

Note To Attending Physician/Prescriber

Resident:
Care Center:
Physician/Prescriber:

Station: A

Room:

Bed:

MRR Date : 3/3/2015

Request date 4/6/15

This resident has been on Bupropion 100mg BID for depression since 3/24/14.

Please evaluate the current dose and consider a gradual taper to ensure this resident is using the lowest possible effective/optimal dose.

Please check the appropriate response and add additional information as requested:

() Condition stable. Attempt dose reduction to:

Patient has had good response to treatment and requires this dose for condition stability. Dose reduction is contraindicated because benefits outweigh risks for this patient and a reduction is likely to impair the resident's function and/or cause psychiatric instability. (Please elaborate with patient specific information):

(-) Previous dose reduction attempt while in facility failed. Current dose is required/appropriate and required for this patient and a further dose reduction at this time is clinically contraindicated. (Please note previous outcomes/reduction contraindication or other relevant patient specific information below):

() Condition is not well controlled/stable and a reduction is likely to impair the resident's function and/or cause psychiatric instability. (Please elaborate with patient specific information):

() Other

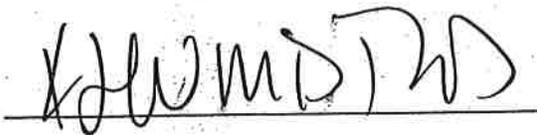


Consultant Pharmacist

Physician/Prescriber Response

No changes

Signature:



Date:

4/7/15



PharMerica
305 Seaboard Lane, Ste 318
Franklin, TN 37067
Phone: 931.374.1582
Fax:

tracy.cothron@pharmerica.com

Note To Attending Physician/Prescriber

Resident:

Care Center:

Physician/Prescriber:

Williams

Station: A

Room:

Bed:

MRR Date : 2/3/2015

Antipsychotics have the capacity to cause tardive dyskinesia and other movement disorders.

Recommend movement test, such as AIMS or DISCUS, be performed initially (within 30 days), and then at least every six months while this resident continues on antipsychotic therapy.

Consultant Pharmacist

Physician/Prescriber Response

Signature: _____

Date: _____



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Note To Attending Physician/Prescriber

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Physician/Prescriber:

Station: A

Room:

Bed:

Williams

MRR Date : 2/3/2015

Diagnoses for the following medications could not be located in the chart.

Please indicate which diagnoses should be added to patient profile for the following orders:

Lovenox _____



Consultant Pharmacist

Physician/Prescriber Response

Atf

Signature: _____

Date: _____



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Resident: _____ Station: **A** Room: _____ Bed: _____
 Care Center: _____
 Physician/Prescriber: _____

Williams

MRR Date : 2/3/2015

Federal guidelines for long-term care facilities require an evaluation of antipsychotic usage within two weeks of admission.

This resident was recently admitted with an order for Risperidone 1mg BID to treat agitation which is not a labeled indication.

Please consider a trial dose reduction to assess continued need for treatment and check one of the following:

- Medication to be continued as ordered. Discontinuation of therapy likely will be harmful to resident and/or others or it will interfere significantly with the provision of care for others.
- Reduce the current order to 0.5mg BID and clarify diagnosis _____
- Taper to Discontinue (see order).
- Other:



Consultant Pharmacist

Physician/Prescriber Response

Signature: _____

Date: _____



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Resident:

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Station: A

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Physician/Prescriber: 1

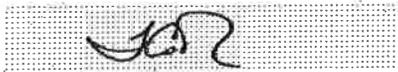
Williams

MRR Date : 12/4/2014

This resident is diagnosed with dementia and receiving the antipsychotic Seroquel (Quetiapine) 25mg HS.

Please indicate the appropriate clinical situation to support the continued use of this medication:

- Behavioral symptoms present a danger to the resident or to others; AND one or both of the following
- Symptoms identified due to mania or psychosis (auditory, visual hallucinations, delusions (paranoia or grandiosity); OR
- Behavioral interventions have been attempted and included in the plan of care. Resident continues to benefit from continued therapy. Update diagnosis with appropriate indication _____.



Consultant Pharmacist

Physician/Prescriber Response

Signature: _____

Date: _____



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Note To Attending Physician/Prescriber

Resident:

Care Center:

Physician/Prescriber:

Station: A

Room: 225

Bed: B

Williams

MRR Date : 12/1/2014

is receiving Lasix, Lisinopril, Lipitor without lab work on the chart.

Please consider ordering a CMP to monitor therapy.

Consultant Pharmacist

Physician/Prescriber Response

Signature: _____

Date: _____