

F 757 Unnecessary Drugs 483.45(d)

F758 Unnecessary Psychotropic Drugs 483.45 (c)(3)(e)

Effective 11-28-2017

Intent of Regulations F757 and 758

- Each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well-being;
- The facility implements gradual dose reductions (GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and
- PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.

The regulations related to psychotropic medications include additional required regulations:

- Only giving psychotropic medications that are necessary to treat a specific diagnosed and documented condition;
- Implementing GDR and other non-pharmacological interventions for residents who receive psychotropic medication, unless contraindicated;
- Limiting the timeframe for PRN psychotropic medications, which are not antipsychotic medications, to 14 days, unless a longer timeframe is deemed appropriate by the attending physician; and
- Limiting PRN psychotropics which are antipsychotic medications to 14 days and not entering a new order without first evaluating the resident.

Type of PRN Order	Time Limitation	Exception	Required Actions
PRN orders for psychotropic medications, excluding antipsychotics.	14 Days	Order may be extended beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order.	Attending physician or prescribing practitioner should document the rationale for the extended time period in the medical record and indicate a specific duration.
PRN orders for antipsychotic medications only.	14 Days	None.	If the attending physician or prescribing practitioner wishes to write a new order for the PRN antipsychotic the attending physician or prescribing practitioner must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate.

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Keep in mind that the required evaluation of a resident, prior to writing a new PRN order for an antipsychotic includes the attending physician or prescribing practitioner directly examining the resident and assessing the current condition and progress to determine if the PRN antipsychotic medication is still needed. Both the physician's and practitioner's evaluation should be entered into the medical record.

Tapering Medication

Time frames and duration of attempts to taper any medications must be consistent with accepted standards of practice and depends on the medication, the underlying causes of symptoms, individual risk factors and pharmacologic characteristics of the medication.

Close monitoring and documentation of medications during tapering should occur to minimize or prevent withdrawal symptoms or other adverse consequences; documentation should include any noted side effects and changes in behaviors.

Dose Reduction

- GDR should occur within the first year for a resident admitted with a psychotropic medication.
- Or, after the prescribing practitioner has initiated a psychotropic medication, the facility attempts a GDR in two separate quarters (with at least one month between attempts), unless clinically contraindicated.

Remember that if the resident with dementia is receiving a psychotropic medication(s), the GDR may be considered clinically contraindicated for reasons that include, but are not limited to:

- 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 likely impair the resident's function or result in an increase in distressed behavior(s).

Schizophrenia Diagnosis

Diagnoses of Schizophrenia in long term care facilities must be documented in the medical record prior to physicians and/or prescribing practitioners writing orders for psychotropic medications. If the resident is admitted from the hospital with psychotropic medication orders, check for the appropriate diagnosis paperwork. In other words, facilities cannot make an attempt to make the orders fit the diagnosis.

Adapted from the "State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities"