation	1	17
Incomplete Rx Order	1	17
Clinical monitoring request to follow Rx therapy	1	17
Antipsychotic therapy recommendation	1	17
Documentation/charting issues	1	17
Total Recommendations For Physician:	6	

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Prepared by: Sample Consultant, Pharm.D., FASCP

Analysis Of Recommendation Categories By Routing

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Prepared For: **Sample Care Center**

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on: 3/28/2003 for recommendations created between 3/1/2003 and 3/28/2003

Recommendation Category	Recommendations	% Of Total
Routing: IDT		
Anxiolytic therapy recommendation	1	100
Total Recommendations For IDT:	1	
Routing: Internal		
Administration error	2	100
Total Recommendations For Internal:	2	
Routing: MD		
Anxiolytic therapy recommendation	1	100
Total Recommendations For MD:	1	
Routing: None		
Medication increase request (non-psychoactive)	1	100
Total Recommendations For None:	1	
Routing: Nursing		
Extra Audit/Study	1	2
Transcribing of medication orders	3	7
Risk/benefit documentation	1	2
Psychoactive Management	1	2
Order clarification request	1	2
Medication DC request (non-psychoactive)	3	7
Medication administration recommendation	7	16
Incomplete Rx Order	1	2
Documentation/charting issues	12	27
Diagnosis needed to support therapy	2	4
Clinical monitoring request to follow Rx therapy	6	13
Anxiolytic therapy recommendation	2	4
Antipsychotic therapy recommendation	2	4
Antidepressant therapy recommendation	1	2
Lab Results Missing	2	4
Total Recommendations For Nursing:	45	
Total Recommendations:	50	

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Characterization Of Responses To Previous Recommendations

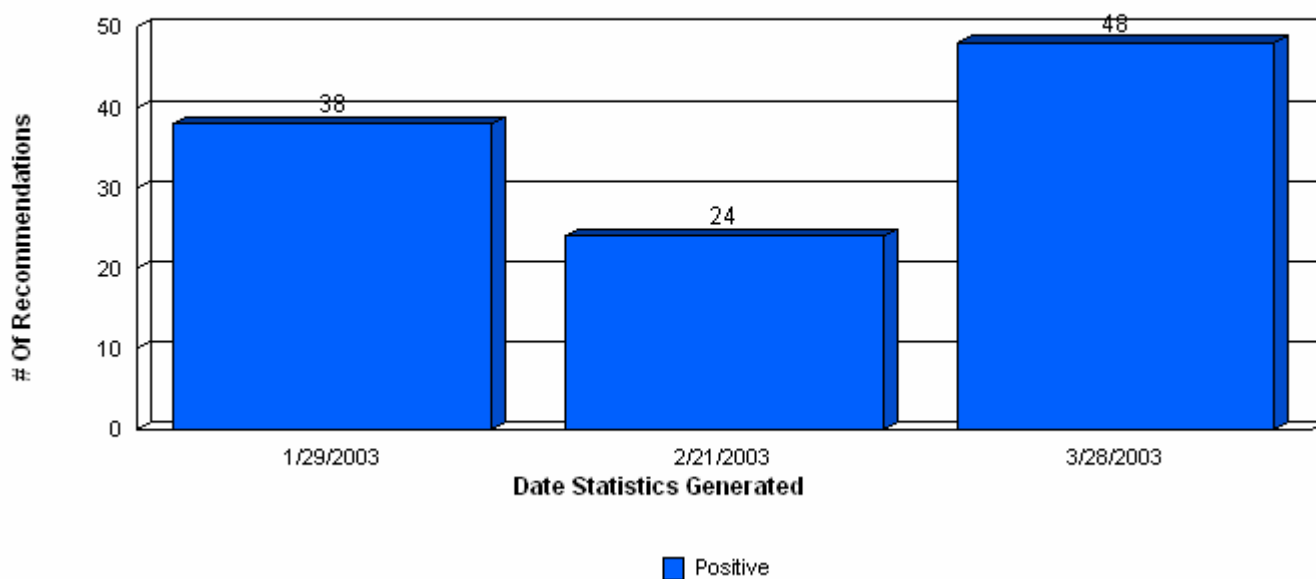
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Prepared For: **Sample Care Center**

