



HOME MEDS & NUTRITION INTERVENTIONS

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Home Meds- what it is

- HomeMeds is an evidence-based, in-home, medication review and intervention that includes:
 - a computerized risk assessment and alert process
 - a pharmacist review and recommendation for improvement.
- Tool for identifying potential patient medication-related hazards
 - Dizziness
 - Cardiac symptoms
 - Confusion
 - Risk for falls

Home Meds helps patients to:

- Facilitate medication reconciliation after hospitalization
- Monitor adherence to medications for chronic illnesses
- Intention is to decrease adverse drug events such as falls and gastrointestinal bleeding
 - Grandpa- kidney issues related to number of prescription meds

How Home Meds works:

- Community-based organizations (such as Elderbridge) arrange for a pharmacist to review and respond to potential medication problems identified at screening

Home Meds- steps to implementation

- Establish relationship- important to build a relationship so that the client trusts staff to come into their home
- In-home visit- being in the home gives staff the ability to look for fall hazards such as rugs, electrical cords, furniture, etc.
 - Client should have easy access to all medications right there in their home

Home Meds- steps to implementation

- Gather meds- prescribed and over the counter
- Assessment form- for each medication record the strength, how frequently taken, take blood pressure (sitting and standing), ask about any falls
- Home meds website- information is entered into the website, will flag any concerns and send along to pharmacist at University of Iowa

Determining who needs an assessment

- Anyone who might benefit, as long as they are willing
- Main triggers
 - recent hospitalization or nursing home stay
 - a number of falls
 - takes 8 or more medications



HomeMeds™ Patient Information Collection Form

Name/ID: _____

DOB: / / Race/Ethnicity: Gender: Male Female

Phone: Primary Address: email:

Medicare Part D Plan or Medicare Advantage Plan:

HISTORY and ASSESSMENT STAUS

1. Have you had a fall in the past three months? ___NO___YES

If yes, ask: How many times? (If more than one fall, record the most serious below.)
How did the fall happen?
Did you have any injuries?

2. Do you often feel dizzy or light-headed when you get up from a chair or your bed? ___NO___YES

If yes, ask: When do you feel dizzy or lightheaded? _____

3. Have you felt unusually confused at any time in the past three months (i.e., couldn't think straight)? ___NO___YES

4. Have you been in a hospital, nursing home or ER in the past 3 months? ___NO___YES

5. How much pain have you experienced recently? ___None___Mild (1-2)___Moderate (3-6)___Severe(7-10)

6. On average, how many days a week do you drink alcoholic beverages (beer, wine, liquor)? _____

If 1+, ask: On a typical day when you drink, how many drinks do you have? _____

7. Blood Pressure:
___/___(lying down) ___/___(sitting) ___/___(standing) Date/time taken _____

8. Pulse: _____ Date/time taken _____

CONDITIONS and ALLERGIES

- 1. Do you have any chronic conditions? If yes, indicate which one(s):
Asthma, Depression, Heart Condition, Kidney Problems, Anxiety, Diabetes Type 1, High Blood Pressure, Osteoarthritis, Cancer /history of cancer, Diabetes Type 2, Incontinence, Rheumatoid Arthritis, COPD, Gastrointestinal Problems, Insomnia, Stroke/TIA
Other conditions/diagnosis _____

2. Have you had any surgeries? ___No___Yes Please describe: _____

3. Do you have any food/medication allergies? ___No___Yes Please describe: _____

HomeMeds™ Patient Information Collection Form

Name/ID : _____

PART 1: PRESCRIPTION MEDICATIONS (see example at end of form)

Table with 7 columns: Name, Strength, Form; Instructions, Frequency, Route; Purpose; Doctor Name/City Phone/Fax #; Pharmacy Name, City Phone/Fax #; Date Dispensed (date on bottle or box); NOTES (How is it being taken that's different from what's on the label? Side effects?).

