

MEDICATION HARM SERIES · PART 3

Thirty Residents, One Cart

Nursing Home Medications

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A nursing home medication pass is one nurse, one cart, thirty residents, and eight to twelve medications each. The errors that happen there are slower than hospital errors, more about omission than commission, and more about the cumulative effect of many drugs on a frail person than about one catastrophic dose.

THE CATEGORIES WE SEE MOST

- ◆ **Omissions.** Doses scheduled and not given, sometimes charted as given, sometimes charted as refused when the resident was never offered, sometimes blank. A pattern of blanks on a MAR is a case.
- ◆ **Transcription errors.** The order is right; the MAR was written from the pharmacy label instead of the order and carries the wrong dose. Every dose from that MAR is wrong until someone compares it to the orders, which most facilities do monthly.
- ◆ **Polypharmacy.** Twelve medications, three doing the same thing, one started to treat the side effect of another, and no one has reviewed the whole list in a year. The resident is falling, confused, and sleeping all day, each treated as a new problem.

Because nursing home records are often paper or mixed, and there's rarely a barcode scan log, we rely on cross-checks: MAR against physician orders, MAR against pharmacy deliveries, MAR against the controlled substance count. Any one record can be wrong. Three that disagree can't all be right.

THE TWO DOCUMENTS THAT MAKE NURSING HOME MEDICATION CASES

- ◆ The MDS, the federally required assessment, which shows who the resident was before the harm. A resident ambulatory and alert on one MDS and bedbound and confused on the next didn't decline "anyway."

- ◆ **The consultant pharmacist's monthly review.** Federal regulation requires a pharmacist to review every resident's regimen monthly and report irregularities, and requires the physician to respond. A pharmacist's recommendation with a blank response section is the standard and the breach in one document.

Also request: every MAR and order sheet for the period, pharmacy delivery records, controlled substance counts, the physician notification log with fax or portal confirmations (a note reading "MD aware" with no response is a phrase, not notification), the facility's last two state surveys, and the care plan.

Episode 88 of Lexcura Clinical Insights covers nursing home medication errors in full.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

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