As part of an outcome-oriented Drug Regimen Review, tracking of how the previous visit's recommendations were accepted is performed. The following results were tabulated from the follow-up of last visit's recommendations:

Data compiled on:	For Recommendations Created Between Dates:	# Of Responses
Positive		
1/29/2003	1/1/2003 And 1/29/2003	38
2/21/2003	2/1/2003 And 2/21/2003	24
3/28/2003	3/1/2003 And 3/28/2003	48

Recommendations By Response



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Characterization Of Responses To Previous Recommendations **Grouped By Date**

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Prepared For: **Sample Care Center**

As part of an outcome-oriented Drug Regimen Review, tracking of how the previous visit's recommendations were accepted is performed. The following results were tabulated from the follow-up of last visit's recommendations:

Data compiled on: **3/28/2003** for outcomes entered between **3/1/2003** and **3/28/2003**

<u>Outcome</u>	<u># Of Responses</u>	<u>% Of Total</u>
None	0	0
Not Required	14	19
Pending	1	1
Positive	48	67
Negative	2	3
No Response	7	10
Total	72	

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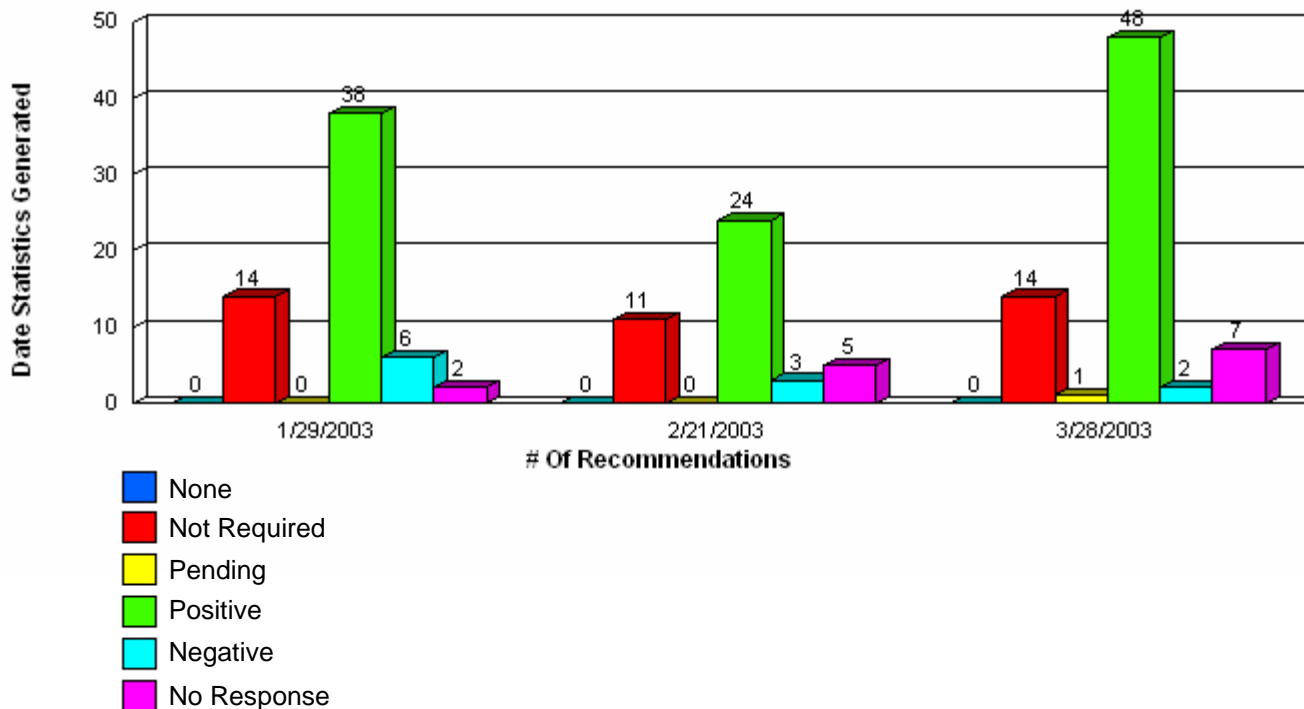
Characterization Of Responses To Previous Recommendations Grouped By Date

