November 14, 2013

Chart Review Checklist

Resident Specific Information

Clerical

I. Demographics
   a. Admission Date
   b. DOB/Sex
   c. Ethnicity/Race
   d. Third Party Information
   e. Home
   f. Room Number
   g. POA/Emergency Contact Information
   h. Level of Care
   i. HIPAA Acknowledgement
   j. Orders – Signed and Dated on each page by attending doctor
   k. Admitting Diagnosis
   l. History and Physical (within one year of admission)
   m. All physicians name, address, phone
   n. All food allergies and reactions documented
   o. All medication allergies and reactions documented

Nursing

I. Medication Administration Record (MAR)
   a. Resident Name
   b. Date of Admission
   c. Allergies
   d. Verify all medication entries for accuracy:
      1) Use of chemical/generic name of drug
      2) Correct dose, frequency, route of administration
      3) Changes to existing med orders correct with current MD orders
      4) D/C orders marked out with yellow highlighter with notation of d/c date
      5) Current order date
      6) Use of approved abbreviations, terms, symbols, acronyms, etc.
      7) Diagnosis for use
   e. Time and Date of Medication Administration
   f. Notation of individual administering medication
   g. Charting of application sites for injections and patches
   h. Documentation of all missed or skipped doses including the reason for the missed dose
   i. PRN meds to include the following:
      1) Date
      2) Time

3) Medication name
4) Dose
5) Route
6) Reason for administration
7) Result
8) Signature and title of person administering
9) Patient name on form

II. Behavioral Logs
    a. Behavioral logs maintained for:
        1) Antipsychotics
        2) Antidepressants
        3) Anti-anxieties
        4) Sleep Aids
    b. Are target behaviors listed?
    c. Are behaviors being charted correctly?

III. Vital Signs
    a. Is resident's height and weight recorded?
    b. Is blood pressure being monitored for the following:
        1) Anti-hypertensives
        2) Diuretics
        3) Erythropoetin
    c. Is weight being monitored for the following:
        1) Diuretics
        2) Psychotropics
        3) Steroids

IV. Plan of Care/Assessments
    a. Is an admission assessment recorded?
    b. Are annual assessments recorded within 12 months of last full assessments?
    c. Are quarterly assessments completed every 3 months?
    d. Are change of status assessments completed within 14 days of a significant and permanent change?
    e. Are care plans based on assessments?

V. Progress Notes
    a. Are progress notes being done on a regular basis and placed in chart?
    b. Is resident experiencing signs and symptoms of adverse medication effects as noted in progress notes?

Pharmacy

DRUG REGIMEN REVIEW

1. Does each prescribed medication have a current & valid diagnosis?
2. Does the resident have any untreated conditions?
3. Is each medication appropriate for the indication being treated?
4. Is the dose of each medication adequate? (therapeutic)
5. Is the dose of each medication excessive? (overdosage)
6. Are there any drug induced medical problems?
7. Are there any potential drug-drug/drug-food interactions?
8. Is duration of therapy appropriate?
9. Is route/dosage form appropriate?
10. Crushing meds?
11. Alcohol use?
12. Tobacco use?
13. Doses scheduled to maximize effect?
14. Is there therapeutic duplication?
15. Weight loss? Weight loss >10% ideal body weight over 6months or >5% in 1 month.
16. Is **ANTIDEPRESSANT** use appropriate?
    *information letter mailed to POA?
    *depression scale every 6-12 months?
17. Is **HYPNOTIC** use appropriate?
    *information letter mailed to POA?
    *use of sleep log?
    *Short term use (<10 days)? if no, GDR should be attempted 3 times in 6 months
18. Is **ANXIOLYTIC** use appropriate?
    *information letter mailed to POA?
    *Daily use > 4 months? If yes, GDR should be attempted 3 times in 6 months.
19. Is **ANTIPSYCHOTIC** use appropriate?
    *prescribed for an approved indication?
    *Information letter mailed to POA?
    *is GDR clinically contraindicated? if no, GDR should be attempted twice in 1 year.

*AIMS test q6-12 months?

* Does resident have any of the following SE's: hypotension, hyperglycemia, parkinsonism, tardive dyskinesia?

20. Any unnecessary "prn's?" Expired "prn's"

21. Is resident on any medications from BEER's list?

22. Is any resident on any STOPP alerts?

a. Digoxin <125 ug/ml with impaired renal function

b. Aspirin ≥ 150mg/day, given with history of PUD without histamine H2 antogonist or PPI, with no history of coronary, cerebral, or peripheral vascular symptoms or occlusive event.

i. Aspirin and clopidogrel- beneficial for acute coronary syndrome and after stent. NOT beneficial for cardiovascular risk factors only and established cardiovascular disease.

c. TCA with dementia, cardiac conductive abnormalities, constipation

d. diphenoxylate, loperamide for treatment of diarrhea of unknown cause or for severe gastroenteritis, etc.

e. Long-term opiates- powerful opiates (e.g.- morphine or fentanyl)as first-line therapy for mild-moderate pain; in those with dementia unless indicated for palliative care or management of moderate/severe chronic pain syndrome.

f. NSAID use with history of PUD or GI bleed, unless concurrent histamine H2 antagonist, PPI; with moderate to severe HTN; with HF; long-term use for relief of mild-moderate joint pain of osteoarthritis; with warfarin; with chronic renal failure.

