Pharmacy Review Resources for Surveyors Nursing Homes ICF/MRs Assisted Living

Every effort is made to assure the accuracy of the attached information.

This information is not intended to be used as a tool to prescribe medication or provide other clinical services.

This information is intended as a tool for DQA surveyors to assist in evaluating medication therapy only.

Updated February 16, 2007

Drug Regimen Review Guide

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Abilify/ Aripiprazole	Table I F329 Antipsychotic Medication	Schizophrenia (Will be used for behaviors in dementia)	10-15mg/day	* Antipsychotic Protocol TD, orthostatic hypotension Response to targeted behaviors. Qualitative and Quantitative	TD, orthostatic hypotension
Actonel/ Risedronate	Table I F329 Osteoporosis Medication Must take 30-60 min prior to meal with only water	Osteoporosis	5 mg/day or 35 mg weekly dose	May need vitamin D and Calcium supplements if not adequate dietary intake	GI upset, dysphagia, esophagitis, ulcers Potential Clinical Trigger: Prilosec or similar medications for GERD
Actoplus Met / Pioglitazone and metformin	Table I F329 Antidiabetic Medication	Type II Diabetes		Blood glucose levels, liver and kidney function, hematocrit and hemoglobin annually, signs of lactic acidosis, edema, weight gain	
Actos/ Pioglitazone	Table I F329 Antidiabetic Medication	Type II Diabetes	15-30mg/day	Blood sugar, Liver enzymes, edema, weight gain	Hypoglycemia with symptoms including tachycardia, palpitations, irritability, headache, confusion, seizures
Advicor / Lovastatin	Table I F329 Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Advil (motrin)/ Ibuprofen	Table I F329 Analgesic	Arthritis, pain, inflammatory diseases	Up to 3200 mg	See Side effects Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	GI distress, stool for blood, flank pain, increased BP
AeroBid / Flunisolide	Table I Respiratory Medications			Rinse mouth after administration risk for candidiasis (nystatin or fluconazole clinical trigger medication)	
Akineton/ Biperident	Table II ANTICHOLINERGIC	Parkinson's	Up to 6mg	See side effects	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Aldactone / Spironolactone	Table I Cardiac Medication	Diuretic		Fluid and electrolyte balance, urinary incontinence, falls	•
Aldomet/ Methyldopa	Table I Cardiac Medications	HTN	Up to 2000 mg		Sedation, nightmares, nasal stuffiness, decrease heart rate, worsen depression

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Altace / Ramipril	Table I Cardiac Medications	Hypertension		Blood pressure, K levels, cough	
Amaryl / Glimepiride	Table I Antidiabetic Medications				
Ambien/ Zolpidem	Table I Sedative Hypnotic	Insomnia	5 mg	Sedative Hypnotic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Amikacin	Table I Cardiac Medications			Baseline and regular renal function tests; serum medication concentrations (not necessary if given as a single one time dose)	
Amiodarone	Table I Cardiac Medications	Antiarrhythmic		See side effects Monitor if using with digoxin or warfarin	Pulmonary toxicity, hepatic injury, hypothyroidism, exacerbate existing arrhythmia, worsening heart failure, impaired mental function
Amytal/ Amobarbital	Table I Sedative Hypnotic	Sedative dental/medical procedures Avoid use in COPD	To 200 mg.	Sedative Hypnotic Protocol Do not withdraw rapidlymust use gradual dose reduction.	Respiratory depression, lethargy, ↓ cognitive and ADL functioning, aggressive and psych behaviors, hyperactivity, SIB, drowsiness, dizziness, headache, constipation mental depression, nausea, vomiting, diarrhea
Anafranil/ Clomipramine	Table II ANTICHOLINERGIC	Obsessive compulsive disorder Not drug of choice for depression in elderly	Up to 200mg	Behaviors	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain, card, arrhythmia's
Antara / Fenofibrate	Table I Cholesterol Lowering Medication	High cholesterol		CBC at baseline and after starting; regular LFT's	
Aranesp / darbepoetin	Table I Hemantics			Blood pressure, baseline serum Fe, ferritin, frequent CBC,	
Aricept/ Donepezil	Table I Cognitive Enhancers	Alzheimer's mild to moderate	5-10mg	For effect with standardized scale or functional assessment. Cholinergic effect.	Nausea, diarrhea, insomnia, fatigue, muscle cramps.
Artane/ Trihexyphenidyl	Table II ANTICHOLINERGIC	Parkonsonism	6 mg	ВРН	

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Asendin/ Amoxapine	Table II ANTICHOLINERGIC	Depression	Up to 300mg	Tardive Dyskinesia,	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.
Aspirin	Table I F329 Analgesic	Pain, fever, inflammation, anticoagulant (TIA's stroke)	Up to 3000 mg, Some enteric coated forms, some controlled release. DO NOT CRUSH	For symptoms of hemorrhaging (especially in doses >325mg/day in combination with another NSAID)	GI distress, ringing ears
Atacand / Candesartan	Table I Cardiac Medication	Hypertension		Blood pressure, K levels	
Atarax (vistaril)/ Hydroxyzine	Table II ANTICHOLINERGIC	itching, rash	> 50 mg	Other Psycopharmacologic Protocol	Change in behavior, cognitive or ADL functioning, urinary retention, constipation, sedation, dry mouth,
				Sedative Hypnotic Protocol	blurred vision, constipation, confusion
Ativan/ Lorazepam	Table I Anxiolytics	Sleep, seizure	> 2 mg	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech,
				Sedative Hypnotic Protocol	difficulty swallowing. Breathing problems
Atromid / Clofibrate	Table I Cholesterol Lowering Agents	High cholesterol	>	CBC at baseline and after starting; regular LFT's	
Atrovent/ Ipratropium	Table I Respiratory Medications	COPD, asthma, emphysema, bronchitis	2 inhalations up to 4 x a day	Anticholinergic	Nervousness, insomnia, urinary difficulty, Dry mouth
Avandamet / Rosiglitazone and Metformin	Table I Antidiabetic Medications			Blood Sugars, FBS q 2 mo.(70-110) HBA1c q 3 mo. up to 7-8. Renal and hepatic function, vision changes, edema, weight gain	
Avandia/ Rosiglitazone	Table I Antidiabetic Medications	Diabetes	4mg/day	Hemoglobin A1c, Liver enzymes Vision changes due to new onset or worsening of macular edema, weight gain, edema	Hypoglycemia
Avapro / Irbesartan	Table I Cardiac Medications	Hypertension		Blood pressure, K levels	
Avelox/ Moxifloxacin	Table I Antibiotics				
Azamacort / triamcinolone acetonide	Table I Respiratory Medication				
Baclofen	Table I	Muscle relaxant		Anticholinergic	

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
	Muscle Relaxant				
Beclovent/ Beclomethasone	Table I Respiratory Medication	Inflammatory disease (COPD, arthritis, skin allergies)	Up to 2 puffs 4 times a day	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Benadryl/ Diphenhydramine	Table II ANTICHOLINERGIC	Drug induced EPS (tremor rigidity), sleep, rash, itching, Parkinson's	50 mg	❖ Other Psycopharmacologic Protocol❖ Sedative Hypnotic Protocol	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, constipation, confusion
Benicar / Olmesartan	Table I Cardiac Medication	Hypertension		Blood pressure, K levels	
Bentyl/ Dicyclomine	Table II Anticholinergic Medications	GI Distress - Not drug of choice in elderly			Dry mouth, blurred vision, urinary retention, constipation, confusion
Betamethasone		Inflammatory disease (COPD, arthritis, skin allergies)	Up to 9 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Blocadren / Timolol	Table I Cardiac Medication				
Boniva / ibandronate	Table I Osteoporosis Medication	Osteoporosis		GI complications, bone density, jaw necrosis	
Brevibloc / Esmolol	Table I Cardiac Medication				
Bumex/ Bumetanide	Table I Cardiac Medication	Edema, HTN, CHF Loop diuretic	Up to 2 mg	Potassium 30 days after start or every 6 mo. if on digoxin. BP every week	Dehydration, low blood pressure, muscle cramps
Buspar/ Buspirone	Table I Anxiolytic Medication	Generalized anxiety disorder, Organic mental syndrome, panic disorder, anxiety	Up to 60 mg	Other Psycopharmacologic Protocol	Changes in cognitive or ADL function, behavior
Butazolidin/ Phenylbutazone		Not drug of choice			Blood disorders/blood cell production disorders
Butisol/ Butabarbital		None Avoid use in COPD	None	Do not withdraw rapidlymust use gradual dose reduction. Dose reduction must occur 2x in one year to conclude contraindicated.	Respiratory depression, lethargy, \$\psi\$ cognitive and ADL functioning, aggressive and psych behaviors, hyperactivity, SIB, drowsiness, dizziness, headache, constipation mental depression, nausea, vomiting, diarrhea
Calan/	Table I	HTN, angina, cardiac	Up to 480 mg,	BP and pulse weekly	Constipation, bleeding

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Verapamil	Cardiac Medication	arrhythmia	some forms time release, do not crush.		
Capoten/ Captopril	Table I Cardiac Medication	HTN, CHF, diabetic nephropathy	Up to 100 mg	BP weekly, watch for cough and concommitant use of cough drops cough syrup etc.	Low BP, cough
Carafate/ Sucralfate		Ulcer, reflux, esophagitis	Up to 4000 mg. On an empty stomach. Liquid- SHAKE WELL	None	None
Cardizem/ Diltiazem	Table I Cardiac Medication	Angina, Tachycardia, HTN	Up to 360 mg. Capsule is time release. Do not crush.	Blood pressure weekly	Dizziness, bleeding
Cardura / Doxazosin	Table I Cardiac Medication	Hypertension, BPH		Titrate slowly to prevent hypotension and syncope and administer qhs	Hypotension and syncope during first few doses.
Celebrex/ Celecoxib	Table I F329 Analgesic Medication	Pain, anti-inflammatory, arthritis	200mg a day	None	Dyspepsia, diarrhea, abdominal pain, peripheral edema, dizziness.
Celexa/ Citalopram	Table I Antidepressant	Depression	20-40mg	Other Psycopharmacologic Protocol	Nausea, dry mouth, somnolence
Centrax/ Prazepam	Table I Anxiolytic	Gen. anxiety, panic, OMS, sleep Avoid use in COPD	Attempt short acting first; 15mg	Other Psycopharmacologic Protocol Behavior, OMS quantitative counts of specific behaviors	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Chloral Hydrate	Table I Sedative Hypnotic	Insomnia, sedative	Child/Over65 up to 500 mg. Under 65 up to	Other Psycopharmacologic Protocol	Behavior, cognition and ADL functioning, headache, sedation
			1000mg.	Sedative Hypnotic Protocol	
Chlorpheniramine	Table II ANTICHOLINERGIC	Not drug of choice in elderly.			Dry mouth, blurred vision, urinary retention, constipation, confusion
Cipro/ Ciprofloxacin	Table I Antibiotic	Infection to sensitive organisms	Up to 3000 mg	Culture and sensitivity or minimum inhibitory conc. conc. (MIC)	Diarrhea, seizure
Clinoril/ Sulindac		Pain, Anti-inflammatory, arthritis	Up to 400mg	GI bleed and BP	GI distress, stool for blood, flank pain, increased BP
Clozaril/ Clozapine	Table II ANTICHOLINERGIC	Antipsychotic	Second line 50 mg	* Antipsychotic Protocol	Low white count, orth. Hypotension, urinary retention, drooling, lethargy, fecal impaction, tremor, cognitive and