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Prepared For: **Sample Care Center**

As part of an outcome-oriented Drug Regimen Review, tracking of how the previous visit's recommendations were accepted is performed. The following results were tabulated from the follow-up of last visit's recommendations:

Total Responses By Type



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Characterization Of Responses To Previous Recommendations By Physician

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Prepared For: **Sample Care Center**

As part of an outcome-oriented Drug Regimen Review, tracking of how the previous visit's recommendations were accepted is performed, and is further broken down by physician. The following results were tabulated from the follow-up of last visit's recommendations:

<u>Outcome</u>	<u># Of Responses</u>	<u>% Of Total</u>
Physician: Levy, Dontbreakthe		
Data compiled on: 3/28/2003 for updates made between 3/1/2003 and 3/28/2003		
None	0	0
Not Required	1	10
Pending	0	0
Positive	8	80
Negative	0	0
No Response	1	10
Total For: 3/28/2003	10	
Total For Physician: Levy, Dontbreakthe	10	

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Analysis Of Recommendation Categories By Routing

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Prepared For: **Sample Care Center**

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on: 3/28/2003 for recommendations created between 3/1/2003 and 3/28/2003

Recommendation Category	Recommendations	% Of Total
Routing: IDT		
Anxiolytic therapy recommendation	1	100
Total Recommendations For IDT:	1	
Routing: Internal		
Administration error	2	100
Total Recommendations For Internal:	2	
Routing: MD		
Anxiolytic therapy recommendation	1	100
Total Recommendations For MD:	1	
Routing: None		
Medication increase request (non-psychoactive)	1	100
Total Recommendations For None:	1	
Routing: Nursing		
Extra Audit/Study	1	2
Transcribing of medication orders	3	7
Risk/benefit documentation	1	2
Psychoactive Management	1	2
Order clarification request	1	2
Medication DC request (non-psychoactive)	3	7
Medication administration recommendation	7	16
Incomplete Rx Order	1	2
Documentation/charting issues	12	27
Diagnosis needed to support therapy	2	4
Clinical monitoring request to follow Rx therapy	6	13
Anxiolytic therapy recommendation	2	4
Antipsychotic therapy recommendation	2	4
Antidepressant therapy recommendation	1	2
Lab Results Missing	2	4
Total Recommendations For Nursing:	45	
Total Recommendations:	50	

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Analysis Of Recommendation Categories By Station

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Prepared For: **Sample Care Center**

Each recommendation is categorized as an ongoing CQI study, to allow the center insight as to where trends of concerns are seen. This month's suggestions were made in the following areas:

Data compiled on: 1/29/2003 for recommendations created between 1/1/2003 and 1/29/2003

Recommendation Category	Recommendations	% Of Total
Station: 1		
Anxiolytic therapy recommendation	3	15
Formulary management	3	15
Medication DC request (non-psychoactive)	2	10
Transcribing of medication orders	7	35
Antipsychotic therapy recommendation	5	25
Total Recommendations For Station 1:	20	
Station: 2		
Medication DC request (non-psychoactive)	5	26
Medication reduction request (non-psychoactive)	7	37
Antidepressant therapy recommendation	6	32
Administration error	1	5
Total Recommendations For Station 2:	19	
Station: 3		
Transcribing of medication orders	1	4
Hypnotic therapy recommendation	4	15
Possible duplication of therapy	6	22
Self-administration of Meds	2	7
Clinical monitoring request to follow Rx therapy	14	52
Total Recommendations For Station 3:	27	
Total Recommendations:	66	

