Medications: Adverse Drug Reactions PC.M30

Regulatory Citation(s):	None
L-Tag(s):	None

POLICY: The hospice provides an immediate and coordinated response to adverse drug reactions.

DEFINITION: ***Adverse drug reaction*** *- is any noxious, unintended, undesirable or unexpected response to a drug that was prescribed and administered correctly. This definition excludes predictable, dose-related side effects due to drugs that result in little or no change in patient management.*

PROCEDURE:

1. Signs and symptoms of an adverse drug reaction may include, but are not limited to:
    a. Dermatologic - skin rash, exfoliative dermatitis, photosensitivity;
    b. Pulmonary - edema, respiratory depression, fibrosis, pleural effusion;
    c. Hepatic - hepatic necrosis, hepatitis;
    d. Renal - renal failure, nephritis;
    e. Hematologic - aplastic anemia, bone marrow suppression, leukocytosis;
    f. Neurological - seizures, tardive dyskinesia;
    g. Cardiac - arrhythmias, CHF;
    h. Otic - hearing loss, tinnitus;
    i. Ocular - corneal deposits, retinal damage, diplopia, myopia, conjunctival pigmentation;
    j. Hypersensitivity - anaphylaxis; and
    k. Gastrointestinal - ulceration, prolonged vomiting, diarrhea, colitis, pancreatitis.

2. The hospice nurse must report any adverse reaction that results in the following:
    a. a change and/or discontinuation or modification of the drug therapy;
    b. the need for the initiation of a medication to counteract the drug reaction (Narcan, Benadryl, etc.)
    c. a 50% or larger dosage decrease;
    d. systemic treatment;
    e. hospital admission;
    f. permanent harm, disability or cognitive impairment; and/or
    g. death

3. To report and manage an adverse drug reaction, the hospice nurse:
    a. notifies the patient's attending physician (if any), the hospice physician and the provider pharmacist;

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b. requests instructions from the attending physician or the hospice physician regarding interventions;
c. documents the date and time of the reaction, the type of reaction, the patient's symptoms and vital signs and the physician instructions; and
d. makes arrangements for transportation to the hospital if necessary.
e. changes visit frequencies or initiates continuous care as needed to support the patient medical condition.

4. Documentation related to the adverse drug reaction includes completing an incident report and noting the:
    a. name of the medication;
    b. dose and route prescribed
    c. dose and route administered;
    d. signs and symptoms of the adverse effect;
    e. nature of discovery of the event;
    f. time of physician notification and orders; and
    g. patient outcome.

5. The Director of Clinical Operations, in consultation with the hospice physician and the patient's attending physician (if any), determine the necessity of reporting the incident to any external agencies, including the FDA's MedWatch program, as required by State and Federal laws and regulations. Reporting form is available in addendum PC.M05.1.

6. Data is collected related to adverse drug reactions and reviewed by the hospice's QAPI Committee on a quarterly basis.

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