Community Coalition Deprescribing Toolkit:

DEPRESCRIBING PROCESS CHECKLIST

Polypharmacy can result in an increased risk of adverse drug reactions, hospitalizations, emergency department visits, falls and mortality. This tool is designed to help providers integrate deprescribing into routine practice, evaluate current processes and identify opportunities for quality improvement, or educate staff on the key elements of describing. This tool is based on Linda M Liu, DNP,ANP-BC, ACNPN and Irene G. Campbell, MSN, APRN, GNP's Tips for Deprescribing in the Nursing Home[1]

Key Elements	Strategies	Process embedded in current practice
WHEN TO REVIEW PATIENT'S MEDICATION LIST	· With any change in condition or new symptom · Before prescribing any new medication · At every visit · When completing an MDS	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
WHEN TO REVIEW PATIENT'S MEDICATION LIST	· Review all medications for indication, dose, continued need, possible interactions, adverse effects, and risk-benefit analysis · Identify potential medications to discontinue · Review goals of care, life expectancy, disease trajectory, and length of time to benefit of preventative meds · Choose one medication at a time · Consider consulting with the original ordering specialist · Discuss with patient/resident, family, health care agent, care partner, facility staff	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
WHEN TO REVIEW PATIENT'S MEDICATION LIST	· Write order for initial dose reduction or discontinuation · When a medication is discontinued, nursing home staff educated on careful monitoring for adverse effects/ withdrawal symptoms of discontinuing the specific medication · Include specific targets for nursing staff to monitor depending on drug action such as: blood pressure, weights, mood, appetite, bowel patterns, sleep, activity, labs · Communicate with patient/resident or family (bi-lateral communication to include patient/resident and family feedback/observations)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
WHEN TO REVIEW PATIENT'S MEDICATION LIST	· Document rationale for taper or discontinuation, plan for monitoring and follow-up, communication with patient/resident, health care agent, care partner, family staff and other prescribers around outcomes.	☐ Yes ☐ No

Additional Resources

PALTC Dare to Deprescribe: https://paltc.org/drive2deprescribe	American Geriatric Society: Beers Criteria
Optimizing Medication Management during the COVID-19 Pandemic: Implementation Guide for Post-Acute and Long-Term Care: https://www.pharmacy.umaryland.edu/media/SOP/wwwpharmacyumarylandedu/centers/lamy/covid19-med-mgmt/complete-guide.pdf	Choosing Wisely: https://www.choosingwisely.org/
IHI Age Friendly Health Systems http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/PublishingImages/4Ms-Framework-of-an-Age-Friendly-Health-System_descriptions.png	

[1] *Citation: Annals of Long-Term Care: Clinical Care and Aging, October 2016*

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