23. Should any of the following START if no contraindications?

a. ACEI or ARB with heart failure, post-MI, diabetic nephropathy

b. Statin with cardiovascular, cerebrovascular, or peripheral vascular disease, in sinus rhythm and expected to live more than five years; diabetes plus additional cardiovascular risk factors

c. COPD or asthma - mild to moderate consider inhaled anticholinergic and/or Beta-2 agonist inhaled. For moderate to severe consider a corticosteroid inhaled.

LAB DATA/ MONITORING

1.) **ANEMIA CHECK** should be performed q6-12 months.

2.) **ANTIEPILEPTIC MED WITH SEIZURE DIAGNOSIS**-no seizure activity > 2 years, an EEG should be obtained. If EEG norm

Anti-epileptic med should be reduced slowly until seizure activity returns or med is discontinued

*taper by 25% of dose every 4-6 weeks.

3.) **BISPHOSPHANATES**- monitor Scr, Calcium, & Phosphate. *Contraindicated CrCl <30.

4.) **CARBAMAZEPINE/VALPROIC ACID** - CBC, LFT'S before start & q6-12 months when stable. Monitor serum conc.

5.) **DIGOXIN-** Serum Conc. Within 1st 30 days then q6-12 months. HR & rhythm q1-7 days. SCr/BUN within first 30 days,

6.) **DIURETICS-** serum electrolytes, serum creatinine/BUN. HCTZ not effective CrCl <30

7.) **ERYTHROPOETIN**- Monitor hematocrit q 2 weeks or before each fill

8.) **INSULIN-** BS qd; A1c q3months (yearly if WNL **< 65 yo 6-7 %; 65 to >70 yo 7.5-8%; Any age 7.5-8% if frequent bouts of hypoglycemia, presence of other medical conditions requiring multiple medicines and needing more than 2 drugs to lower blood sugar, limited financial resources); BUN/SCr q6-12 months.

9.) **LITHIUM**- Monitor serum conc. Biw x 2 wks. at start or dose change, then q1-3months. Initial dose based on SCr.

SCr/BUN/electrolytes/T4 & TSH within 1st 30 days & q3-12 months.

10.) **LONG-TERM PPI USE**- > 4months? Monitor B-12 & Calcium

11.) **MEMANTINE-** *CrCl 5-29 Dose@ 5mg bid; *CrCl <5 Not Recommended

12.) **METFORMIN**- Scr within 1st 30 days & q6-12months. *contraindicated if Scr <1.5mg/dl males; < 1.4mg/dl females.

13.)**METHOTREXATE** - WBC & platelets q4 weeks; LFT's q3-4months; Initial creatinine recorded followed by 6 mnth ck.

14.) **NITROFURANTOIN -** CrCl > 40 within past 6 months

15.) **PHENYTOIN**- Serum conc. 10-14 days after start dose, change, or new med. Serum conc. Q6-12 months when stable

16.) **SITAGLIPTIN**- *CrCl 30-50 dose@ 50mg qd; *CrCl <30 dose@ 25mg qd. Monitor BS, HbA1c, SCr/BUN.

17.) **SULFONYLUREA-** Monitor BS, HbA1c, Scr/BUN

18.) **THIAZOLIDINEDIONE-** LFT's before therapy, in 3 months, then q6 months. Contraindicated in ALT > 2.5 x baseline.

Caution in CHF/ monitor edema.

19.) **THYROID-** Monitor TSH q6wks until WNL then yearly

20.) **WARFARIN** - INR q 7 days if dose or diet changed or medication added or d/c'd. INR monthly if stable

General Information (non-resident specific)

Med Room Check/Floor Inspection

1. Are resident medications stored properly?
2. Is each medication properly labeled?
3. Are controlled substances stored in locked area?
4. Are controlled substances accounted for on control sheets?
5. Are locally obtained controlled substances reported to pharmacy with control sheets in use?
6. Are Floor Stock meds stored separately from resident meds?
7. Are any Floor Stock meds expired?
8. Are other Floor Stock meds needed?
9. Are bulk meds stored properly?
10. Are any bulk meds expired?
11. Is poison control contact information posted on or near each telephone at each nursing station?
12. Are fridge temps logged daily?
13. Is insulin replaced every 28 days?
14. Is calcitonin replaced every 28 days?
15. Are vitamin and herbal supplements being used?
16. Are medication errors documented for cause, effect, and prevention of recurrence?
17. Are standing orders current (including DNR)?