

Guidelines for Ordering prn Anxiolytics

In an effort to remain in compliance with OBRA Guidelines (F329) and general pharmaceutical standards, please keep the following in mind when ordering any anxiolytics on a **prn** basis:

1. Specific diagnoses and qualifying behaviors are mandatory. “prn anxiety”, “prn agitation” and similar descriptors are **NOT** acceptable. The specific **behavior pattern** that this patient displays – in as much detail as possible – is necessary. For example, “prn anxiety when the patient begins screaming and tries to hit other residents” would be acceptable.
2. Before any prn anxiolytic can be given, 2 nonpharmacologic interventions must be tried. The staff will help care plan appropriate interventions (eg, walk with a staff member, go to the dining room for a glass of milk, escort to the TV room...). The two interventions must be tried, given adequate time to work and have detailed behavior monitoring to describe the patient’s reactions (positive or negative) **every time before** the medication can be given. If a particular intervention does not work after several attempts, a new intervention needs to be care planned.
3. **NO MEDICATIONS** (including anxiolytics) **may be ordered with a range of doses or time intervals.** For example, “0.5 – 1.0 mg po q 4 – 6 hours prn” would NOT be an acceptable order. The order must be of the general format:
“0.5 mg q 4 hours prn severe agitation as demonstrated by _____ [Fill in the blank describing the abnormal or anxious behavior that places the patient or other residents at risk] after 2 nonpharmacologic interventions have been documented as unsuccessful”.
4. Any sedating medication given only at bedtime will be considered a sedative / hypnotic and will likely be treated as such under Federal regulations and during regulatory surveys. In general, medications given that may be construed as sedative / hypnotics require:
 - ❖ Good documentation of hours of sleep over a period of time (usually several days to a week) with patients not on *any* drugs to induce sleep;
 - ❖ That they not be used more often than the manufacturer’s product recommendation states, typically **no more than 2 nights in any 7** when being used to induce sleep;
 - ❖ Meaningful trial reductions are being attempted on an *ongoing quarterly* basis;
 - ❖ A detailed Benefit / Risk statement in the progress notes quarterly specifying both why the medication is needed and the potential adverse effects, AND
 - ❖ These must be presented to the patient and/or POA to obtain their express consent that the intended benefits outweigh the likely risks. If the risks are not adequately disclosed, at the discretion of the pharmacy consultant, medical director and/or PIC Committee, you may be asked to expand on the risks or more fully document justification of the drug’s use and share this with the patient / POA.

It is important to remember that **residents who have new or suboptimally-controlled behaviors or who are receiving frequent PRN doses of anxiolytics or sedative-hypnotics should have a meaningful medication review to ensure that side effects of other drugs are not the cause of the behaviors and should be thoroughly assessed for pain that may be the underlying cause.** If the consultant pharmacist, medical director, DON or PIC committee can assist with any of the above, please do not hesitate to contact us.