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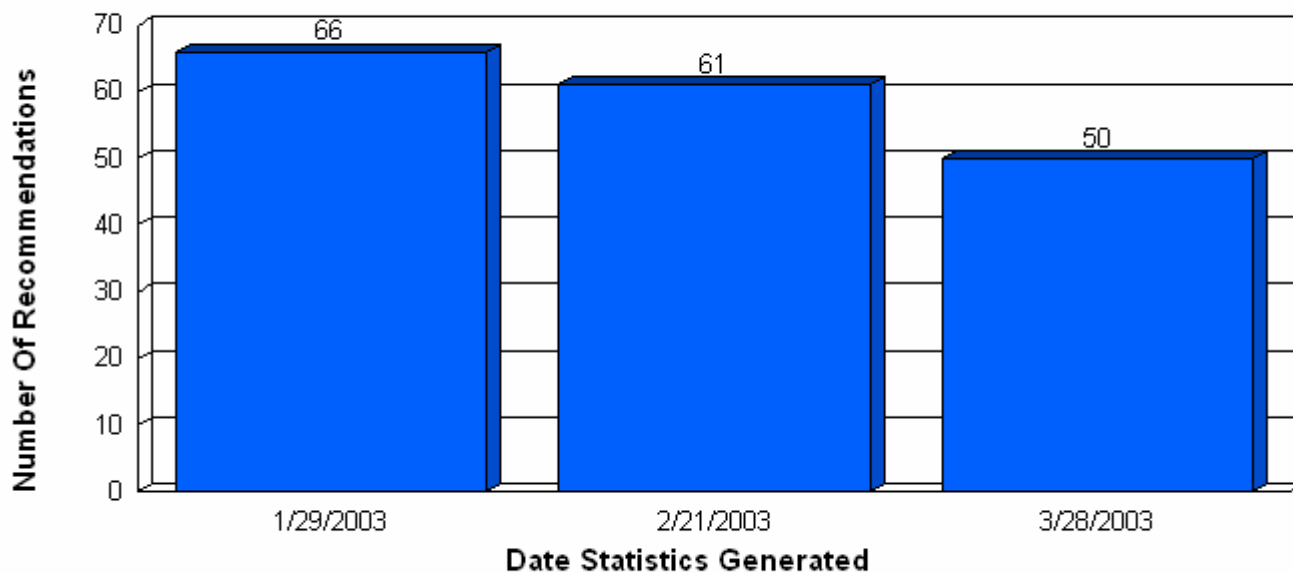
Total Number Of DRR Recommendations Written

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Prepared For: **Sample Care Center**

This graph trends the total number of DRR recommendations written during the specified date ranges.

DRR Recommendation Trending



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Worksheets:

- **Bladder Control Assessment** (for use with Bladder Control Assessment tool)
- **Falls Assessment** (for use with Falls Assessment tool)
- **Geriatric Depression Scale** (for use with GDS tool)
- **Medication Pass Observation** (for performing medication pass observations)
- **Medication Unit Review** (for performing med cart/room audits)
- **Mini-Mental State Exam** (for use with MMSE tool)
- **Pain Assessment** (for use with Pain Assessment tool)
- **Stroke Risk** (for use with Stroke Risk tool)
- **Vulnerable Elderly Survey** (for use with VES tool)

Bladder Control Assessment

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Circle the applicable answer to each question using the scale described below, add up the total, and refer below for scoring.

