

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

N0410H – Opioid

N0450 – Antipsychotic Medication Review

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

Medication, Opioid

N0300. Injections	
	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

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**.

N0350. Insulin	
	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

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

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.	
	A. Antipsychotic
	B. Antianxiety
	C. Antidepressant
	D. Hypnotic
	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)
	F. Antibiotic
	G. Diuretic
	H. Opioid

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

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

H. Opioid **CAT – Falls**

N0450. Antipsychotic Medication Review
N0450A. Did the resident receive antipsychotic medications since admission/reentry or reentry or the prior OBRA assessment, whichever is more recent? Options: 0. No – Antipsychotics were not received → Continue to N450B 1. Yes – Antipsychotics were received on a routine basis → Continue to N450B 2. Yes – Antipsychotics were received on a PRN basis only → Continue to N450B 3. Yes – Antipsychotics were received on a routine and PRN basis → Continue to N450B
N0450B. Did Has a gradual dose reduction (GDR) been attempted? 0. No → Skip to to N450D 1. Yes → Continue to N450C
N0450B. Did Has a gradual dose reduction (GDR) been attempted? 0. No → Skip to to N450D 1. Yes → Continue to N450C
N0450C. Date of last attempted GDR
N0450D. Physician documented GDR as clinically contraindicated. Options: 0. No – GDR has not been documented by a physician as clinically contraindicated → Skip to to [next active section] 1. Yes – GDR has been documented by a physician as clinically contraindicated → Continue to N450E
N0450E. Date physician documented GDR as clinically contraindicated

N0450. Antipsychotic Medication Review

Skip Item

CAT – Psychotropic Drug Use CAT – Falls

QI – Antipsychotic Use without Psychosis or Related Diagnosis

Excerpts from State Operations Manual, Appendix P - Survey Protocol for Long Term Care Facilities - Part I, CMS:

Considerations Specific to Antipsychotics

The regulation addressing the use of antipsychotic medications identifies the process of tapering as a “gradual dose reduction (GDR)” and requires a GDR, unless clinically contraindicated.

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 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 the GDR may be considered 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 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.

Examples of opportunities to evaluate the effects of medications include:

During the monthly medication regimen review, the pharmacist evaluates resident related information for dose, duration, continued need, and the emergence of adverse consequences for all medications;

When evaluating the resident's progress, the practitioner reviews the total plan of care, orders, the resident's response to medication(s), and determines whether to continue, modify, or stop a medication; and

During the quarterly MDS review, the facility evaluates mood, function, behavior, and other domains that may be affected by medications.

N0450A. Did the resident receive antipsychotic medications since admission/reentry or reentry or the prior OBRA assessment, whichever is more recent?

Options:

- 0. No – Antipsychotics were not received → Continue to N450B**
- 1. Yes – Antipsychotics were received on a routine basis → Continue to N450B**
- 2. Yes – Antipsychotics were received on a PRN basis only → Continue to N450B**
- 3. Yes – Antipsychotics were received on a routine and PRN basis → Continue to N450B**

N0450B. Did Has a gradual dose reduction (GDR) been attempted?

- 0. No → Skip to to N450D**
- 1. Yes → Continue to N450C**

N0450C. Date of last attempted GDR

N0450D. Physician documented GDR as clinically contraindicated.

Options:

- 0. No – GDR has not been documented by a physician as clinically contraindicated → Skip to to [next active section]**
- 1. Yes – GDR has been documented by a physician as clinically contraindicated → Continue to N450E**

N0450E. Date physician documented GDR as clinically contraindicated