the Remedi Pulse

YOUR MID-YEAR PHARMACY PULSE

Remedi SeniorCare® EDUCATION Rx

A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

2025 VOLUME 2

Transitions in Care

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What do you think of when you hear the term "transitions in care"? Do you have an image of a resident being sent out of your facility or welcoming a new resident to your facility? Perhaps you immediately recall the definition we have all become familiar with, which is: "the movement of a patient from one setting of care (hospital, ambulatory care practice, long-term care, home heath, home) to another."[1] It's also likely that you have a vivid image of important tasks needing to be completed for your resident but may be unsure of how you will get all tasks done in a timely manner.

In the long-term care (LTC) environment, all these listed scenarios are likely to be possible. While the increased sophistication of technology in healthcare has improved information sharing and promised to make transitions in care easier, it often gives one a false sense of accuracy and security.

STATISTICALLY SPEAKING

- *70% of LTC admissions have at least one medication discrepancy* [2]
- *21% or more of medication errors occur during transitions between hospitals and LTC facilities* [3]
- *Up to 60% of these errors are serious, life-threatening, or fatal* [4]

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IN THIS VOLUME

Every care transition increases the risk of communication breakdowns and medication discrepancies. And with every handoff, assumptions can creep in — often leading to errors that risk resident safety. Nurses and pharmacists play a vital role in catching these errors, both in hospitals and long-term care facilities.

An effective strategy to reduce medication-related harm is advocating for a thorough medication reconciliation at every care transition. As consultant pharmacists with decades of combined experience in hospital pharmacy, we've identified five common assumption-driven pitfalls that often compromise medication reconciliation.

1 Don't assume medication reconciliation was done accurately in other care settings.

- Nurses in acute care settings have different priorities than the LTC environment. Sometimes their workflow includes treating the urgent problem at hand and simply "continuing" or "holding" medications that don't impact the resident's urgent problem at hand.

- Sending a long, unorganized list of medications with your resident can be overwhelming to the receiving provider and can cause "reconciliation fatigue." Often, a lengthy list from the LTC facility does not seem pertinent to the care provided in the ER/specialists' office. Providing a concise, accurate list of medications can directly impact the quality of patient care.

2 Don't assume the list of medications in electronic health records (EHR) in other settings is correct.

- Acute care facility EHRs often maintain a list of "at-home" medications for their inpatients, and the accuracy and completeness may vary.

- The home medication list in an EHR frequently includes previous medications with old dosages and these medications might be marked "continue" upon discharge.

3 Don't assume the EHRs in other settings communicate between each other.

- Medication lists often vary between primary care, specialists, and hospitals. If a medication isn't related to the current issue, it may be overlooked.

- Depending on the EHR (e.g., Epic©, Cerner©), different health care systems might have access to each other's information but lack the knowledge, established procedures, or time to perform a thorough review.

4 Don't assume residents and caregivers know what is on their medication list.

- Residents and at-home caregivers have varying levels of comfort with the accessibility of their medication lists and might not understand the importance of maintaining an up-to-date medication list, including over-the-counter medications.

- Even when residents ask a provider to remove or change a medication in their profile, updates often aren't made if it wasn't originally prescribed by the provider. This can give residents a false sense of accuracy and lead to frustration when changes don't happen.

- Whenever possible, involve residents and families in reviewing their medication list.