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					ADL changes, falls
Cogentin/ Benztropine	Table II ANTICHOLINERGIC	Parkinson, S.E. of antipsychotic meds.	Up to 4 mg	See side effects.	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Compazine/ Prochlorperazine	Table II ANTICHOLINERGIC	Antipsychotic	10 mg	Antipsychotic Protocol Nausea and vomiting short term	Abnormal movements, drooling, restlessness, mask like face, EPS, tremor, cognitive or ADL changes, falls, sedation
Comptan/ Entacapone	Table I Antiparkinson Medication	Parkinson's	200 mg with each dose of Sinemet	Clinical effect	Hallucination, hypotension, CNS depression
Corgard/ Nadolol	Table I Cardiac Medication	HTN, angina, prevent second MI, aggressive behaviors	To 240 mg for medical, 100mg adults/75mg child for behaviors. Capsule form is time release, do not crush.	Pulse and BP weekly, or as determined by MD if used for behaviors.	Slow pulse and ↓ BP, sleep problems, breathing problems, weakness, lethargy, depression,
Cortone/ Cortisone		Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 300 mg.	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Coumadin/ Warfarin	Table I Anticoagulant	Anticoagulant (stroke, at. Fib., thrombosis, MI)	Up to 10 mg	INR	Bleeding bruising
Cozaar / Losartan	Table I Cardiac Medication	Hypertension		Blood pressure, K levels	
Crestor/ Rosuvastatin	Table I Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Cyclospasmol/ Cyclandelate		Not drug of choice in elderly			Mild flushing, tingling, headache, dizziness, sweating, weakness, increased heart rate
Cymbalta/ Duoloxetine	Table I Antidepressant			Other Psycopharmacologic Protocol	
				diabetic peripheral neuropathic pain: pain scale score	

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				blood pressure, liver function ocular pressure, in patients with raised ocular pressure or at risk of acute narrow angle glaucoma withdrawal symptoms during abrupt discontinuation of therapy	
Cyproheptadine	Table II ANTICHOLINERGIC	Antihistamine H-1 blocker			
Cytotec/ Misoprostol		Prevent ulcer from NSAIDs	400-800 mg	See side effects.	Diarrhea
Dalmane/ Flurazepam	Table I Sedative Hypnotic	Insomnia Avoid use in COPD	Attempt short acting first. > 15 mg	 ❖ Other Psycopharmacologic Protocol ❖ Sedative Hypnotic Protocol 	Unexplained change in cognitive or ADL function or behavior, confusion, weakness, dizziness, fainting, trouble walking, increased risks of falls/ fractures, drowsiness, slurred speech, difficulty swallowing. breathing problems
Dantrium / dantrolene	Table II ANTICHOLINERGIC	Muscle relaxer			
Darvon/ Darvocet	Table I F329 Analgesic Medication	Pain	Plain to 260 mg. N to 400 mg.	NOT RECOMMENDED IN THE ELDERLY	Behavior changes, lethargy, seizures, constipation, cognitive loss (impaired memory, decision making, and ability to speak, understand, recognize what is seen, and coordinate learned movements) Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision
Daypro/ Oxaprozin		Pain, Anti-inflammatory, arthritis	Up to 1800mg.	GI bleed and BP	GI distress, stool for blood, flank pain, increased BP
Demadex / Torsemide	Table I Cardiac Medication	diuretic			
Demerol/ Meperidine	Table I F329 Analgesic Medication	Not drug of choice in chronic pain, short term only.	Oral med is usually not effective		Respiratory depression, orthostatic hypotension Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
					mouth, blurred vision, constipation, confusion
Desyrel/ Trazadone	Table I Antidepressant Sedative Hypnotic	Depression or sleep	Up to 300 mg over 65; up to 600 mg under 65	 ❖ Other Psycopharmacologic Protocol ❖ Sedative Hypnotic Protocol 50 mg for sleep is common. Sleep protocol does not apply. Above 50 mg please review 	Pulse problems, low BP, dizziness, sedation
Detrol / Tolterodine	Table I Urinary Incontinence Medication Table II ANTICHOLINERGIC			Effects of medication on urinary incontinence and lower urinary tract symptoms.	
Dexone/ Dexamethasone	Table I Glucocorticoid	Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 16 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Diabenese/ Chlorpropamide	Table I Antidiabetic Medication	Not drug of choice in elderly Diabetes		Hypoglycemia	Prolonged and serious low blood sugars: sweating, rapid heart rate, tremor. Low sodium
Diabeta/ Glyburide	Table I Antidiabetic Medication	Diabetes	Up to 20 mg	Blood sugar or Hemoglobin A1C every 60 days, every 3 mo. normal (70-110)	See above
Diflucan / fluconazole	Table I Antifungal Medication			When given with warfarin, phenytoin, theophylline, sulfonylureas	
Digitec / Digoxin	Table I Cardiac Medications	CHF, AFib, paroxysmal supraventricular tachycardia, atrial flutter		Kidney function, electrolytes, serum digoxin levels	
Dilantin/ Phenytoin	Table I Anticonvulsants	Seizure disorder, cardiac problems, pain	Up to 600 mg Liquid- SHAKE WELL.	CBC, liver, every 12 mos. drug level within 2 weeks of dose change, seizure, ADR, med that can affect level (10-20)	Lethargy, gum problems
Dilaudid/	Table I F329	Pain			Urinary retention, incontinence,

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Hydromorphone	Analgesic Medication				reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, card. Arrhythmia's, constipation, confusion
Diovan / Valsartan	Table I Cardiac Medication	Hypertension		Blood pressure, K levels	
Ditropan/ Oxybutynin	Table II ANTICHOLINERGIC	Bladder/urinary tract Antispasmodic	Up to 20 mg daily	Urgency, frequent incontinence, nocturia	Drowsiness, blurred vision, weakness, constipation, urinary retention, delirium, confusion, hallucinations, and dry mouth, nose, and throat, reflux, incontinence, hydronephrosis.
Divalproex/ Valproic Acid	Table I Anticonvulsant	Seizures, behaviors	Up to 2000 mg. Some forms enteric coated, do not crush.	CBC, liver, every 12 mo. drug level within 2 weeks of dose change, seizure, ADR, med that can affect level (50-100)	GI upset, behavior or ADL changes, jaundice, tremor
Docusate (DSS)		Constipation	Up to 1000 mg	None	Diarrhea
Dolobid/ Diflunisal	Table I F329 Analgesic Medication	Pain, Anti-inflammatory, arthritis Avoid use in residents with active or recurrent gastritis, ulcer or GERD; blood clotting disorders	Up to 1500mg.	GI Bleed and BP Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	GI distress, stool for blood, flank pain, increased BP
Donnatal/ Belladona alkaloids	Table II ANTICHOLINERGIC	Not drug of choice.			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Doral/ Quazepam	Table I Anxiolytic	Gen. anxiety, panic, OMS, sleep Avoid use in COPD	Short acting first. > 7.5 mg	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Dulcolax/ Bisacodyl		Stimulant Laxative	Up to 10 mg	See side effects	Diarrhea
Duragesic /FENTANYL	Table I F329 Analgesic Medication	Pain	None	Pain Control	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, constipation, confusion

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Dymelor/ acetohexamide	Table I F329 Antidiabetic Medication	Type II Diabetes		Blood glucose levels	Hypoglycemia with symptoms including tachycardia, palpitations, irritability, headache, confusion, seizures
DynaCirc / Isradipine	Table I Cardiovascular Medication				
Dyrenium / Triamterene	Table I Cardiac Medication	diuretic			
Effexor/ Venlafaxine	Table I Antidepressant	Depression	Under 65 to 375 mg., over 65 to 225 mg., 100 mg., if liver or kidney concerns	❖ Other Psycopharmacologic Protocol Behaviors	Nausea, lethargy, dizziness, sweating, decrease appetite, tremor, constipation
Elavil/ Amitriptyline	Table I Antidepressant Table II ANTICHOLINERGIC	Depression, pain – Not drug of choice in elderly for depression. Neurogenic pain may be appropriate if risk benefit done.	Under 64 up to 300 mg Over 65 up to 150 mg	❖ Other Psycopharmacologic Protocol Blood pressure the 1st week, Behaviors, constipation	Seizures, fecal impaction, dry mouth, blurred vision, tachycardia, orthostatic hypotension, urinary retention, sedation, constipation, confusion, delirium, or hallucinations, falls
Eldepryl / Selegiline	Table I Parkinsons Agent				
Enablex / Darifenacin	Table I Urinary Incontinence Medication	Urge in continenece		Effects of medication on urinary incontinence and lower urinary tract symptoms.	
Ethycrinic acid	Table I Cardiovascular Medication	Diuretic		Electrolytes, blood pressure, urinary incontinance	
Evista/ Raloxifene	Table I Osteoporosis Medication	Osteoporosis	60 mg/day		INR if on warfarin, thrombotic events
Evoxac/ Cevimeline	•	For Sjogren		Side Effects and hydration	Sweating, urinary frequency, Hydration,
Exelon/ Rivastigmine	Table I Cognitive Enhancers	Alzheimer	6 mg bid max		Nausea, Vomiting, diarrhea, anorexia
Felbatol/ Felbamate	Table I Anticonvulsant Medication	Partial seizures with or without secondary generalization	Up to 3600 mg Liquid -SHAKE WELL	CBC, liver, every 3-12 mos.drug level within 2 weeks of dose change, seizure, ADR, med that can affect level (10-20)	Liver toxicity, headache, insomnia, anorexia, fatigue, nausea, vomiting, dyspepsia, weight loss, constipation, diarrhea, aplastic anemia
Feldene/	Table I F329	Arthritis, pain,	Up to 20 mg	B. P. dark stools	GI distress, flank pain, BP, behaviors

