



Physician Matters

A publication for physicians and other healthcare providers

Fall 2017

Medication Safety In The Home

We take seriously our responsibility to assure that patients have the proper medications for comfort at the end of life and that these medications are used safely. As a patient's terminal condition changes, careful attention is required regarding:

- **Benefit/s of current medications:**
 - Should the medication be continued, tapered, stopped?
 - Do the risks of the medication/s outweigh the benefits (e.g.: Plavix/ Clopidogrel or Coumadin for a patient at risk for falls due to increased weakness; cholesterol-lowering meds for a patient with cancer or end-stage heart disease; Aricept/donepezil for a patient with Alzheimer's)?
- **Pain and other symptoms managed with addition of opioids, benzodiazepines, and anti-psychotic medications:**
 - What risk factors are present for potential drug abuse/diversion?
 - What monitors/interventions are needed to promote safe use of these medications?
- **Safe disposal of medications after death or discharge.**

At Good Samaritan Hospice, we address these issues for home-based patients in the following ways:

- A **list of all meds** prescribed or in use is compiled on admission and updated regularly.

- A **Medication Safety Agreement** is reviewed with the patient and caregiver, and a person is designated to be responsible for the administration and storage of meds in the home.
- A **Medication Safety Risk assessment** is done to determine level of risk for misuse, diversion, or abuse of high-risk medications. Appropriate interventions (e.g., medication lockboxes) are implemented.
- A **medication review** is conducted at least every 2 weeks by a hospice physician. Recommendations for changes are made to the patient's provider/attending physician, and their input regarding med adjustments is welcomed.
- A **medication count** of opioids and other high-risk meds (e.g., benzodiazepines) is made by the hospice RN case manager minimally once a week. If indicated, counts may be done every RN visit, including prn and on-call visits.
- The **Medication Safety Risk assessment** is repeated as changes occur within the patient's home environment (e.g., caregiver change or missing meds without reasonable explanation)
- **Medication disposal recommendations** are made by the hospice RN when a patient dies or is discharged or meds are discontinued. Special **drug disposal kits** are available.



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- The patient's **local pharmacy** is notified of the patient's death so that partial fill med orders can be cancelled.

Thank you for your ongoing confidence in us as we serve your patients and families. If you have questions, please contact us.

We are always glad to help.

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