5 Don't assume the medication list provided by the previous care facility is accurate.

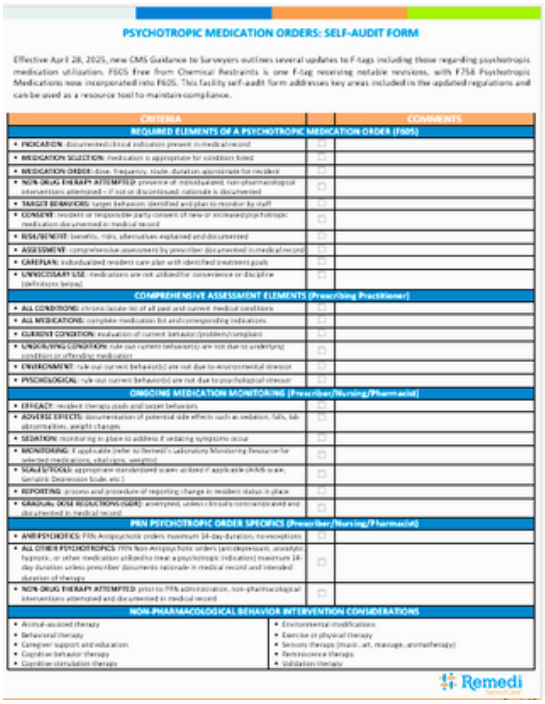
- Look for the following when reviewing discharge medications:
    - Differences in dose or frequency compared to the resident's pre-admission list, especially if marked "continue."
    - Changes in medication form (e.g., ER, XL, DR vs. immediate release).
    - Missing stop dates for injectable anticoagulants or antibiotics—call the provider to confirm.
    - Psychotropics started for non-psychiatric reasons during the previous stay— call the provider to confirm.

- When possible, review the discharge medication list with the discharging facility before your resident arrives. Ask them to send the list to you and review it together. If the resident is a readmission, compare it to their prior list. Once reviewed, upload it to the facility's EHR so your consultant pharmacist can complete a second review.

1. https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/8_transition_of_care_summary.pdf
2. Tam, V. C., et al. (2005). Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. CMAJ, 173(5), 510-515.
3. Tjia, J., et al. (2009). Clinical role of pharmacists in LTC settings: Medication reconciliation and review. Journal of the American Geriatrics Society, 57(5), 948-955.
4. Boockvar, K. S., et al. (2004). Medication reconciliation for reducing drug-discrepancy adverse events. Arch Intern Med, 164(6), 545-550.
5. https://psnet.ahrq.gov/primer/medication-administration-errors

NEW RESOURCE!

Self-Audit Tool to Simplify F605 Psychotropic Medication Compliance


PSYCHOTROPIC MEDICATION ORDERS: SELF-AUDIT FORM

Effective April 28, 2025, new CMS Guidance to Surveyors outlines several updates to F-tags including those regarding psychotropic medication utilization. F605 (Free from Chemical Restraints is one F-tag receiving notable revisions, with F756 Psychotropic Medications now incorporated into F605. This facility self-audit form addresses key areas included in the updated regulations and can be used as a resource tool to maintain compliance.

CRITERIA		COMMENTS
REQUIRED ELEMENTS OF A PSYCHOTROPIC MEDICATION ORDER (F605)		
• INDICATION: documented clinical indication present in medication record	☐	
• MEDICATION SELECTION: medication is appropriate for condition listed	☐	
• MEDICATION ORDER: dose, frequency, route, duration appropriate for resident	☐	
• NON-DRUG THERAPY ATTEMPTED: presence of individualized, non-pharmacological interventions attempted – if not or discontinued, rationale is documented	☐	
• TARGET BEHAVIORS: target behaviors identified and plan to monitor by staff	☐	
• CONSENT: resident or responsible party consent of new or increased psychotropic medication documented in medical record	☐	
• RISK/BENEFIT: benefits, risks, alternatives explained and documented	☐	
• ASSESSMENT: comprehensive assessment by prescriber documented in medical record	☐	
• CARE PLAN: individualized resident care plan with identified treatment goals	☐	
• UNNECESSARY USE: medications are not utilized for convenience or discipline (see reasons below)	☐	
COMPREHENSIVE ASSESSMENT ELEMENTS (Prescriber)		
• ALL CONDITIONS: chronic/acute list of all past and current medical conditions	☐	
• ALL MEDICATIONS: complete medication list and corresponding indications	☐	
• CURRENT CONDITION: evaluation of current behavior/problem/complaint	☐	
• UNDERLYING CONDITION: rule out current behavior(s) are not due to underlying condition or off-target medication	☐	
• ENVIRONMENT: rule out current behavior(s) are not due to environmental stressor	☐	
• PSYCHOLOGICAL: rule out current behavior(s) are not due to psychological stressor	☐	
ONGOING MEDICATION MONITORING (Prescriber/Nursing/Pharmacist)		
• EFFICACY: resident therapy goals and target behaviors	☐	
• ADVERSE EFFECTS: documentation of potential side effects such as sedation, falls, lab abnormalities, weight changes	☐	
• SEDATION: monitoring in place to address if sedating symptoms occur	☐	
• MONITORING: if applicable, refer to Remedi's Laboratory Monitoring Resource for selected medications, vitals/pain, weight(s)	☐	
• SCALES/TOOLS: appropriate standardized scales utilized if applicable (AIMS scale, Geriatric Depression Scale, etc.)	☐	
• REPORTING: process and procedure of reporting change in resident status in place	☐	
• GRADUAL DOSE REDUCTIONS (GDR): attempted, unless clinically contraindicated and documented in medical record	☐	
PRN PSYCHOTROPIC ORDER SPECIFICS (Prescriber/Nursing/Pharmacist)		
• ANTIPSYCHOTICS: PRN Antipsychotic orders maximum 14-day duration, no exceptions	☐	
• ALL OTHER PSYCHOTROPICS: PRN Non-Antipsychotic orders (antidepressant, anxiolytic, hypnotic, or other medication utilized to treat a psychotropic indication) maximum 14-day duration unless prescriber documents rationale in medical record and intended duration of therapy	☐	
• NON-DRUG THERAPY ATTEMPTED: prior to PRN administration, non-pharmacological interventions attempted and documented in medical record	☐	
NON-PHARMACOLOGICAL BEHAVIOR INTERVENTION CONSIDERATIONS		
• Animal-assisted therapy • Behavioral therapy • Caregiver support and education • Cognitive behavior therapy • Cognitive stimulation therapy		• Environmental modifications • Exercise or physical therapy • Sensory therapy (music, art, massage, aromatherapy) • Reminiscence therapy • Validation therapy