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Piroxicam	Analgesic Medication	inflammatory disease Not drug of choice in elderly female		Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	
Ferrous Sulfate	Table I Iron	Iron deficiency Anemia	Up to 1200 mg (usually 300 mg/d)	Hemoglobin 1st month Hematocrit 1st then qyr.	Black stools, abdominal pain, constipation
Flexeril/ Cyclobenzaprine	Table II ANTICHOLINERGIC	Not drug of choice in elderly			Sedation, weakness, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, hallucinations
Flomax / Tamsulosin	Table II ANTICHOLINERGIC	Antihypertensive, BPH		Titrate slowly to prevent hypotension and syncope and administer qhs, urodynamic studies; CBC with differential, and LFT's, blood pressure, heart rate	
Flovent /	Table I				
Fluticasone	Respiratory Agent				
Floxin/ Ofloxacin	Table I Antibiotic				
Folic Acid		Folic acid deficiency	Up to 1 mg	Hemoglobin and Hematocrit within first 30 days of initiation	Rash or allergic reaction
Foradil / Formoterol	Table I Respiratory Medication				
Fosamax/ Alendronate	Table I Osteoporosis Medication Take on empty stomach,	Osteoporosis	5 mg/day or 70 mg/week	GI complications, bone density, jaw necrosis	GI/Esophageal irritation
	with glass of water, 30-60 minutes before a meal				
Gentamicin	Table I Antibiotic			Baseline and regular renal function tests; serum medication concentrations (not necessary if given as a single one time dose)	
Geodon/ Ziprasidone	Table I Antipsychotic	Antipsychotic	Injectable now available	* Antipsychotic Protocol	Antipsychotic monitoring including risk for heart arrhythmia.
Glucophage/ Metformin	Table I Antidiabetic Medication	Diabetes	1500-2000mg a day	Blood Sugars, FBS q 2 mo.(70-110) HBA1c q 3 mo. up to 7-8 Watch Renal Function Hepatic Function	GI distress, taste alteration, lactic acidosis.
Glucotrol/ Glipizide	Table I Antidiabetic Medication	Diabetes	Up to 40 mg. XL form is osmotic	Blood sugar or Hemoglobin A1C every 60 days, every 3 mo. normal	Poor blood sugar control, fast heart rate, thirst, sweating, frequent

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			time release, do not crush.	(70-110)	urination
Halcion/ Triazolam	Table I Sedative Hypnotic	Sleep	0.125 mg	Sedative Hypnotic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Haldol/ Haloperidol	Table I Antipsychotic Medication	Antipsychotic	4mg	* Antipsychotic Protocol	Abnormal movements, constant leg movements, tremor, drooling, mask like face, sedation
Hydergine/ Ergyloid mesylates		Cerebral decline in aging. Not shown effective for dementia	10 mg	Mental Status	Nausea and GI disturbances
Hydrochlorthiazid e (HCTZ)	Table I Cardiovascular Medication	Edema, HTN	Up to 100 mg	Potassium within 30 days of start; every 6 mo. if on digoxin, BP weekly	Dehydration low BP, leg cramps
Hydrocortisone	Table I Glucocorticoid	Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 200 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Hytrin / Terazosin	Table I Cardiovascular Medication	Antihypertensive, BPH			
Inderal/ Propranolol	Table I Cardiovascular Medication	HTN, angina, tremors, cardiac arrhythmia's, HA, prevent second MI, aggressive behavior	To 300 mg for medical, 200mg adults/150mg child for behaviors. Capsule form is time release, do not crush.	Pulse and BP weekly, or as determined by MD if used for behaviors.	Slow pulse and ↓ BP, sleep problems, breathing problems, weakness, lethargy, depression,
Indocin/ Indomethacin	Table I F329 Analgesic Medication	Not drug of choice in elderly, Gout, pain if used in a resident with active or recurrent gastritis, ulcer or GERD; blood clotting disorders		Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	Headache, dizziness, vertigo, depression, somnolence, fatigue, confusion
Insulin	Table I Antidiabetic medication	Diabetes	Lispro within 15 minutes of eating.	Blood sugar, q 60 days (70-110) Hemoglobin A1c, q 3 months up to	Poor glucose control, fast heart rate, sweating, thirst, urinary frequency

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
			Please check the tyoe of insulin someone is receiving. There are many new products each requiring different timing for administration that are extremely important	7-8	
Intal / cromolyn	Table I Respiratory Medication				
Iron	Table I Iron			Baseline serum Fe/ferritin, periodic CBC/HCT/Hbg	
Isordil/ Isosorbide Dinitrate	Table I Cardiovascular Medication	Angina, CHF	Up to 80 mg. 40mg is time release, do not crush.	Tolerance can develop; watch for pain control, BP monthly	Chest pain, headache, dizziness, blurred vision
Isosorbide mononitrate	Table I Cardiovascular Medication				
Kemadrin/ Procyclidine	Anticholinergic	Parkinson's	Up to 7.5mg	None	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, urinary retention, constipation, confusion
Keppra/ Levetiracetam	Table I Anticonvulsant Medication			Other Psycopharmacologic Protocol No blood levels monitor for effect. Kidney function- reduce dose if Cr.Cl is under 80.	•
Ketoconazole	Table I Antifungal Medication			When given with warfarin, phenytoin, theophylline, or sulfonylureas.	
Klonopin/ Clonazepam	Table I Anxiolytic Medication	Gen. anxiety, OMS, panic, seizure, T.D., noct. Myoclonus	Short acting first > 1.5 mg	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
					problems
Lamictal/ Lamotragine	Table I Anticonvulsant Medication	Seizures, pain, behaviors	Up to 500mg	Other Psycopharmacologic Protocol Many drug interactions. Monitor drug levels when changing doses.	Life Threatening rashes, report immediately. Headache, Nausea, GI upset, dizzy, fatigue, ↓muscle coord. Runny nose, vision concerns.
Lanoxin/Digoxin	Table I Cardiovascular Medication Table II ANTICHOLINERGIC	CHF, Atrial fib, flutter , or tachycardia	If not for atrial arrhythmia: At. Fib. up to 0.25mg	Pulse daily for 1 week then weekly (50-100) drug level only if problem (0.8-2.0)	Wt. loss(anorexia), diarrhea, nausea, vomiting, pulse out of range, visual problems, headache, fatigue, drowsiness, generalized muscle weakness
Lantus/ Insulin Gargine	Table I Antidiabetic Medication	Diabetes		Do not dilute.	Blood sugar. This is long acting insulin given once per day.
Lasix/ Furosemide	Table I Cardiovascular Medication Table II ANTICHOLINERGIC	Edema, HTN, CHF, CDPD	Up to 200 mg	Potassium 30 days after start and every 6 months if on digoxin, blood pressure weekly	Dehydration, low BP, muscle cramps
Lescol / Fluvastatin	Table I Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Levaquin/ levofloxacin	Table I Antibiotics				
Levsin/ Hyoscyamine	Table II ANTICHOLINERGIC	Not drug of choice in elderly			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Lexapro/ Escitalopram	Table I Antidepressant Medication	Antidepressant	10 mg/day	Other Psycopharmacologic Protocol	Hyponatremia, seretonin syndrome, witdrawl syndrome
Librax/ Clidinium	Table II ANTICHOLINERGIC	Not drug of choice in elderly			Dry mouth, blurred vision, urinary retention, constipation, confusion
Librium/ Chlordiazepoxide	Table II ANTICHOLINERGIC	Gen. anxiety, OMS, panic, alcohol withdrawal Avoid use in COPD	Attempt short acting first. > 20 mg/day	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion, weakness, dizziness, fainting, trouble walking, increased risks of falls/ fractures, drowsiness, slurred speech,

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
					difficulty swallowing. breathing problems
Limibitrol/ Chlordiazepoxide -amitriptyline	Table II ANTICHOLINERGIC				
Lipitor / Atorvastatin	Table I Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Lithium	Table I Antimanic Medication	Bipolar, manic psychosis, cancer and AIDS	Up to 1800 mg, one form of tablet is time release, do not crush.	Li level q 3 mo. (0.5-1.5) (Crea. CBC UA EE FBS q 1 yr.)	Tremor, nausea, lethargy, muscle weakness, slurred speech
Lodine/ Etodolac	Table I Analgesic	Pain, Anti-inflammatory, arthritis	1200mg	GI Bleed and BP	GI distress, stool for blood, flank pain, increased BP
Lopid/ Gemfibrozil	Table I Cholesterol Lowering Medication	Hyperlipidemia	1200 mg	Serum triglyceride concentrations Serum cholesterol conc. (prior to initiation and periodically)	Anemia, stomach pain, gas or heartburn, sedation
Lopressor/ Metoprolol	Table I Cardiovascular Medication	Angina, HTN, cardiac arrhythmia's, tremor, headache	Up to 200 mg. One form time release, do not crush.	Blood pressure weekly Pulse weekly	Sedation, depression, nightmares
Lotensin / Benazepril	Table I Cardiovascular Medication	Antihypertensive		Blood pressure, K levels	
Loxitane/ Loxapine	Table I Antipsychotic Medication	Antipsychotic	10 mg	* Antipsychotic Protocol	Abnormal movements, restlessness, mask like face, drooling, EPS, tremor, lethargy, falls, cognitive or ADL changes, sedation
Ludiomil/ Maprotiline		Depression	Up to 150mg.	None	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, cardiac Arrhythmia's, constipation, confusion
Lunesta / Eszopiclone	Table I Sedative Hypnotic			Sedative Hypnotic Protocol	
Luvox/ Fluvoxamine	Table I Antidepressant	Obsessive compulsive disorder, depression	Under 65 to 300 mg., over 65 to 150 mg.	Other Psycopharmacologic Protocol behaviors	Drowsiness, nausea, weakness, insomnia, GI discomfort
Macrodantin/ Nitrofurantoin		UTI	Up to 400 mg. With food	Culture and sensitivity UA, BUN or Creatinne	Breathing problems

