

## Section N Medications

### **Intent**

To record the number of days, during the last 7 days (or since admission/reentry if less than 7 days) that any type of injection, insulin, and/or select oral medications were received by the resident.

### **Care Area Triggers**

N0410A, N0400B, N0400C – Psychotropic Drug Use

N0410A, N0400B, N0400C, N0400D – Falls

### **Quality Indicators**

N0410A – Antipsychotic use without psychosis or related diagnosis

N0410C – Depression with no Antidepressant therapy

N0410D – Hypnotic use more than 2 times in the last week

### **RUG IV Categories**

N0350 – Special Care High

### **Skilled Charting**

Diabetes

IV Medication

### **Care Plans**

Medication, Antianxiety

Medication, Anticoagulant

Medication, Antidepressant

Medication, Antipsychotic

Medication, High Number

Medication, Hypnotic

Medication, Pain

Medication, Psychotropic

<b>N0300. Injections</b>	
	Record the <b>number of days that injections of any type were received</b> during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0410, Medications Received

## 1. Injections

Skip Item

Record the **number of days that injections of any type were received** during the last 7 days or since admission/entry or reentry if less than 7 days.

If 0 → Skip to N0410, Medications Received

Includes any type of medication, antigen, or vaccine received by intramuscular or intradermal injection.

For subcutaneous pumps, code only the number of days that the resident actually required a subcutaneous injection to restart the pump.

If an antigen or vaccination is provided on 1 day, and another vaccine provided on the next day, the number of days the resident received injections would be **coded 2 days**.

If two injections were administered on the same day, the number of days the resident received injections would be **coded 1 day**.

<b>N0350. Insulin</b>	
	<b>A. Insulin injections</b> – Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.
	<b>B. Orders for insulin</b> – Record the number of days the physician (or authorized assistant or practitioner) changed the resident’s insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days

## N0350. Insulin

### RUG – Special Care High

A sliding scale dosage schedule that is written to cover different dosages depending on lab values does not count as an order change simply because a different dose is administered based on the sliding scale guidelines.

If the sliding scale order is new, discontinued, or is the first sliding scale order for the resident, these days **can** be counted and coded.

**A. Insulin injections** – Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.

**B. Orders for insulin** – Record the number of days the physician (or authorized assistant or practitioner) changed the resident’s insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days

<b>N0410. Medications Received</b>	
Indicate the number of <b>DAYS</b> the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days, or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.	
	<b>A. Antipsychotic</b>
	<b>B. Antianxiety</b>
	<b>C. Antidepressant</b>
	<b>D. Hypnotic</b>
	<b>E. Anticoagulant</b> (warfarin, heparin, or low-molecular weight heparin)
	<b>F. Antibiotic</b>
	<b>G. Diuretic</b>

### N0410. Medications Received

Indicate the number of **DAYS** the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days, or since admission/entry or reentry if less than 7 days.

Enter "0" if medication was not received by the resident during the last 7 days.

Include any of these medications given to the resident by any route (e.g., PO, IM, or IV) in any setting.

Code a medication even if it was given only once during the look-back period.

Count long-acting medications, such as fluphenazine deconate or haloperidol deconate, that are given every few weeks or monthly **only** if they are given during the 7-day look-back period.

Combination medications should be coded in all categories that constitute the combination. For example, if the resident receives a single tablet that combines an antipsychotic and an antidepressant, then both antipsychotic and antidepressant should be coded.

Over-the-counter sleeping medications are not coded as hypnotics.

**A. Antipsychotic**      **CAT – Psychotropic Drug Use**      **CAT – Falls**  
**QI – Antipsychotic Use without Psychosis or Related Diagnosis**

**B. Antianxiety**      **CAT – Psychotropic Drug Use**      **CAT – Falls**

**C. Antidepressant**      **CAT – Psychotropic Drug Use**      **CAT – Falls**  
**QI – Depression with no Antidepressant Therapy**

**D. Hypnotic**      **QI – Hypnotic Use More Than 2 Times in the Last Week**

**E. Anticoagulant** (warfarin, heparin, or low-molecular weight heparin)

**F. Antibiotic**      *New item*

**G. Diuretic**      **CAT – Dehydration / Fluid Maintenance**