The DEA made a surprise announcement that it would now allow nurses working in long-term care facilities to act as agents of the prescriber. This change in the DEA’s policy allows the agent nurse to call or fax the pharmacy and relay the prescribers verbal orders for Schedule II, III, IV and V controlled substances. In addition, the agent nurse is now allowed to fax Schedule II prescriptions signed orders to the pharmacist for hospice patients and long-term care facility residents.

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The American Society of Consultant Pharmacists is one of many long-term care and pharmacy groups that has opposed the DEA’s restrictions on prescribing in long-term care facilities, stating that it only leads to unnecessary delays in residents receiving their pain medications. An article in the October 3, 2010 edition of the New York Times described nursing home residents as the unintended casualties of the DEA’s war on drugs. The DEA had increased the level of enforcement to keep narcotics from getting in the wrong hands to such an extent that care was delayed for long-term residents. The American Pharmacists Association had suggested a short-term solution to the issue could be to have the DEA allow nurses in long-term care facilities to act as agents for the prescribers in order to relay those Schedule II through V prescriptions via fax to the pharmacy and to expand the definition of prescription agents to make the DEA’s new policy more effective.

For More Information
Call Us at: 800-714-3439
The Happy Medium
By Michael W. Khalili

According to the Centers for Medicare and Medicaid Services (CMS) Quality Indicator Report, nursing home resident activity is up, emotional and behavioral symptoms that affect other residents fell, and there was a reduction in falls and symptoms of depression. Also, residents who were physically restrained fell from 9.3% in 2000 to 3.1% in 2009. One statistic that seems to jump up is the increase in activity of the residents. The prevalence of little or no activity in residents has decreased from 18.9% to 5.7. It would be difficult, if not impossible, to determine the chief reason for these favorable outcomes but one pre- sumable ingredient is the in- crease in anti-anxiety drug use. According to CMS, the preva- lence of anti-anxiety and hyp notic drug use has increased from 17% to 23.1% and the percentage of resident patients taking nine or more medica- tions increased from 42.8% to 70.6% over the last 10 years.

Is the balance between the increased amounts of anti- anxiety drugs to quality of life of all residents reasonable in long term health care? That happy medium is unique to each resident and difficult to assess across the board but the recent statistics seem to validate the increased anti-anxiety drug use.

MDS 3.0 by Kevin R. McManaman (continued from pg. 1)

VDIC 3.0 and the interpretive guidelines will impact surveys, com- plaints, and litigation. Only time will tell, but it appears likely that these three areas of MDS 3.0 will be of particular significance.

Good Night, Sleep Tight, and...
By Jeannelle L. Lust

Bed bugs are everywhere, in dirty and clean homes, in movie theaters and public li- braries, on buses and in schools, as well as in nursing homes. Once eradicated to the point that whole generations of Americans thought they were a myth, bedbugs began coming back in urban apartment build- ings in recent years and then started traveling. Bed bugs will attach to luggage, to purses, and bags, and will cause an infestation if not killed right away.

Bed bugs are parasitic insects, active mainly at night, and so tiny they’re difficult to spot. Their bites are usually painless, allowing them to dine to their tiny hearts’ content while their victims sleep. Many people are allergic to the bites, however, and about 30 percent of vic- tims have a reaction after being bitten, according to the Environmen tal Protection Agency. Bed bugs can cause illnesses if the bite becomes infected. The bites look like mosquito stings or flea bites, often causing red inflated markings on lower legs, arms, and sometimes on the face. Since bed bug feed in the early morning hours, some people never witness being bit by the bug because they are asleep. Bed bugs will become dormant after they feed, often giving the illusion that they have died.

In nursing homes, bed bugs may spread through shared laundry facilities, common sitting areas, or by staying in a room near someone who may have bed bugs. The bugs will travel through the plumbing, they live in wood, and they hide in magazines and books. They can hide in cracks and crevices during the day, and typically come out at night, usually between midnight and 5 a.m., for feeding. One of the places they hide and lay eggs is in the folds of mattresses—their favorite place to lay eggs.

The currently recognized best methods of exterminating bed bugs are through extreme heat or extreme cold. Bed bugs have become highly resistant to chemical eradication tech- niques and since the early 1970’s, DDT, the most effective chemi- cal used in combating bed bugs has been banned globally. If you suspect that your nurs- ing home has bed bugs, call an exterminator immediately. Wash all fabrics in ex- tremely hot water, and dry them on high heat in the clothes dryer. You may have to throw out mat- tresses and pillows. You may also have to move residents around while their rooms are being cleaned and exterminated.