

Practice Coding Scenarios

Section N: Medications

N2001 Practice Coding Scenario 1:

- The admitting post-acute care (PAC) nurse reviewed and compared the acute care hospital discharge medication orders and the PAC physician's admission medication orders for Ms. W.
- The nurse interviewed Ms. W, who confirmed the medications she was taking for her current medical conditions. Upon the nurse's request, the pharmacist reviewed and confirmed the medication orders as appropriate for the patient.
- Because of this collected and communicated information, the registered nurse (RN) determined that there were no identified potential or actual clinically significant medication issues.

N2001 Practice Coding Scenario 2:

- Mr. C was admitted to PAC after undergoing mitral valve replacement. The acute care hospital discharge information indicated that Mr. C had a mechanical mitral heart valve and was to continue receiving anticoagulant medication.
- While completing a review and comparison of the patient's discharge healthcare records from the acute care hospital with the PAC physician's admission medication orders, an RN noted that the admitting physician ordered the patient's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0. However, the physician's admission note indicated that the desired therapeutic INR parameters for Mr. C was 2.5 to 3.5.
- The RN questioned the INR level listed on the admitting physician's order, based on the therapeutic parameters of 2.5 to 3.5 documented in the physician's admission note. This prompted the RN to call the physician immediately to address the issue.

N2003 Practice Coding Scenario 3:

- Mr. B was admitted to PAC with an active diagnosis of pneumonia and atrial fibrillation. The acute care facility medication record indicated that the patient was on a 7-day course of antibiotics and the patient had 3 remaining days of this treatment plan.
- The PAC pharmacist reviewing the discharge records from the acute care facility and the PAC admission medication orders noted that the patient had an order for an anticoagulant medication that required INR monitoring as well as the antibiotic.
- On the date of admission, the PAC pharmacist contacted the PAC physician caring for Mr. B and communicated a concern about a potential increase in the patient's INR with this combination of medications, which placed the patient at greater risk for bleeding.

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- The PAC physician provided orders for laboratory testing so that the patient's INR levels would be monitored over the next 3 days, starting that day. However, the nurse did not request the first INR laboratory test until after midnight of the next calendar day.

N2003 Practice Coding Scenario 4:

- Ms. S was admitted to PAC from an acute care hospital. During the admitting nurse's review of the patient's acute care facility discharge records, it was noted that the patient had been prescribed metformin. However, admission labs indicated the patient had a serum creatinine of 2.4, consistent with renal insufficiency.
- The PAC admitting nurse contacted the PAC physician-designee to ask if this drug would be contraindicated with the patient's current serum creatinine level.
- Three hours after the patient's admission to PAC, the PAC physician-designee provided orders to discontinue the metformin and start the patient on a short-acting sulfonylurea for ongoing diabetes management. These medication changes were implemented within the hour.

N2005 Practice Coding Scenario 5:

- At discharge from PAC, the discharging licensed clinician reviewed Ms. T's medical records, which included admission through her entire stay at the PAC. The clinician noted that a clinically significant medication issue was documented during the admission assessment.
- At admission, Ms. T was taking two antibiotics—an antibiotic prescribed during a recent acute care hospital stay that the PAC physician had included in her PAC medication orders, and a second antibiotic prescribed by the physician upon admission that is known for drug-induced nephrotoxicity. Ms. T has renal disease. Ms. T's medical records further indicated that a PAC nurse had attempted to contact the assigned PAC physician several times about this clinically significant medication issue.
- **After** midnight of the second calendar day, the PAC physician communicated to the nurse via a telephone order to administer a newly prescribed antibiotic in addition to the previously prescribed antibiotic. The nurse implemented the physician's order.
- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional clinically significant medication issues had been recorded throughout the remainder of Ms. T's stay.

N2005 Practice Coding Scenario 6:

- At discharge, the licensed clinician completing a review of Ms. K's medical records identified and noted two clinically significant medication issues during the patient's stay. The patient's record included an order to hold the medication Ms. K was receiving for deep vein thrombosis prophylaxis. Based on the patient's clinical status, the PAC RN determined that the physician needed urgent notification.
- The day after the observed symptoms were identified and physician notification occurred, the PAC physician provided an order to resume the medication, which was carried out by the nursing staff within the hour. In addition, a licensed clinician identified a clinically significant medication issue had occurred during the admission assessment period and the physician had been contacted on the same day.
- Both medication issues identified during the patient's stay were communicated and addressed by midnight of the next calendar day. There were no additional clinically significant medication issues identified during the remainder of the PAC stay.