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
			Liquid -SHAKE WELL		
Marinol / dronabinol	Table I Orexigenics (appetite stimulants)	Appetitie stimulant		Appetite and weight. Discontinue if not effective.	
Marplan/ Isocarboxazid	Table I Antidepressant			Other Psycopharmacologic Protocol	MAOI
Maxair Autohaler / pirbuterol	Table I Respiratory Medications				
Meclizine	Table II ANTICHOLINERGIC	Antihistamine H-1 blocker			
Meclofenamate	Table I F329 Analgesic Medication			Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	
Megesterol acetate	Table I Orexigenics (appetite stimulants)	Appetite stimulant		Weight and appetite. Discontinue if not effective.	
Mellaril/ Thioridazine	Table I Antipsychotic Table II ANTICHOLINERGIC	Antipsychotic	2 mg	* Antipsychotic Protocol	Abnormal movements, lethargy, drooling, cognitive or ADL change, tremor, mask like face, sedation
Methadone	Table I F329 Analgesic Medication			Variable half life so toxicity may happen later even when there is thought to be a stable dose	
Methocarbamol	Table I Muscle Relaxant				
methylprednisolo ne	Table I Glucocorticoid				
Miltown/ Meprobamate	Table I Sedative Hypnotic	Not drug of choice in elderly-very addictive		Sedative Hypnotic Protocol Do not withdraw rapidlymust use gradual dose reduction.	Drowsiness, difficulty walking, highly addictive and sedating.
Minipress / Prazosin	Table I Cardiovascular Medication	Antihypertensive, BPH Generally avoided in older individuals due to CNS side effects		Titrate slowly to prevent hypotension and syncope and administer qhs	Hypotension, weakness, light- headedness, dizziness, diarrhea, palpitations, tachycardia

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Mirapex/ Pramipexole	Table I Antiparkinson's Medication	Parkinson's	Start at 0.125mg adjusted for renal function	Blood pressure, mental status	Drowsiness, hypotension, nausea
Moban/ Molindone	Table I Antipsychotic Mecdication	Antipsychotic	10 mg	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, drooling, tremor, mask like face, cognitive or ADL changes, sedation, Falls
Monopril / Fosinopril	Table I Cardiovascular Medication	Antihypertensive		Blood pressure, K levels	
Morphine	Table I F329 Analgesic Medication	Pain	No upper limit; titrate to pain relief. Some tablet forms are time release, do not crush. May give these rectally, watch for expulsion.	Breathing and mental status	Respiration's below 12 a minute, major drop in cognitive status, constipation Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, confusion
Namenda/ Memantine	Table I Cognitive Enhancers	Moderate to Servere Alzhimer's	20 mg/day		anorexia, frequent urination, dizziness, and syncope
Naprosyn/ Naproxen	Table I F329 Analgesic Medication	Arthritis, pain, inflammation	Up to 1375 mg. One form controlled release-Do not crush. Liquid -SHAKE WELL	Blood pressure monthly Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	GI distress, flank pain, increase BP, cognitive change
Nardil/ Phenelzine	Table I Antidepressant Medication	Depression		Other Psycopharmacologic Protocol Diet and supplements	High Blood Pressure
Navane/ Thiothixene	Table I Antipsychotic Medication	Antipsychotic	2 mg	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, drooling, tremor, mask like face, cognitive or ADL changes, falls, sedation
Nembutal/ Pentobarbital	Table I Sedative Hypnotic	Not drug of choice in elderly for sleep Avoid use in COPD		Sedative Hypnotic Protocol Do not withdraw rapidlymust use gradual dose reduction.	Drowsiness, lethargy, dizziness, headache, mental depression, nausea, vomiting, diarrhea, constipation

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Neurontin/ Gabapentin	Table I Anticonvulsant Medication	Seizures, pain, behavior	Seizures- to 1800mg Pain - to 2400 to 3600mg Behaviors - 2400mg	Other Psycopharmacologic Protocol No blood levels monitor for effect. Kidney function- reduce dose if Cr.Cl is under 60.	↓ muscle coordination, fatigue, dizzy,
Nexium / Esomeprazole	Table I Gastrointestinal Medication	PPI			
Nitrodur/ Nitroglycerin	Table I Cardiovascular Medication	Angina, CHF	0.4 5-6X under the tongue only; oral 13 mg; Patch up to 15 mg; ointment 2 inches Patch Rotate Sites	Tolerance can develop to this med. Watch for effect	Poor control, headache, dizziness, blurred vision
Noludar/ Methylprylon	Table I Sedative Hypnotic			Sedative Hypnotic Protocol	
Nolvadex/ Tamoxifen	**	Cancer	Up to 40 mg	None	Weakness, GI distress, vision or cognitive change
Norpace/ Disopyramide	Table II ANTICHOLINERGIC	Not drug of choice in elderly, May cause CHF			Decreases contraction of the heart, water retention/swelling, wt. gain, chest pain, difficulty breathing, fainting, low blood pressure, dry mouth, blurred vision, urinary retention, constipation, confusion
Norpramin/ Desipramine	Table I Antidepressant Table II ANTICHOLINERGIC	Depression, pain	150 mg this is second line drug	Other Psycopharmacologic Protocol Blood pressure and pulse once a week, behaviors	Seizures, fecal impact, tachycardia, Orth. Hypo., sedation, urinary retention, incontinence, reflux, pyelonephritis, nephritis, low-grade temp, low back pain.
Norvasc / Amlodipine	Table I Cardiovascular Medication				
Orphenadrine	Table II ANTICHOLINERGIC				
Orudis/ Ketoprofen	Table I Analgesic	Pain, Anti-inflammatory, arthritis	Up to 300mg	GI Bleed and BP	GI distress, stool for blood, flank pain, increased BP
Oxandrin / oxandrolone	Table I Orexigenics (appetite stimulants)	Appetite stimulant		Weight and appetite. Discontinue if not effective.	
Oxycontin/Oxyco	Table I F329	Pain	No upper limit;	Breathing and mental status	Respiration's below 12 a minute,

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
done	Analgesic Medication		titrate to pain relief. Some tablet forms are time release, do not crush. May give these rectally, watch for expulsion.		major drop in cognitive status, constipation Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, confusion
Pamelor/ Nortriptyline	Table I Antidepressant Medication Table II ANTICHOLINERGIC	Depression, pain	Up to 100 mg	Other Psycopharmacologic Protocol Behaviors, BP the 1st week	Seizures, Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion, card. Arrhythmia's.
Paraflex/ Chlorzoxazone	Table I Muscle Relaxant	Not drug of choice in elderly.			Sedation, weakness, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, hallucinations
Parlodel/ Bromocriptine	Table I Parkinson's Medication	Parkinson's	Up to 10 mg	Blood pressure	Low BP tremors, behavior changes
Parnate/ Tranylcypromine	Table I Antidepressant	Depression		Other Psycopharmacologic Protocol Diet and supplements	High blood pressure
Paxil/ Paroxetine	Table I Antidepressant Table II ANTICHOLINERGIC	Depression	Up to 40 mg New long acting formdo not crush	Other Psycopharmacologic Protocol Monitor behaviors	Weight loss, nausea, diarrhea, fatigue Drug interactions high for elderly population
Paxipam/ Halazepam	Table I Sedative Hypnotic	Gen. anxiety, OMS, panic, sleep	Attempt short acting first; > 40 mg	Sedative Hypnotic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
PBZ/ Tripelanamine		Antihistamine –Not drug of choice in elderly			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, urinary retention, constipation, confusion
Pepcid / famotidine	Table I Gastrointestinal Medication	H-2 antagonist			

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Periactin/ Cyproheptadine	Table I Cough, Cold and Allergy Medications Table II ANTICHOLINERGIC	Not drug of choice in elderly			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Persantine/ Dipyridamole		Not drug of choice in elderly unless artificial heart valves.	Up to 400mg a day	Blood clotting	Orthostatic hypotension
Phenergan/ promethazine	Table II ANTICHOLINERGIC	Nausea -Not drug of choice in elderly			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, urinary retention, constipation, confusion
Phenobarbital	Table I Anticonvulsant Medication	Seizure disorders Avoid use in COPD	Up to 100 mg	CBC, liver, every 12 mos.drug level within 2 weeks of dose change, seizure, ADR, med that can affect level (15-40)	Respiratory depression, lethargy, ↓ cognitive and ADL functioning, aggressive and psych behaviors, hyperactivity, SIB.
Piroxicam/ Fenoprofen	Table I Analgesic	Pain, Anti-inflammatory, arthritis	Up to 3200mg	GI Bleed and BP	GI distress, stool for blood, flank pain, increased BP
Placidyl/ Ethylchlorvynol	Table I Sedative Hypnotic		1 x doses for procedures may be ok.	Sedative Hypnotic Protocol Do not withdraw rapidlymust use gradual dose reduction.	
Plavix/ Clopidogrel	Table I Platelet Inhibitor	Blood thinner (like aspirin)	75 mg/day	Side effects	Bleeding & bruising, nutropenia
Polaramine/ Dexchlorphenira mine		Not drug of choice in elderly Avoid use in BPH Use with caution in residents with Constipation			Dry mouth, blurred vision, urinary retention, constipation, confusion
Potassium		Hypokalemia, Diuretic use	Up to 100 meq. Must dilute most forms or give in 4 ounces of juice.	Drug level (3.5-5) within 1 mo. of change or dose or diuretic.	Nausea, dyspepsia, vomiting, abdominal pain, heartburn, epigastric pain, diarrhea, flatulence.