Remedi

This tool was recently released, and we hope you're already taking advantage of it!

If not, now's a great time to put it to use and make regulatory reviews more manageable.

We created this with our customers in mind, to turn complex regulation into something practical, actionable, and much easier to digest than Appendix PP.

Available for Skilled Nursing Facilities only.

Summer School, LTC Style!

Even though it's summer, class is still in session!

Join us for Rx Care Insights—quick, 30-minute monthly webinars packed with clinical and regulatory insights on the latest industry trends, with a special focus on F-tag citations.

Stay sharp and informed with timely updates that support resident care and survey readiness.

Held the second Wednesday of each month at 1:30 PM ET.
Contact your Consultant Pharmacist to request a calendar invite!

TIPS

For a Safe and Fun Summer!

Prepared by Sarah Griffie, PharmD,BCGP
Remedi SeniorCare Midwest Lead Clinical Consultant Pharmacist

For most of us, summertime means taking time to enjoy the warm weather, sunshine, and the great outdoors. As we enjoy all that the season offers and to help our residents make the most out of this summer, it's important to make sure that these good times are enjoyed safely.

STAY HYDRATED

Dehydration is a dangerous problem that can easily escalate and lead to several adverse consequences and, even the potential need for hospitalization. Older adults become even more susceptible to dehydration as their sense of thirst and ability to conserve water decreases. The use of certain medications may also increase one's risk for dehydration including:

- Diuretics
- Laxatives
- Oral Antidiabetic agents
- Lithium
- Fentanyl and Opioid analgesics

When the heat and humidity start to rise, it's very important to prevent dehydration by maintaining adequate fluid intake.

- Dehydration may increase your risk of developing a heat-related illness.
- If your doctor has told you to limit your liquids, ask what you should do when it is very hot.
- Signs of hyperthermia include dizziness, muscle cramps, edema, rapid pulse, nausea, and weakness.

KEEP YOUR COOL

As the temperature rises, so does the risk of heat-related illnesses and the dangers associated with them. Individuals who may not be able to adjust as well to temperature changes and are most at risk for these illnesses include the elderly, obese, and those who have chronic medical conditions such as cardiac, pulmonary, and psychiatric disorders. One may also be more sensitive to heat stress if taking certain medications such as:

- Antipsychotic agents
- Thyroid hormones
- Medications with anticholinergic effects* (can decrease sweat production)

*Examples include benztropine (Cogentin), scopolamine (Transderm-Scop), oxybutynin (Ditropan)

When temperatures get extreme it is important to stay in air-conditioned areas as much as possible, wear appropriate clothing, and give baths or use cool cloths to cool down

CELEBRATE IN MODERATION

During some events taking place this season, there will likely be an opportunity to celebrate or relax with an alcoholic beverage. When having a drink, there are a few extra precautions to keep in mind. Since alcohol is a diuretic, be sure to drink plenty of water before, during, and after to stay adequately hydrated. Drinking alcohol can also impact judgment, making it more difficult to self-recognize symptoms of heat-related illness. It is important to be extra cautious of hypoglycemia since alcohol may not only cause a decrease in blood sugar, but can also mimic common symptoms of hypoglycemia such as dizziness and confusion.

