Southern	Santé
Health	Sud

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POLICY SUBJECT:

Automatic Reassessment of Medication Orders

PURPOSE:

To promote safe medication practices by following the automatic reassessment of medication orders.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Medications vary in their respective side effect and toxicity profiles and an Automatic Reassessment of Medication Orders provides for an opportunity for review prior to further continuation of higher risk medications in order to enhance patient safety. Medication orders will not be stopped until reassessed by the prescriber.

All Prescriber's orders will be reassessed on a regular basis unless:

- the order indicates the exact number of doses, or
- > the duration of treatment is specified on the medication order, or
- > the prescriber has reordered the medication for a specific duration.

IMPORTANT POINTS TO CONSIDER:

The major goals can be defined as follows:

> Encourage reassessment of a patient's clinical condition and response to medication therapy

- Review the response to therapy on the basis of laboratory, microbiology and diagnostic imaging reports
- > Reassess the need for continuation, change or discontinuation of pharmacotherapy
- Encourage safe and rational drug use by preventing unreasonable and prolonged use of medications

PROCEDURE:

Pharmacy:

> Will supply medication for the period specified.

Nursing:

- Will indicate on the Medication Administration Record (MAR) when the last dose of the medication is to be administered. This applies to both individualized and ward stock medications.
- Will notify the prescriber within 24 hours prior to the last dose of the reassessment time frame to allow for appropriate patient medication review.

Prescriber:

Will reassess the patient and either reorder, change or discontinue the therapy. The order needs to be re-written completely following the Medication Order Writing (<u>CLI.6010.PL.011</u>).

SUPPORTING DOCUMENTS:

CLI.6010.PL.005.SD.01 MAR Example LTC – Warfarin Monitoring

	Automatic Reassessment of	of Medicatior	n Orders	
Antibiotics * (also antibacterials, antifungals, antiparasites, antivirals)	IV		Oral/Topical (including ophthalmic and otic)	
	Every 72 hours		Every 7 days	
Narcotic and controlled drugs (excluding benzodiazepines, zopiclone, barbiturates)	Acute use in hospital	Chronic use in hospital Every 7 days		Palliative, rehab, Personal Care Home residents and/or awaiting placement
	Every 72 hours			New starts: 7 days Maintenance: every 3 months
Anticoagulants (heparin and LMWH for DVT prophylaxis)		Hospital		Patients/residents in Personal Care Home and/or awaiting placement
		Every 5 days		Every 10 days
Warfarin		Every month (INR)		Every month (INR)*
Pre-operative medications	Discontinue when patient goes for surgery and reassess after surgery			
Steroids	Oral/topical/injectable			Every 7 days

Automatic Reassessment of Medication Orders exists for the following medications:

*see CLI.6010.PL.005.SD.001 MAR Example LTC – Warfarin Monitoring Automatic Reassessment of Medication Orders CLI.6010.PL.005