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
			Do not crush solid forms.		
Prandin / Repaglinide	Table I Antidiabetic Medication			Blood glucose levels	
Pravachol / Pravastatin	Table I Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Precose/ acarbose	Table I Antidiabetic Medication			Blood glucose levels	
Prednisolone		Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 40 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Prednisone	Table I Glucocorticoids	Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 40 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Prevacid/ Lanoprazole	Table I Gastrointestinal Medication	Gastroparesis, ulcer, GERD	15-30mg Do not chew or crush contents of capsule	None	Diarrhea, Nausea, abdominal pain, bloating.
Prilosec/ Omeprazole	Table I Gastrointestinal Mecication	Gastric reflux, hypersecretory conditions	Up to 60 mg. Swallow whole before meals. Don't crush or chew.	Therapeutic doses beyond 90 days.	Headache, diarrhea
Primidone	Table I Anticonvulant Medication			Other Psycopharmacologic Protocol Periodic serum medication concentrations; therapeutic range 5- 12 mcg/mL; CBC and sequential multiple analysis-12 test every 6 months	
Probanthine/ Propantheline		Not drug of choice in elderly Avoid use in BPH			Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
					mouth, blurred vision, urinary
Procardia XL, Adalat CC / Nifedipine long- acting	Table I Cardiovascular Medication Table II ANTICHOLINERGIC				retention, constipation, confusion
Procrit / erythropoetin	Table I Hemantinics			Blood pressure, baseline serum Fe, ferritin, frequent CBC	
Prolixin/ Fluphenazine	Table I Antipsychotic Medications	Antipsychotic	4 mg	* Antipsychotic Protocol	Abnormal movements, restlessness, tremor, mask like face, drooling, cognitive and ADL changes, orth. hypotension, sedation
Promethazine	Table I Cough, Cold and Allergy Medications				
Propantheline	Table II ANTICHOLINERGIC				
Propoxyphene	Table I Analgesic Medication	Pain Use with caution in residents with Constipation	Plain up to 260 mg; nap. up to 400 mg	None	Behavior changes, lethargy, seizures, constipation, cognitive loss (impaired memory, decision making, and ability to speak, understand, recognize what is seen, and coordinate learned movements) Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, confusion
Prosom/ Estazolam	Table I Sedative Hypnotic	*general anxiety disorder *panic disorder *OMS *symptomatic anxiety with another psych diagnosis	0.5 mg	 ❖ Other Psycopharmacologic Protocol ❖ Sedative Hypnotic Protocol 	Unexplained change in cognitive or ADL function or behavior, confusion Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Protonix / rabeprazole	Table I Gastrointestinal Medication	PPI			
Proventil (Ventolin)/ Albuterol	Table I Respiratory Medication	COPD, Asthma, Bronchitis, Emphysema,	2 inhalations every 4 hours to 6 hours	Typically an as needed medication. Extensive use may be a sign of uncontrolled asthma	Restlessness, tremor, high blood pressure

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Prozac/ Fluoxetine	Table I Antidepressant Medication	Depression, weight loss, obsessive compulsive disorder	Up to 20 mg	Other Psycopharmacologic Protocol Behaviors	Rash, change in mental functioning, seizures
Pulmicort / Budesonide	Table I Respiratory Medication				
Questran / Cholestyramine	Table I Cholesterol Lowering Medication	High cholesterol			
QVAR / Beclomethasone	Table I Glucocorticoids				
Razadyne (Reminyl)/ Galantamine	Table I Cognitive Enhancers	Alzhiemer's	Up to 12mg twice per day	For effect with standardized scale or functional assessment. Cholinergic effect.	Nausea, diarrhea, insomnia, fatigue, muscle cramps.
Reglan/ Metoclopramide	Table I Gastrointestinal Medication	GI distress, Gastroparesis, reflux, nausea, vomiting	Up to 40 mg	Tardive Dyskinesia	Constipation, abnormal movements, tremor, leg motion, depression
Relafen/ Nabumetone	Table I Analgesic Medication	Pain, Anti-inflammatory, arthritis	Up to 2000mg.	GI Bleed and BP	GI distress, stool for blood, flank pain, increased BP
Remeron/ Mirtazapine	Table I Antidepressant Medication	Depression/Sleep	7.5 mg/day-15 mg/day	❖ Other Psycopharmacologic Protocol Depression, weightloss, sleep	Anticholinergic, Highly sedating
Requip/ Ropinirole	Table I Antiparkinson's Medication	Parkinson's	Start at 0.25 mg adjust for renal function	Clinical effect	Hallucination, hypotension, CNS depression
Restoril/ Temazepam	Table I Sedative Hypnotic	Sleep	7.5 mg	Sedative Hypnotic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Risperdal/ Risperidone	Table I Antipsychotic Medication	Antipsychotic	2 mg	* Antipsychotic Protocol	Abnormal movements, EPS, insomnia, leg movements, agitation
Ritalin/ Methylphenidate		Depression, narcolepsy, ADHD			
Robaxin/ Methocarbamol	Table I Muscle Relaxant	Muscle Relaxant - Not drug of choice in elderly			Sedation, weakness, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, hallucinations

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Rozerem / Ramelteon	Table I Sedative Hypnotic			Sedative Hypnotic Protocol	
Salsalate	, and the second	Pain	Up to 2000 mg	Hematocrit (periodically during prolonged high dose therapy)	GI upset
Sanctura / Trospium	Table I Urinary Incontinence Meciation Table II	Urge incontinence		Effects of medication on urinary incontinence and lower urinary tract symptoms.	
	ANTICHOLINERGIC				
Seconal/ Secobarbital	Table I Sedative Hypnotic	Not drug of choice in elderly for sleep Avoid use in COPD		Sedative Hypnotic Protocol Do not withdraw rapidlymust use gradual dose reduction.	Drowsiness, lethargy, dizziness, headache, mental depression, nausea, vomiting, diarrhea, constipation
Serax/ Oxazepam	Table I Anxiolytic	*general anxiety disorder *panic disorder *OMS *symptomatic anxiety with another psych diagnosis	15 mg insomnia 30 mg for other	 ❖ Other Psycopharmacologic Protocol ❖ Sedative Hypnotic Protocol 	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Serentil/ Mesoridazine	Table I Antipsychotic Medication	Antipsychotic	25 mg	* Antipsychotic Protocol	Abnormal movements, lethargy, falls, tremor, EPS, mask like face, urinary retention, constipation, drooling, cognitive or ADL changes, sedation
Serevent / Salmeterol	Table I Respiratory Medication				,
Seroquel/ Quetiapine	Table I Antipsychotic	Antipsychotic	200 mg Dosages may go higher than this	* Antipsychotic Protocol	Changes in cognitive or ADL behavior, abnormal movements, lethargy, Falls.
Serpasil/ Reserpine		Not drug of choice in elderly			Depression, impotence, sedation, orthostatic hypotension
Serzone/ Nefazodone	Table I Antidepressant	Depression	Under 65 to 600 mg., over 65 to 300 mg.	Other Psycopharmacologic Protocol Behaviors	Lethargy, dry mouth, constipation, nausea, dizziness, insomnia, weakness Hepatotoxicity caution in elderly
Sinemet/ Carbidopa/levodo pa	Table I Antiparkinson's	Parkinson's	Up to 200/2000 mg .One extended release form-Do not crush	Tremor	Behavior changes, low BP Watch for high protein meals and Vit.B6 as can cause decrease effect.

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Sinequan/ Doxepin	Table I Antidepressant Table II ANTICHOLINERGIC	Depression, anxiety, ulcer Not drug of choice in elderly	Under 65 up to 300 mg Over 65 up to 150 mg	Other Psycopharmacologic Protocol Behaviors	Changes in cognitive ADL function, taste, fecal impact, increased heart rate, sedation, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, or hallucinations
Skelaxin/ Metaxalone	Table I Muscle Relaxant	Muscle relaxant – Not drug of choice in elderly			Sedation, weakness, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, hallucinations
Solumedrol/ Methyl prednisone	Table I Glucocorticoid	Inflammatory disease (COPD, arthritis, skin allergies) Avoid use in resident with active or recurrent gastritis, ulcer or GERD.	Up to 40 mg	Wt. gain, BP monthly	Behavior changes, edema, infections, worsen diabetic control
Soma/ Carisoprodol	Table I Muscle Relaxant ANTICHOLINERGIC	Muscle relaxant – Not drug of choice in elderly.		See side effects	Sedation, weakness, dry mouth, blurred vision, urinary retention, constipation, confusion, delirium, hallucinations
Sonata / Zaleplon	Table I Sedative Hypnotic			Sedative Hypnotic Protocol	
Sparine/ Promazine	Table I Antipsychotic	Antipsychotic	150 mg	* Antipsychotic Protocol	Abnormal movements, EPS, restelessness, mask like face, tremor, drooling, cognitive or ADL changes, falls, sedation
Spiriva / Tiotropium	Table I Respiratory Medication				
Spironolactone (HCTZ)	Table I Cardiovascular Medication	HTN, edema	Up to 100 mg.	BP weekly, Potassium within 1 mo. of dose change	GI distress, breast tenderness, depression
Sporanox / Itraconazole	Table I Antifungal Medication			When given with warfain, phenytoin, theophylline, or sulfonylureas	
Stalevo / carbidopa / levodopa / entacapone	Table I Antiparkinson's Medication	Anti-parkinson		Time in "on" and "off" states and parkinsonian symptoms; CBC, Chem 7, uric acid, heartrate, blood pressure, ECG	
Stelazine/ Trifluoperazine	Table I Antipsychotic Medication	Antipsychotic	8 mg	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, drooling, tremor, mask like face, cognitive or ADL changes, falls, sedation

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Sudafed/ Psuedoephedrine	Table I Cough, cold and Allergy Medication	Decongestant			
Sular / Nisoldipine	Table I Cardiovascular Medication				
Symmetrel / Amantadine	Table II ANTICHOLINERGIC				
Synthroid/ Levothyroxine	Table I Thyroid Medicaiton	Hypothyroidism, cancer	Up to 1 mg	T3 or T4 or TSH or FTI after dose change	Wt. loss, rapid pulse, insomnia, tremor, nervousness
Tagamet/ Cimetidine	Table I Gastrointestinal Medication Table II	Ulcer, hypersecretory disease, Gas.Eso.Reflux Disease(GERD)	Up to 1600 mg	Length of active treatment beyond 90 days. Check dx	Behavior changes or cognitive changes
Talwin/ Pentazocine	ANTICHOLINERGIC	Not drug of choice in elderly			Confusion, hallucinations, dizziness, lightheadedness, euphoria, sedation
Taractan/ Chlorprothixene	Table I Antipsychotic Medication	Antipsychotic	OMS to 75 mg.	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, mask like face, drooling, orth. Hypotension, sedation, cognitive and ADL changes
Tegretol/ Carbamazepine	Table I Anticonvulant Medication	Seizures, pain, affective behaviors	Up to 1600 mg.	♦ Other Psycopharmacologic Protocol CBC, liver, electrolyte every 12 mos.drug level within 2 weeks of dose change, seizure, ADR,	Fever, sore throat, mouth ulcer, rash, bruising, sedation
Tenormin/ Atenolol	Table I Cardiovascular Medication	HTN, Angina, cardiac arrhythmia, tremors, headache, behaviors	Up to 100 mg	Pulse and blood pressure weekly	Low BP, pulse or breathing problems
Tevetan / Eprosartan	Table I Cardiovascular Medication	Hypertension		Blood pressure, K levels	
Theophylline	Table I Respiratory Medication	Asthma, COPD, emphysema Can cause or worsen insomnia	Up to 900 mg many time- released forms, do not crush.	Theophylline level 2 weeks after dose change (10-20). Monitor for symptoms of toxicity:arrhythmia, seizure, GI upset, diarrhea, nausea, vomiting, abdominal pain, nervousness, headache, insomnia, distress, dizziness, muscle cramps, tremor	Restlessness, agitation, behavior change