While it may be difficult to impede on one's decision to enjoy alcohol in moderation, certain situations require intervention to prevent an adverse outcome. If taking a CNS-depressing medication such as a benzodiazepine, muscle relaxant, or opioid, it is important to understand how alcohol may increase these effects. Medications that can interact with alcohol and may cause a reaction resulting in immediate and severe hangover-like symptoms include metronidazole, isosorbide dinitrate, glyburide, nitrofurantoin, and Bactrim. Always be sure to promote responsible drinking and maintain a safe environment whenever alcohol is involved.

MEDICATION STORAGE

Reinforce proper storage in warm months:

- Avoid leaving medications in hot vehicles or windowsills
- Store in cool, dry areas as directed
- When traveling by plane, be sure to pack your medications in your carry-on luggage

SHIELD YOUR SKIN

To enjoy the outdoor sunshine safely, EVERYONE should wear sunscreen. Even if only going outside for a short time, sunscreen, with an SPF (Sun Protection Factor) of 15 or higher, should be applied liberally one-half hour before heading out, and be sure to reapply often. Wearing sunglasses outdoors is also very important, along with being sure to remove them once inside and taking time to adjust to the diminished light in order to prevent accidents. Taking appropriate precautions and avoiding sun exposure becomes especially important when someone is taking medication that may make them more sensitive or have a reaction to sunlight.

Common photosensitizing medications include:

- Certain antibiotics (including doxycycline, ciprofloxacin, levofloxacin, Bactrim)
- Diuretics
- NSAIDs
- Sulfonylureas
- Antidepressants
- Statins
- Amiodarone
- Many other medications may also contribute towards photosensitivity, making it a good practice to avoid sun exposure whenever possible and to contact your pharmacist if you have any questions regarding a specific medication.

Selected resources
Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier. c2025- [cited 2025 July 7]. Available from: http://www.clinicalkey.com.
Weathermon R, Crabb DW. Alcohol and medication interactions. Alcohol Res Health. 1999;23(1):40-54. PMID: 10890797; PMCID: PMC6761694.
"Hot Weather Safety for Older Adults." National Institute on Aging. Web. July 7 2025. https://www.nia.nih.gov/health/safety/hot-weather-safety-older-adults
"Extreme Heat and Your Health." CDC. Web. 7 July 2025. https://www.cdc.gov/extreme-heat/about/index.html

Remedi Superstar Nurse

Althea Rapaich, RN

West Woods of Bridgman
Bridgman, MI

Congratulations to Althea "Allie" Rapaich, RN, at West Woods of Bridgman, Bridgman, MI for being chosen as the Superstar Nurse for this edition of the *Remedi Pulse*. Allie was nominated by her Administrator, Wendell Torrey.

Per Wendell, "Allie has worked at West Woods for 13 years and has 13 years of experience. Allie is a dedicated nurse and exemplifies outstanding leadership abilities, consistently demonstrating a remarkable capacity for making sound decisions and providing guidance in high-pressure situations. Her clinical expertise is evident through her understanding of medical procedures, medications, observation, analysis, communication, and meticulous attention to detail. Allie is committed to staying up-to-date on the latest advancements in healthcare. She is a true team player and fosters a positive and collaborative atmosphere within the facility that significantly enhances overall patient care. What sets Allie apart the most is her genuine love and compassion for each one of her residents which creates a warm and supportive environment. Allie's unwavering commitment to excellence in leadership, clinical proficiency, teamwork, and genuine care for her residents makes her an exemplary candidate for this award."

KNOW AN AMAZING NURSE?

Now's your chance to recognize the clinical excellence happening all around us. Nominations are open for the Remedi Superstar Nurse recognition, and we invite you to help shine a light on the exceptional individuals making a difference in your communities.