- 1 = Extremely
- 2 = Moderately
- 3 = Some
- 4 = A Little
- 5 = Not At All

Name: _____

Date: _____

<u>Question</u>	<u>Answer</u>				
1. I worry about not being able to get to the toilet on time.	1	2	3	4	5
2. I worry about coughing or sneezing because I may leak.	1	2	3	4	5
3. I have to be careful standing up after I've been sitting down.	1	2	3	4	5
4. I worry about where toilets are in new places.	1	2	3	4	5
5. I feel depressed because of my incontinence.	1	2	3	4	5
6. I don't feel free to leave my home for long periods of time.	1	2	3	4	5
7. I feel frustrated because my incontinence keeps me from doing what I want.	1	2	3	4	5
8. I worry about others smelling urine on me.	1	2	3	4	5
9. Incontinence is always on my mind.	1	2	3	4	5
10. It's important for me to make frequent trips to the toilet.	1	2	3	4	5
11. Because of my leaking, it is important to plan every detail in advance.	1	2	3	4	5
12. I worry about leaking getting worse as I grow older.	1	2	3	4	5
13. I don't get a good night's sleep because I have to get up to go to the toilet.	1	2	3	4	5
14. I worry about being embarrassed or humiliated because of my incontinence.	1	2	3	4	5
15. My incontinence makes me feel like I'm not a healthy person.	1	2	3	4	5
16. My leaking makes me feel helpless.	1	2	3	4	5
17. I get less enjoyment out of life because of my leaking.	1	2	3	4	5
18. I worry about wetting myself.	1	2	3	4	5
19. I feel I have no control over my bladder.	1	2	3	4	5
20. I have to watch how much I drink because of my incontinence.	1	2	3	4	5
21. My leaking limits my choice of clothing.	1	2	3	4	5
22. I worry about having sex because of my incontinence.	1	2	3	4	5

TOTAL: _____

SCORING: 80 or higher = no significant bladder control problems; 79 or lower = significant bladder control problems

Reference: TH Wagner, T. Bavendam, et. al., *Urology* 47 (1), 1996.

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Fall Risk Assessment Worksheet

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Circle all criteria that apply for this resident. Add all points assigned to each risk factor and generate the subtotals and totals.
Refer below for scoring and risk assessment.

Resident: _____ Station: _____ Room: _____ Date: _____

Diagnoses/Medical Problems

1-2 falls in a month/quarter	2	Bowel incontinence	2
>2 falls in a month/quarter	8	Bladder incontinence	2
Fall-related fracture	5	Arrhythmia	1
Postural hypotension	1	CHF	1
Syncope/dizziness	1	Dementia	1
Decreased hearing	1	Parkinsonism	1
Decreased vision	1	Seizures	1
Aphasia	1	Stroke	1
Unsteady/shuffling gait	2	Arthritis	1
Confusion/delirium/disorientation	2	Casts/splints/slings	1
Agitation/increased anxiety	2	Prosthesis	1

Subtotal of Diagnoses/Medical Problems:

Drug Regimen

Cardiac medication	1	Anxiolytic	2
Antihypertensive	1	NSAID	1
Diuretic	1	Mild narcotic analgesic	1
Antipsychotic	2	Moderate narcotic analgesic	2
Hypnotic	2	Anticonvulsant	1
Sedating antihistamine or sedating antidepressant	2	Hypoglycemic	1

Subtotal of Drug Regimen:

Total of both Subtotals:

SCORING: 0-3 = Minimal Risk 4-7 = Moderate Risk 8 or More = High Risk
--

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Prepared by: Sample Consultant, Pharm.D., FASCP

Reference: Cooper, JW *The Consultant Pharmacist* 1997; 12: 1294-1303

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Geriatric Depression Scale (GDS) Test - Short Form

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Perform the test verbally. Obtain a clear yes or no answer. If necessary, repeat the question. Circle the answer given for each question (depressive answers are bold/underlined). Each depressive answer counts as one (1) point. Refer below for scoring.