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Thorazine/ Chlorpromazine	Table I Antipsychotic Medication Table II ANTICHOLINERGIC	Antipsychotic Nausea, hiccoughs	OMS to 75 mg.	Postural hypotension, cognitive/behavior impairment, akathisia, parkinsonism, tardive dyskinesia. dose reduction unless contraindicated	Abnormal movements, EPS, restlessness, mask like face, drooling, orth. Hypotension, sedation, cognitive and ADL changes
Ticlid/ Ticlopidine	Table I Platelet Inhibitor	Not drug of choice in elderly, FOR Aspirin intolerant persons who need antiplatelet therapy.		CBC q 2weeks for 1st 3 months	Nausea, vomiting, diarrhea, GI pain, rash, decreased neutrophils
Tigan/ Trimethobenzami de		Nausea – Not drug of choice in elderly			EPS: tremors, postural unsteadiness, lack of or slowness of movement, cogwheel rigidity, expressionless face, drooling, infrequent blinking, shuffling gate, decreased arm swing, and rigidity of muscles in the limbs, neck, and trunk.
Tilade / nedocromil	Table I Respiratory Medication				,
Timoptic/ Timolol		Glaucoma	1-2 drops 2 x day	Pulse and BP weekly	Low BP or pulse breathing problems
Tindal/ Acetophenazine	Table I Antipsychotic Medication	Antipsychotic.	OMS 20 mg.	* Antipsychotic Protocol	Abnormal movements, restless legs, tremor, drooling, mask like face
Tobramycin	Table I Antibiotic Medication			Baseline and regular renal function tests; serum medication concentrations (not necessary if given as a single one time dose)	
Tofranil/ Imipramine	Table I Antidepressant Table II ANTICHOLINERGIC	Depression, not drug of choice in elderly.	Up to 150mg a day	Other Psycopharmacologic Protocol None	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry mouth, blurred vision, urinary retention, constipation, confusion
Tolazamide	Table I Antidiabetic Medication			Blood glucose levels	
Tolbutamide	Table I Antidiabetic Medication			Blood glucose levels	
Tolectin/ Tolmetin	Table I Analgesic Medication	Pain, Anti-inflammatory, arthritis	UP TO 2000MG.	GI bleed and BP Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet	GI distress, stool for blood, flank pain, increased BP

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
				or anticoagulant.	
Toradol/ Ketorolac	Table I F329 Analgesic Medication 5 days use maximum	Pain	40 mg	Renal function test (Bun creatinine etc.) Bleeding especially if >325mg/day ASA used with another NSAID, or NSAIDs are used with an antiplatelet or anticoagulant.	GI upset, ulcer irritation, drowsiness, dizziness
Transderm Scop/Scopalamin e	Table II ANTICHOLINERGIC			*	
Tranxene/ Clorazepate	Table I Anxiolytic	Gen. anxiety, OMS, panic, seizure Avoid use in COPD	Short acting first. > 15 mg	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech, difficulty swallowing. Breathing problems
Trental/ Pentoxifyllin		Peripheral vascular diseases (Claudication)	Up to 1200 mg. Controlled release-Do not crush.	See side effects.	GI distress
Triavil/ perphenazine- amitriptyline	Table I Antidepressant			Other Psycopharmacologic Protocol	
Trihexyphenidyl	Table II ANTICHOLINERGIC	Parkinson's	Up to 12 mg Some forms are extended release, do not crush.	None	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain.Dry mouth, blurred vision, urinary retention, constipation, confusion
Trilafon/ Perphenazine	Table I Antipsychotic	Antipsychotic	8mg	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, drooling, tremor, mask like face, cognitive or ADL changes, falls
Trileptal/ Oxycarbazepine	Table I Anticonvulsant	Seizures, panic disorder, other mood disorders	300mg twice a day	 ❖ Other Psycopharmacologic Protocol CNS effects, renal function adjustment 	CNS effects
Tylenol/ Acetaminophen	Table I F329 Analgesic	Pain or fever	Up to 4000mg max for adults	When exceeding recommended maximum daily dose: periodic LFT's and documentation that benefits outweigh risks	Liver toxicity at higher doses or with alcohol.
Ultram/Tramadol	Table I Analgesic	Pain	Up to 300 mg/day	Pain, confusion, dizziness	Confusion, dizziness

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Urecholine/ Bethenechol	Table I Urinary Incontinence Medication	Bladder relaxant for neurogenic bladder	10-50 mg 2-4 times per day	See side effects	Urinary retention, incontinence, hesitancy, reflux, hydronephrosis
Urispas/ Flavoxate		Bladder relaxant Avoid use in BPH			Urinary retention, incontinence, hesitancy, reflux, hydronephrosis
Uroxatrol / Alfuzosin	Table I Cardiovascular Medication			Blood pressure, LFT's	
Valium/ Diazepam	Table I Anxiolytic Muscle Relaxant	Generalized anxiety disorder, organic mental syndrome, panic disorder, anxiety, seizure, muscle spasms Avoid use in COPD	Short acting tried first. > 5 mg	 Other Psycopharmacologic Protocol Sedative Hypnotic Protocol 	Unexplained change in cognitive or ADL function or behavior, confusion, weakness, dizziness, fainting, trouble walking, increased risks of falls/fractures, drowsiness, slurred speech, difficulty swallowing. breathing problems
Vasotec / Enalapril	Table I Cardiovascular Medication	Antihypertensive		Blood pressure, K levels, cough	producino
Vesicare/Solifena cin	Table I Urinary Incontinence Medication Table II ANTICHOLINERGIC				
Vesprin/ Triflupromazine	Table I Antipsychotic	Antipsychotic	20 mg	* Antipsychotic Protocol	Abnormal movements, EPS, restlessness, drooling, tremor, mask like face, constipation, urine retention, cognitive or ADL changes, falls, sedation
Visken/ Pindolol		HTN, angina, prevent second MI, aggressive behaviors	To 60 mg for medical, 60mg adults/45mg child for behaviors. Capsule form is time release, do not crush.	Pulse and BP weekly, or as determined by MD if used for behaviors.	Slow pulse and ↓ BP, sleep problems, breathing problems, weakness, lethargy, depression,
Vivactil/ Protriptyline	Table II ANTICHOLINERGIC	Depression,	Up to 60mg a day	None	Urinary retention, incontinence, reflux, pyelonephritis, nephritis, low grade temp and low back pain. Dry

DRUG Brand/Generic	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
					mouth, blurred vision, card. Arrhythmia's, constipation, confusion
Voltaren/ Diclofenac	Table I F329 Analgesic Medication	Pain, Anti-inflammatory, arthritis	Up to 200mg. Some forms are extended release or enteric coated, do not crush.	GI Bleed and BP	GI distress, stool for blood, flank pain, increased BP Avoid use in residents with active or recurrent gastritis, ulcer or GERD; blood clotting disorders
Wellbutrin/ Bupropion	F329 Antidepressant	Depression	Under 65 to 450 mg., over 65 to 300 mg., no single doses over 150 mg.	Other Psycopharmacologic Protocol Behaviors do not need daily counts.	Agitation, dry mouth, fecal impaction, insomnia, tremor, seizures
Xanax/ Alprazolam	F329 Short Acting Benzodiazepine	Anxiety	0.75mg per day for everything	Other Psycopharmacologic Protocol	Unexplained change in cognitive or ADL function or behavior, confusion. Falls, Sedation, Slurred speech,
	F329 Sleep Induction		0.25 mg for sleep	Sedative Hypnotic Protocol	difficulty swallowing. Breathing problems
Zantac/ Ranitidine	Table I Gastrointestinal Medication	Ulcer, gastric hypersecretory, gastro. reflux	Up to 300 mg Up to 900mg	Treatment doses beyond 90 days.	Behavior changes GI distress, Eating, Functioning CNS
	Table II ANTICHOLINERGIC				
Zaroxolyn / Metolazone	Table I Cardiovascular Medication	Diuretic		Electrolytes, blood pressure	
Zestril (Prinivil)/ Lisinopril	Table I Cardiovascular Medication	Hypertension	Up to 40 mg	Blood pressure weekly	Chest pain, hypotension, headache, dizziness, fatigue, cough, rash, taste disturbance
Zocor / Simvastatin	Table I Cholesterol Lowering Medication	High cholesterol		LFT's: baseline, 12 weeks alter starting or dose increases, and periodically thereafter (semiannual)	
Zoloft/ Sertraline	Table I Antidepressant Medication	Depression Can cause or worsen insomnia	Up to 200 mg	* Other Psycopharmacologic Protocol Behaviors	Weight loss, nausea, diarrhea
Zyloprim/ Allopurinol		Gout, malignancies	Up to 300 mg.	Uric acid, Renal fx (may require dose reduction)	Skin Rash
Zyprexa/ Olanzapine	Table I Antipsychotic	Antipsychotic	10 mg	* Antipsychotic Protocol	abnormal movements, lethargy, cognitive or ADL changes, falls, Postural hypotension, weight gain.

DRUG	SPECIAL NOTES	DIAGNOSIS	DOSING	MONITORING	SIDE EFFECTS/ADR
Brand/Generic					
	ANTICHOLINERGIC				

Antipsychotic Protocol

✓ Check Indications

- 1. What is diagnosis for antipsychotic?
- 2. Are symptoms identified as mania or psychosis OR are symptoms a danger to resident or others OR are symptoms significant causing inconsolable distress, decline in function, difficulties in receiving necessary care?
- 3. Is use Acute or Chronic?
- 4. Acute: Evaluation conducted in 7 days to identify and address contributing or underlying causes and need for ongoing medication. Implement any nonpharm interventions.
- 5. Chronic: 1) Were other medical causes of behaviors ruled out? (pneumonia, adverse effect from detrol (anticholinergic...refer group to table II)) 2) Were behaviors persistent? (How frequent?) 3) Were nonpharm interventions ineffective? 4) Were environmental causes ruled out? 5)Were other psychological stressors ruled out or addressed?
- ✓ Check monitoring.

Facility should consider monitor for the following: tardive dyskinesia, postural hypotension, cognitive behavior impairment, akathisia and Parkonsinism.

✓ Check Doses.