To nominate a Superstar Nurse, please email the following information:

- Name, title, and facility of person making the nomination
- Name, title, and years of tenure & experience of the nurse you're nominating
- Name and location of facility
- Description of why this nurse should be chosen, such as leadership abilities, clinical expertise, teamwork, professional and personal strengths, etc.

superstar.nurse@remedirx.com

DOSE OF FUN

Here's a 'Dose of Fun' to give you a break from the daily grind because after all, Laughter is the Best Medicine!

Did you know two iconic sodas were invented by pharmacists?

Dr. Pepper was created in 1885 by pharmacist Charles Alderton at Morrison's Old Corner Drug Store in Waco, Texas. He set out to capture the nostalgic scent of a soda fountain in a drink — and nailed it!

A year later, Atlanta pharmacist John Pemberton introduced Coca-Cola as a remedy for common ailments. It originally contained coca leaf extract and kola nut — hence the name.

Cheers to refreshing innovation!

Can you GUESS the Medication?

A. 

B. 

C. 

Answers on page 9

Pharm Phresh!

Your source for the latest updates from the world of pharmacy. Stay fresh with the latest insights, trends, and advice!

Prepared by Sarah Fama, PharmD, BCGP
Director of Clinical Services and Formulary Strategy

NEW DRUG ALERT!

FDA DRUG APPROVALS – Q1 2025

DRUG NAME	Blujepa± (gepotidacin) *750 mg tablets*	Symbravo (meloxicam & rizatriptan) *20 mg/10 mg tablets*	Onapgo* (apomorphine HCl) *98 mg/20 mL prefilled daily cartridges with pump*	Emblaveo± (aztreonam & avibactam) *2 g vials (1.5 g aztreonam, 500 mg avibactam)*
INDICATION	Uncomplicated UTI	Acute migraine with or without aura in adults	Treatment of motor fluctuations in adults with advanced Parkinson's Disease	Treatment of complicated intraabdominal infections WITH metronidazole
DOSING	1.5 g twice daily for 5 days	1 tablet as single dose, max one tablet per day	Continuous SQ infusion initial dose is 1 mg/hr; dose is titrated to resident needs; max dose 6 mg/hr Extra doses may be used – see prescribing information	Loading dose 2.67 g ONCE, followed by 2 g every 6 hrs. for total of 4-5 days.
RENAL/HEPATIC	• Avoid eGFR < 30mL/min and Hemodialysis • Avoid in severe hepatic impairment	• Not recommended in CrCl 30-60mL/min, avoid in CrCl ≤30mL/min • Caution in hepatic impairment (not studied)	• Mild-moderate renal impairment: initial extra dose is 0.5-1 mg only • No hepatic adjustments – but monitor in mild/moderate impairment	• Loading dose and maintenance dosing adjusted based on CrCl level • No adjustments in hepatic impairment
ADMINISTRATION/ STORAGE TIPS	• Do not crush (film coated tab) • Admin 12 hrs. apart after meal	• Do not crush, divide, or chew • Take without regard to food • Limit use to < 10 days per month • Do not use with single ingredient products	• SQ admin. only • Dose is in "mg/hr" • Rotate infusion site daily • New cartridge and holder should be used every day • Discard unused portion	• Infuse over 3 hours • Diluted solution can be refrigerated for up to 24 hours
SIDE EFFECTS	• Diarrhea • Abdominal pain • Flatulence • N/V	• Drowsiness • Dizziness	• Hypotension • N/V • Infusion site reactions • Drowsiness • Dizziness • Headache • Dyskinesia	• LFT elevation • Anemia • Hypokalemia • GI upset (N/V/D) • Headache • Dizziness • Mental status change
GERIATRIC CONSIDERATIONS	• QTc prolongation • May increase serum Digoxin levels • Cholinergic effects	• Meloxicam is a high-risk BEERS medication as it is an NSAID and carries the same risks as any NSAID	• Confusion and hallucinations are reported more frequently in elderly patients	• Not many geriatric patients in studies • Dose based on kidney function

*Hazardous Medication
±Reserve use for infections caused by drug-resistant pathogens with limited treatment options

Drug Emoji Answers: A. Timolol B. Candesartan C. Ramipril