Question (how the subject has felt over the past week)

- | | | |
|---|------------|-----------|
| 1. Are you basically satisfied with your life? | Yes | No |
| 2. Have you dropped many of your activities and interests? | Yes | No |
| 3. Do you feel that life is empty? | Yes | No |
| 4. Do you often get bored? | Yes | No |
| 5. Are you in good spirits most of the time? | Yes | No |
| 6. Are you afraid that something bad is going to happen to you? | Yes | No |
| 7. Do you feel happy most of the time? | Yes | No |
| 8. Do you often feel helpless? | Yes | No |
| 9. Do you prefer to stay at home, rather than going out and doing new things? | Yes | No |
| 10. Do you feel you have more problems with memory than most? | Yes | No |
| 11. Do you think it is wonderful to be alive now? | Yes | No |
| 12. Do you feel pretty worthless the way you are now? | Yes | No |
| 13. Do you feel full of energy? | Yes | No |
| 14. Do you feel that your situation is hopeless? | Yes | No |
| 15. Do you think that most people are better off than you are? | Yes | No |

Scoring: A score of 0-5 is normal. A score above 5 suggests depression

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Prepared by: Sample Consultant, Pharm.D., FASCP

Reference: Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist* 1986;5:265.

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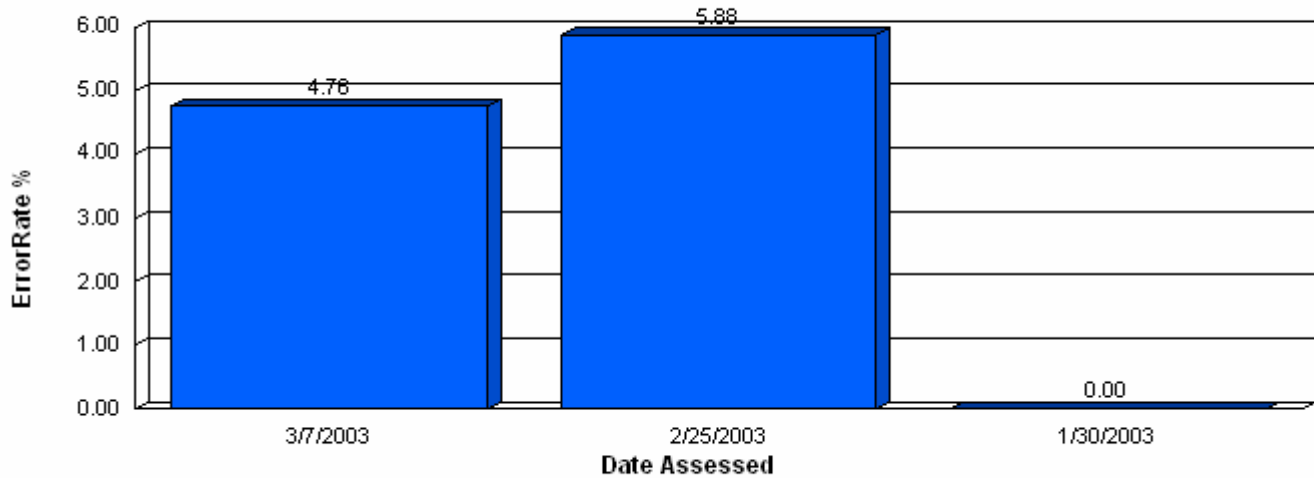
Medication Pass Observation Summary

For Observations Conducted Between 1/1/2003 And 4/30/2003

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Prepared For: **Sample Care Center**

Med Pass Error Rate Trend



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Prepared by: Sample Consultant, Pharm.D., FASCP