If resident is 65 or older and dosages are over maximums on the list there must be justification for the high dose.

/ Dose reduction

Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated.

For any individual who is receiving an antipsychotic medication to treat behavioral symptoms related to dementia, the GDR may be considered clinically contraindicated if:

- The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; and
- The physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior.

For any individual who is receiving an antipsychotic medication to treat a psychiatric disorder other than behavioral symptoms related to dementia (for example, schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered contraindicated, if:

- The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder; or
- The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.
- ✓ **Behavior Modification** Were behavior interventions attempted to eliminate the medication, unless clinically contraindicated.

Other Psycopharmacologic Protocol (This includes Long Acting Benzodiazepines, Short Acting Benzodiazepines and other Anxiolytics.)

- ✓ **Check Indications.** Anxiolytic medications should only be used when:
 - Use is for one of the following indications as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Training Revision (DSM-IV TR) or subsequent editions:
 - a. Generalized anxiety disorder
 - b. Panic disorder
 - c. Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder
 - d. Sleep disorders (See Sedatives/Hypnotics)
 - · e. Acute alcohol or benzodiazepine withdrawal
 - f. Significant anxiety in response to a situational trigger
 - g. Delirium, dementia, and other cognitive disorders with associated behaviors that:
 - Are quantitatively and objectively documented;
 - Are persistent;
 - Are not due to preventable or correctable reasons; and
 - Constitute clinically significant distress or dysfunction to the resident or represent a danger to the resident or others
 - Evidence exists that other possible reasons for the individual's distress have been considered; and
 - Use results in maintenance or improvement in the individual's mental, physical or psychosocial well-being (e.g., as reflected on the MDS or other assessment tools); or
 - There are clinical situations that warrant the use of these medications such as:
 - a long-acting benzodiazepine is being used to withdraw a resident from a short-acting benzodiazepine
 - used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia, restless leg syndrome or seizure disorders)
 - symptom relief in end of life situations
- ✓ **Check doses.** If high dose is used it must be justified.
- ✓ Check for dose reduction. During the first year in which a resident is admitted on a psychopharmacological medication (other than an antipsychotic or a sedative/hypnotic), or after the facility has initiated such medication, the facility should attempt to taper the medication during at least two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a tapering should be attempted annually, unless clinically contraindicated. The tapering may be considered clinically contraindicated, if:

- The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder; or
- The resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

Sedative Hypnotic Protocol

✓ **Check Indications.** Most cases of insomnia are associated with underlying conditions (secondary or co-morbid insomnia) such as psychiatric disorders (e.g., depression),

cardiopulmonary disorders (e.g., COPD, CHF), urinary frequency, pain, obstructive sleep apnea, and restless leg syndrome. Insomnia may be further described by the duration of symptoms

- Before initiating medications to treat insomnia, other factors potentially causing insomnia should be evaluated, including, for example:
 - o environment, such as excessive heat, cold, or noise; lighting
 - inadequate physical activity
 - o facility routines that may not accommodate residents' individual needs (e.g., time for sleep, awakening, toileting, medication treatments)
 - o provision of care in a manner that disrupts sleep
 - o caffeine or medications known to disrupt sleep
 - o pain and discomfort
 - o underlying conditions (secondary or co-morbid insomnia) such as psychiatric disorders (e.g., depression), cardiopulmonary disorders (e.g., COPD, CHF), urinary frequency, pain, obstructive sleep apnea, and restless leg syndrome
- It is expected that interventions (such as sleep hygiene approaches, individualizing the sleep and wake times to accommodate the person's wishes and prior customary routine, and maximizing treatment of any underlying conditions) are implemented to address the causative factor(s)
- These guidelines apply to any medication that is being used to treat insomnia. Initiation of medications to induce or maintain sleep should be preceded or accompanied by other interventions to try to improve sleep. All sleep medications should be used in accordance with approved product labeling; for example, timing and frequency of administration relative to anticipated waking time
- The use of sedating medications for individuals with diagnosed sleep apnea requires careful assessment, documented clinical rationale, and close monitoring.
- ✓ Check Dose.
- Check Gradual Dose Reduction. .For as long as a resident remains on a sedative/hypnotic that is used routinely and beyond the manufacturer's recommendations for duration of use the facility should attempt to taper the medication quarterly unless clinically contraindicated. Clinically contraindicated means:
 - The continued use is in accordance with relevant current standards of practice and is beyond the manufacturer's recommendations and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder; or
 - The resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder

Brand/Generic Cross Reference

Brand	Generic
Precose	acarbose
acetohexamide	acetohexamide
Uroxatrol	Alfuzosin
Symmetrel	Amantadine
Amikacin	Amikacin
Amiodarone	Amiodarone
Norvasc	Amlodipine
Lipitor	Atorvastatin
Baclofen	Baclofen
QVAR	Beclomethasone
Lotensin	Benazepril
Pulmicort	Budesonide
Atacand	Candesartan
Stalevo	carbidopa / levodopa /
	entacapone
Paraflex	Chlorzoxazone
Questran	Cholestyramine
Atromid	Clofibrate
Intal	cromolyn
Cyproheptadine	Cyproheptadine
Dantrium	dantrolene
Aranesp	darbepoetin
Enablex	Darifenacin
Digitec	Digoxin
Cardura	Doxazosin
Marinol	dronabinol
Cymbalta	Duoloxetine
Vasotec	Enalapril
Tevetan	Eprosartan
Procrit	erythropoetin
Brevibloc	Esmolol
Nexium	Esomeprazole

Brand	Generic
Lunesta	Eszopiclone
Ethycrinic acid	Ethycrinic acid
Pepcid	famotidine
Antara	Fenofibrate
Diflucan	fluconazole
AeroBid	Flunisolide
Flovent	Fluticasone
Lescol	Fluvastatin
Foradil	Formoterol
Monopril	Fosinopril
Lasix	Furosemide
Razadyne	Galantamine
Gentamicin	Gentamicin
Amaryl	Glimepiride
Boniva	ibandronate
Avapro	Irbesartan
Iron	Iron
Marplan	Isocarboxazid
Isosorbide	Isosorbide mononitrate
mononitrate	
DynaCirc	Isradipine
Sporanox	Itraconazole
Ketoconazole	Ketoconazole
Keppra	Levetiracetam
Levaquin	levofloxacin
Synthroid	Levothyroxine
Ativan	Lorazepam
Cozaar	Losartan
Advicor	Lovastatin
Loxitane	Loxapine
Ludiomil	Maprotiline
Meclizine	Meclizine
Meclofenamate	Meclofenamate
Megesterol acetate	Megesterol acetate
Namenda	Memantine
Demerol	Meperidine
Miltown	Meprobamate
Serentil	Mesoridazine
Skelaxin	Metaxalone
Skelaxin	Metaxolone
Glucophage	Metformin

Brand	Generic
Methocarbamol	Methocarbamol
Robaxin	Methocarbamol
Solumedrol	Methyl prednisone
Aldomet	Methyldopa
Ritalin	Methylphenidate
methylprednisolone	methylprednisolone
Noludar	Methylprylon
Reglan	Metoclopramide
Zaroxolyn	Metolazone
Lopressor	Metoprolol
Remeron	Mirtazapine
Cytotec	Misoprostol
Moban	Molindone
Avelox	Moxifloxacin
Relafen	Nabumetone
Corgard	Nadolol
Naprosyn	Naproxen
Tilade	nedocromil
Serzone	Nefazodone
Procardia XL	Nifedipine
Sular	Nisoldipine
Macrodantin	Nitrofurantoin
Nitrodur	Nitroglycerin
Pamelor	Nortriptyline
Floxin	Ofloxacin
Zyprexa	Olanzapine
Benicar	Olmesartan
Prilosec	Omeprazole
Orphenadrine	Orphenadrine
Oxandrin	oxandrolone
Daypro	Oxaprozin
Serax	Oxazepam
Ditropan	Oxybutynin
Trileptal	Oxycarbazepine
Paxil	Paroxetine
Talwin	Pentazocine
Nembutal	Pentobarbital
Trental	Pentoxifyllin
Trilafon	Perphenazine
Triavil	perphenazine-amitriptyline

Brand	Generic
Nardil	Phenelzine
Butazolidin	Phenylbutazone
Dilantin	Phenytoin
Visken	Pindolol
Actos	Pioglitazone
Actoplus Met	Pioglitazone and
	metformin
Maxair Autohaler	pirbuterol
Feldene	Piroxicam
Mirapex	Pramipexole
Pravachol	Pravastatin
Centrax	Prazepam
Minipress	Prazosin
Primidone	Primidone
Compazine	Prochlorperazine
Kemadrin	Procyclidine
Sparine	Promazine
Promethazine	Promethazine
Phenergan	promethazine
Probanthine	Propantheline
Inderal	Propranolol
Vivactil	Protriptyline
Sudafed	Psuedoephedrine
Doral	Quazepam
Seroquel	Quetiapine
Protonix	rabeprazole
Evista	Raloxifene
Rozerem	Ramelteon
Altace	Ramipril
Zantac	Ranitidine
Prandin	Repaglinide
Serpasil	Reserpine
Actonel	Risedronate
Risperdal	Risperidone
Exelon	Rivastigmine
Exelon	Rivastigmine
Requip	Ropinirole
Avandia	Rosiglitazone
Avandia	Rosiglitazone
Avandamet	Rosiglitazone and
	Metformin

Brand	Generic
Crestor	Rosuvastatin
Serevent	Salmeterol
Seconal	Secobarbital
Eldepryl	Selegiline
Zoloft	Sertraline
Zocor	Simvastatin
Aldactone	Spironolactone
Carafate	Sucralfate
Clinoril	Sulindac
Cognex	Tacrine
Nolvadex	Tamoxifen
Flomax	Tamsulosin
Restoril	Temazepam
Hytrin	Terazosin
Theophylline	Theophylline
Mellaril	Thioridazine
Navane	Thiothixene
Ticlid	Ticlopidine
Blocadren	Timolol
Timoptic	Timolol
Spiriva	Tiotropium
Tobramycin	Tobramycin
Tolazanamide	Tolazanamide
Tolbutamide	Tolbutamide
Tolectin	Tolmetin
Detrol	Tolterodine
Demadex	Torsemide
Ultram	Tramadol
Parnate	Tranylcypromine
Desyrel	Trazadone
Azamacort	triamcinolone acetonide
Dyrenium	Triamterene
Halcion	Triazolam
Stelazine	Trifluoperazine
Vesprin	Triflupromazine
Artane	Trihexyphenidyl
Tigan	Trimethobenzamide
PBZ	Tripelanamine
Sanctura	Trospium
Divalproex	Valproic Acid
Diovan	Valsartan

Brand	Generic
Effexor	Venlafaxine
Calan	Verapamil
Coumadin	Warfarin
Sonata	Zaleplon
Geodon	Ziprasidone
Ambien	Zolpidem

Guide for Storage of Insulin

Insulin Storage:

Insulin comes from drug manufacturers in three basic packages; vials, pens and cartridges. In addition to these prepackaged forms of insulins pharmacists, physicians and patients may mix insulin themselves in vials or syringes and/or predraw insulin for later use by the patient.

