

Section N	Medications
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SOC/ROC and Discharge

N0415. High-Risk Drug Classes: Use and Indication
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1. Is taking Check if the patient is taking any medications by pharmaceutical classification, not how it is used, in the following classes 2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking ↓	2. Indication Noted ↓
	Check all that apply	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	

M2001. Drug Regimen Review

Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	0. No — No issues found during review → Skip to M2010, Patient/Caregiver High-Risk Drug Education 1. Yes — Issues found during review 9. NA — Patient is not taking any medications → Skip to O0110, Special Treatments, Procedures, and Programs

M2003. Medication Follow-up

Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	0. No 1. Yes

M2005. Medication Intervention

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	0. No 1. Yes 9. NA — There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

M2010. Patient/Caregiver High-Risk Drug Education
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Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	0. No 1. Yes NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

M2020. Management of Oral Medications

Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Enter Code

- 0. **Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.**
- 1. **Able to take medication(s) at the correct times if:**
 - a. **individual dosages are prepared in advance by another person; OR**
 - b. **another person develops a drug diary or chart.**
- 2. **Able to take medication(s) at the correct times if given reminders by another person at the appropriate times**
- 3. **Unable to take medication unless administered by another person.**
- NA **No oral medications prescribed.**

M2030. Management of Injectable Medications

Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes IV medications.

Enter Code

- 0. **Able to independently take the correct medication(s) and proper dosage(s) at the correct times.**
- 1. **Able to take injectable medication(s) at the correct times if:**
 - a. **individual syringes are prepared in advance by another person; OR**
 - b. **another person develops a drug diary or chart.**
- 2. **Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection**
- 3. **Unable to take injectable medication unless administered by another person.**
- NA **No injectable medications prescribed.**

Section O	Special Treatment, Procedures, and Programs
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SOC/ROC	
O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.	a. On Admission Check all that apply ↓
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Mid-line	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the Above	<input type="checkbox"/>

Discharge	
O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on discharge.	c. At Discharge Check all that apply ↓
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Mid-line	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the Above	<input type="checkbox"/>

O0350. Patient's COVID-19 vaccination is up to date.	
Enter Code <input type="checkbox"/>	0. No, patient is not up to date 1. Yes, patient is up to date