Medication Unit Review

Center: _____ Station: _____ Date: _____

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Category	Code*	Additional comments
A. Medication room review	G N	A.
Internal medications separate from external medications.	<input type="checkbox"/>	
All medications/irrigation solutions in date.	<input type="checkbox"/>	
Med room/refrigerator clean and orderly.	<input type="checkbox"/>	
Discontinued medications properly stored/dated.	<input type="checkbox"/>	
Medication room/cabinets secured. Nursing has keys.	<input type="checkbox"/>	
Refrigerated medications are separate from foods.	<input type="checkbox"/>	
Medication refrigerator temperature between 36-46F.	<input type="checkbox"/>	
B. Labeling of medications		B.
Labels are legible, not torn/soiled.	<input type="checkbox"/>	
Directions for use on all Rx medications (not OTC)	<input type="checkbox"/>	
Medications dated when opened when required.	<input type="checkbox"/>	
C. Emergency Kit and Records		C.
E-Kits are in date.	<input type="checkbox"/>	PO ___/___ IV ___/___ C-2 ___/___ IM ___/___ Ref. ___/___ Other ___/___
E-Kits opened are recorded/reordered per policy.	<input type="checkbox"/>	
E-Kits are relocked after opening.	<input type="checkbox"/>	
D. Ordering and receiving of medications		D.
New meds ordered from pharmacy are documented.	<input type="checkbox"/>	
Medications are signed in when received from pharmacy.	<input type="checkbox"/>	
Refill sheets are used properly for refill medications.	<input type="checkbox"/>	
E. QA records for blood glucose machine		E.
Machine is checked q 24 hours or per policy.	<input type="checkbox"/>	
Results are in range/steps taken if out of range.	<input type="checkbox"/>	
Machine is cleaned daily or per policy.	<input type="checkbox"/>	
Serial # of machine is documented.	<input type="checkbox"/>	
F. Medication cart review		F.
Medication cart is clean and orderly.	<input type="checkbox"/>	
All medications are identified.	<input type="checkbox"/>	
All medications are in date.	<input type="checkbox"/>	
Cart is locked and secured. Nursing has keys.	<input type="checkbox"/>	
Internals stored separately from externals.	<input type="checkbox"/>	
Eye medications separate from other medications.	<input type="checkbox"/>	
Medications dated when opened where required.	<input type="checkbox"/>	
Narcotic drawer locked.	<input type="checkbox"/>	
Controlled medications are stored per policy.	<input type="checkbox"/>	
No recapped needles. Sharps container < 3/4 full.	<input type="checkbox"/>	
Liquid bottles are clean, not sticky.	<input type="checkbox"/>	
Medications are not repackaged.	<input type="checkbox"/>	
Oral syringes are rinsed and capped.	<input type="checkbox"/>	
DC'ed/expired meds are removed from med cart timely.	<input type="checkbox"/>	
Directions for use are current with MD's order.	<input type="checkbox"/>	

*Code legend: G = In Good Review, N = Needs Attention

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Mini Mental State Examination (MMSE)

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Date: _____ Station: _____
Resident: _____ Room: _____

Maximum Score	Actual Score	Question
		A. Orientation (1 point for each correct answer)
5	_____	What is the Day? Date? Month? Season? Year?
5	_____	What State are we in? County? Town? Hospital? Floor/Station/Room?
		B. Immediate Recall
3	_____	Name three unrelated objects (ex. ball, flag, tree). Allow about one second to say each. Then ask the subject to repeat them. The first repetition determines the score (0-3), but keep saying them until he/she can repeat all 3, up to 6 tries. If he/she does not eventually learn all 3, recall cannot be meaningfully tested.
		C. Attention
5	_____	Ask the subject to begin with 100 and count backwards by 7. Stop after 5 subtractions. Score the correct subtractions (i.e. 93, 86, 79, 72, 65). Alternatively, spell WORLD backwards. The score is the number of letters in correct position. For example, "DLROW" is 5, "DLORW" is 3, "LROWD" is 0.
		D. Delayed Verbal Recall
3	_____	Ask the subject to recall the 3 words you previously asked him/her to remember. Score 1 point for each correct answer.
		E. Language
9	_____	Show the subject a wrist watch and ask him/her what it is. Repeat for pencil. One point for each correct answer.
	_____	Ask the subject to repeat the following: "No ifs, ands, or buts." One point for correct answer.
	_____	Ask the subject to follow a three-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." One point for each of the three steps, subtotal of 3 points.
	_____	Hold up a card reading, "Close your eyes", so the subject can see it clearly. Ask him/her to read it and do what it says. Score 1 point only if the subject actually closes his/her eyes.
	_____	Give subject a piece of paper and ask him/her to write a sentence. It is to be written spontaneously. It must contain a subject and verb and be sensible. Correct grammar and punctuation are not necessary. Score 1 point.
	_____	Ask the subject to copy a design, such as the intersecting pentagons below. Score 1 point for all 10 angles being present with two intersecting angles.