General insulin storage requirements are as follows:

- 1. Never freeze. (Frozen insulin should be thrown away)
- 2. Never use insulin beyond the expiration date stamped on the vial, pen or cartridge that is supplied from the drug manufacturer.
- 3. Never expose insulin to direct heat or light.
- 4. Inspect insulin prior to each use. Any insulin that has clumps or solid white particles should not be used. Insulin that is supposed to be clear should not have any cloudy appearance.
- 5. Check storage guidelines specific to the insulin formulation. This is usually in the product package insert.
- 6. Unopened, not in use insulin should be stored in a refrigerator at a temperature of 36-46°F.
- 7. Opened, in use insulin should be stored at room temperature below 86°F.
- 8. If receiving insulin through the mail always confirm that the insulin is going to be stored under proper requirements.
- 9. When storing prefilled insulin syringes they should be stored with the needle pointing up.

Mixing insulin in vials or in predrawn syringes is an acceptable approach to customize insulin treatment and minimize injections. It is recommended that the same technique or procedure to mix and store these customized preparations be utilized. Some insulin like regular mixed with lente may react with each other up to 24 hours. During this 24 hour period the insulin mixture when injected may react differently based on the amount of time they have had to react with each other. Therefore it is recommended to have all mixtures stored for 24 hours before using or to use them immediately.

The following tables address specific expiration or beyond use dating that applies to insulin products that have been opened, mixed or predrawn.

Maximum Storage Conditions for Insulin Vials

		Refrigerated 36-46°F	Room Temperature 59-86°F		
Product Name	Opened	Unopened	Opened/Unopened		
Humulin R	28 days	Until Expiration Date Stamp	28 days		
Humulin N	28 days	Until Expiration Date Stamp	28 days		
Humulin L	28 days	Until Expiration Date Stamp	28 days		
Humulin U	28 days	Until Expiration Date Stamp	28 days		
Humulin 70/30	28 days	Until Expiration Date Stamp	28 days		
Humalog	28 days	Until Expiration Date Stamp	28 days		
Humalog 75/25	28 days	Until Expiration Date Stamp	28 days		
Humulin 50/50	28 days	Until Expiration Date Stamp	28 days		
Novolin R	30 days	Until Expiration Date Stamp	30 days		
Novolin N	30 days	Until Expiration Date Stamp	30 days		
Novolin L	30 days	Until Expiration Date Stamp	30 days		
Novolin 70/30	30 days	Until Expiration Date Stamp	30 days		
Novolog	28 days	Until Expiration Date Stamp	28 days		
Lantus	28 days	Until Expiration Date Stamp	28 days		

Maximum Storage Conditions for Insulin Pens

	Re	efrigerated 36-46°F	Room Temperature 59-86°F
Product Name	Opened	Unopened	Opened/Unopened

Humulin N	Do not Refrigerate	Until Expiration Date Stamp	14 days
Humulin 70/30	Do not Refrigerate	Until Expiration Date Stamp	10 days
Humalog	Do not Refrigerate	Until Expiration Date Stamp	28 days
Humalog 75/25	Do not Refrigerate	Until Expiration Date Stamp	10 days
Novolin R 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	30 days
Novolin R 3 ml	Do not Refrigerate	Until Expiration Date Stamp	28 days
Novolin N 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	7 days
Novolin N 3 ml	Do not Refrigerate	Until Expiration Date Stamp	14 days
Novolin 70/30 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	7 days
Novolin 70/30 3 ml	Do not Refrigerate	Until Expiration Date Stamp	10 days
Novolog 3 ml	Do not Refrigerate	Until Expiration Date Stamp	28 days
Novolin R Prefilled	Do not Refrigerate	Until Expiration Date Stamp	30 days
Novolin N Prefilled	Do not Refrigerate	Until Expiration Date Stamp	7 days
Novolin 70/30 Prefilled	Do not Refrigerate	Until Expiration Date Stamp	7 days

Storage Conditions for Insulin Cartridges

	F	Refrigerated 36-46°F	Room Temperature 59-86°F
Lilly	Opened	Unopened	Opened/Unopened
Product Name			
Humalog 1.5 ml	28 days	Until Expiration Date Stamp	28 days
Humalog 3 ml	28 days	Until Expiration Date Stamp	28 days
Novolin R 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	30 days
Novolin R 3 ml	Do not Refrigerate	Until Expiration Date Stamp	28 days
Novolin N 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	7 days
Novolin N 3 ml	Do not Refrigerate	Until Expiration Date Stamp	14 days
Novolin 70/30 1.5 ml	Do not Refrigerate	Until Expiration Date Stamp	7 days
Novolin 70/30 3 ml	Do not Refrigerate Until Expiration Date Stamp		14 days
Novolog 3 ml	Do not Refrigerate	Until Expiration Date Stamp	28 days

Maximum Storage Conditions for Syringes Predrawn or Vials Premixed*

*(post drug manufacturer by pharmacist, patient and/or other health care professional)

Product	Refrigerated	Room Temperature	Source/Comments
	1101119010100	2100111 20111-011110	204100, 20111110110

	T	1	T
All Insulin Types	30 days	No Information	American Diabetes Association
(single formulation)			
Syringe			
All Insulin Types	21 days	No Information	Eli Lilly U.S.M.D. Medical Information Services
(single formulation)			
Syringe or Vial			
All Insulin Types	30 days	No Information	Novo Nordisk
(single formulation)			
Syringe			
Novolin R &N	30 days	No Information	
Novolin R & L	30 days	No Information	Standardize intervals of drawing up and injection
Novolog and Novolin N	Use Immediately	No information	Draw up Novolog first
Humulin R & N	30 days		
Humulin R & L or U	21 days		Standardize time interval
Humalog & N,L or U	Use immediately		Draw up Humalog First
Lantus	Manufacturer	Manufacturer	NEVER MIX
	recommends immediate	recommends immediate	
	use. Study information	use. Study information	
	provided by	provided by	
	manufacturer suggest	manufacturer suggest	
	two days ok.	two days ok.	

Brand	Action	Onset	Peak	Duration	Compatibility	Appearance	General Comments
Apidra	Rapid	20	30-60	3-5 hrs	NPH	Clear	Give 15 min before or within
		min	min				20 minutes after meals.
Humalog	Rapid	15-30	30-90	3-5 hrs	NPH	Clear	Give 15 min before or
		min	min		Ultralente		immediately after meals
Humalog	Mixed	15-30	1 hr-	Up to 24	None	Cloudy	Give within 15 minutes of
75/25 mix	Rapid/	min	6.5 hrs	hrs			meals
	Interm						

	ediate						
Humulin L	Interm ediate	1-4 hrs	4-14 hrs	12-24 hrs	Ultralente	Cloudy	30-60 minutes before meal or at bed time
Humulin N	Interm ediate	1-4 hrs	4-14 hrs	10-24 hrs	Regular, Humalog, Novolog, Apidra	Cloudy	
Humulin R	Short	0.5-1 hr	2.5-5 hrs	8-12 hrs	NPH	Clear	30-60 minutes before a meal.
Humulin U	Long	4-6 hrs	8-20 hrs	18-36 hrs	Humulin L, Humalog	Cloudy	30-60 minutes before a meal or at bedtime
Humulin 70/30	Mixed	0.5-1 hr	1.5-16 hrs	10-24 hrs	None	Cloudy	30 minutes before a meal
Humulin 50/50	Mixed	0.5-1 hr	2.5-5 hrs	10-24 hrs	None	Cloudy	30 minutes before a meal
Lantus	Long	1.5 hrs	Const ant	24 hrs	None	Clear	
Levemir	Long	?	6-8 hrs	12-24 hrs	None	Clear	
Novolin N	Interm ediate	1-4 hrs	4-14 hrs	10-24 hrs	Regular, Humalog, Novolog, Apidra	Cloudy	
Novolin R	Short	0.5-1 hr	2.5-5 hrs	8-12 hrs	NPH	Clear	30-60 minutes before a meal.
Novolin 70/30	Mixed	0.5-1 hr	1.5-16 hrs	10-24 hrs	None	Cloudy	30 minutes before a meal
Novolog	Rapid	15 min	1-2 hrs	3-5 hrs	NPH	Clear	5-10 minutes before a meal
Novolog 70/30	Mixed		1-4 hrs	15-24 hrs	None	Clear	Within 15 minutes of meals

Medication Errors for Nursing Home Med Pass Task

Inhaler Technique: purposes.

- 1) Most must be shaken. If facility does not shake when manufacturer indicates it should be than it is a medication error for med pass
- 2) Multiple puffs of the <u>same or different</u> inhalers usually require 60 seconds between puffs. If staff do not wait 60 seconds you must check if the time they waited is appropriate for the inhaler used. If they waited longer than the time required than it is not a medication error. If they waited less than the required time it is a medication error. Exceptions: Resident characteristics may require less time. Facility should provide information supporting rationale why the resident benefits with the shorter time frame.
- 3) Residents who are handed the inhaler and actuate the device themselves are considered self-administration. We do not count not shaking or not waiting the appropriate time between puffs as a medication error in the med pass. We do investigated under self admin F176.

Eye Drop Technique:

1) Orders for two types of eye medications scheduled at same time. The drops need to be separated by 3-5 minutes otherwise it is an error.

Physician Orders:

MD order must be followed. If a facility does not agree with order or cannot fill the order they should have the order changed. Sometimes a MD may order a drug to be given with food. It may not be required to be given with food but the physician wishes that to occur. If the facility cannot give it with food they should have the order changed. In some cases MDs may have a policy with a facility and pharmacist to automatically change orders. Therefore if a facility did not follow a physician order check if the facility has this type of policy. So if a MD orders EC aspirin and regular aspirin is given it is an error unless the facility has a medication policy that allows this.

Insulin:

Medication error guidance for insulin is documented in BQA Memo 03-014.