SCORING - Cognitive Impairment is: 0 = Profound 1-9 = Severe 10-19 = Moderate 20-23 = Mild 24-30 = Normal

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Prepared by: Sample Consultant, Pharm.D., FASCP

References: Crum, et al., JAMA 193;269:2386-91, Folstein et al., J Psych Res 1975;12:196-98

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Pain Assessment

This page header line is fully customizable.

Name: _____ Date: _____

1. Are you in pain on a regular basis? Hourly Daily Weekly Occasionally Never

2. Do you take routine pain medication? Yes: _____ No: _____

3. Do you take pain medication as needed? Yes: _____ No: _____

4. If you take pain medication, does it help? Completely Somewhat Never

5. What is causing your pain? Arthritis Injury-related Nerve pain Other: _____

6. Where is your pain located? _____

7. How would you describe your pain?

Sore Heavy Sharp Dull Shooting Pressing

Burning Cramping Aching Stinging Tingling Other: _____

8. Has your pain been: Acute (a recent, sudden onset) Chronic (ongoing for some time)

9. How would you describe your pain at its **WORST** in the last 24 hours, using the scale

0	1	2	3	4	5	6	7	8	9	10
No Pain					Interferes with Activities					Worst Possible Pain

10. How would you describe your pain at its **LEAST** in the last 24 hours, using the scale below?

0	1	2	3	4	5	6	7	8	9	10
No Pain					Interferes with Activities					Worst Possible Pain

11. How would you describe your pain **ON THE AVERAGE**, using the scale below?

0	1	2	3	4	5	6	7	8	9	10
No Pain					Interferes with Activities					Worst Possible Pain

12. How would you describe your pain **RIGHT NOW**, using the scale below?

0	1	2	3	4	5	6	7	8	9	10
No Pain					Interferes with Activities					Worst Possible Pain

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Prepared by: Sample Consultant, Pharm.D., FASCP

Stroke Risk Assessment Worksheet

This page header line is fully customizable.

Age (between 55-84): _____

Gender: Male Female

Systolic blood pressure: _____

Taking antihypertensives? Yes No

Diabetes? Yes No

Smoker? Yes No

History of Cardiovascular Disease (CVD)? Yes No

History of Atrial fibrillation? Yes No

Left Ventricular Hypertrophy on ECG? Yes No

SCORING: Enter in the data into the Stroke Risk Assessment in RxPertise 6.0 to compute the risk of developing stroke.

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Prepared by: Sample Consultant, Pharm.D., FASCP

Reference: Wolf PA D'Agostino RB et al. Probability of stroke: A risk profile from the Framingham study. Stroke. 1991; 22: 312-318.

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Vulnerable Elders Survey Assessment Worksheet

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Enter all criteria that apply for this resident. Add all points assigned to generate the total. Refer below for scoring and risk assessment.

Resident: _____ Station: _____ Room: _____ Date: _____

1. Age: _____

SCORE: 1 point for age 75-84, 3 points for age 85 and older

2. In general, compared to other people your age, would you say that your health is:

- Poor
- Fair
- Good
- Very good
- Excellent

SCORE: 1 point for fair or poor

3. How much difficulty, **on average**, do you have with the following physical activities:

	<u>None</u>	<u>A little</u>	<u>Some</u>	<u>A lot*</u>	<u>Unable to do*</u>
a. stooping, crouching or kneeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. lifting or carrying objects as heavy as 10 pounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. reaching or extending arms above shoulder level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. writing, or handling and grasping small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. walking a quarter of a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. heavy housework such as scrubbing floors or washing windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: 1 point for each * response, maximum of 2 points

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Prepared by: Sample Consultant, Pharm.D., FASCP

Reference: J Am Geriatr Soc 49:1691-1699, 2001

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