PART 2: Over-the-counter medications and supplements

HomeMeds™ Patient Information Collection Form

Name/ID: _____

Name, Strength, Route and Form	How much do you take; how often & when do you take it?	Purpose: why do you take it?	Did a doctor tell you to take this? Name?	How long taken? Since _____ date?	NOTES Side effects, etc.
EXAMPLE: Tylenol PM Oral Capsule	2 capsules; every night at bedtime	To help sleep and reduce arthritic pain	NO	About 4 years	Works well. Not aware of any side effects.

HomeMeds™ Patient Information Collection Form (Sample)

Be sure to include ALL MEDICATIONS: prescription drugs, over-the-counter drugs, vitamins and herbal supplements.

Name, Strength, Form	Instructions (on the prescription label), Frequency, Route	Purpose: (What client says they take it for)	Prescriber Name	Pharmacy Name	Date Dispensed (date on bottle or box)	Notes/Patient Report (Is client taking med regularly, occasionally or not at all? Per instructions or differently?)
Lorazepam 0.5 mg oral tablet	1 tablet daily at bedtime	For anxiety	Dr. Allen Smith	Friendly Drugs	1/18/11	Takes at lunch because it makes her nauseous at night on an empty stomach
Ginkgo Biloba 60mg oral capsule	1 capsule every morning	For memory	Over-the-counter (OTC)	Friendly Drugs	2/15/11	Takes it every day for memory strength
Albuterol inhaler	2 puffs every 6 hours as needed for wheezing	For COPD	Dr. Allen Smith	Mail Order AARP	1/15/11	Not using inhaler for past 6 months – made him cough.
Tylenol PM 25 mg oral tablet	2 tablets at bedtime as needed	For Sleep	No doctor/OTC	Wal-Mart	N/A	Usually 3x/week; recently has been taking every night.
Atenolol 25 mg oral tablet	1 tablet 2 times a day	For blood pressure	Dr. L Berger	Mail Order AARP	2/15/11	Client takes medication regularly in morning and before bed.
Hydrocortisone 2.5% Cream	Apply to affected area as needed 2-3 times daily	For itch	Dr. Roger Smith,	Wal-Mart	3/19/11	Client takes occasionally when there is a flare up in skin disorder
Amoxicillin 500mg Capsule [SEE BELOW]	Take 1 capsule 3 times daily for 10 days	For infection	Dr. C Jones,	Costco	06/23/11	Client taking medication only 2x/day. AM dose hurts her stomach.

Nurse/CM: _____ Date: _____

Date form sent for review: _____

NP/MD/pharmacist signature(optional): _____

Local Pharmacy
123 MAIN STREET
ANYTOWN, USA 11111 (800) 555-5555

DR. C. JONES
NO 0060023-08291 DATE 06-23-09

JANE SMITH
456 MAIN STREET ANYTOWN, US 11111

TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

AMOXICILLIN 500MG CAPSULE

QTY _____ MRG _____

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 06/23/12
SLF/SLF

Name of Prescriber

Date prescription filled or dispensed

Instructions: Amount per dose Measure & Frequency – How much, how and when?

Name and Dosage/Strength



Nutrition Interventions

- Nutrition-related disease states in our older adult population that can lead to falls
 - Diabetes
 - COPD
 - Unintended Weight Loss

Diabetes

- In older adults, diabetes is now recognized to cause sarcopenia, frailty, falls, and hip fractures
- Symptoms can be overlooked because of normal physiological changes associated with aging
- Possible nutrition interventions:
 - Weight loss of 5-10% for healthy older adults
 - Increase physical activity if possible
 - Carbohydrate- modified diet

Chronic Obstructive Pulmonary Disease (COPD)

- Single most important factor for developing COPD is smoking, although can develop in nonsmokers
- High prevalence of malnutrition
 - Shortness of breath while preparing or eating food
 - Altered taste
 - Medication side effects

COPD Nutrition Intervention

- Focus on preventing weight loss
 - Supplements
 - Soft foods
 - Small, calorie-dense feedings to minimize fatigue
- Review potential side effects of medications

Unintended Weight Loss

- “gradual, unintended weight loss over time. May occur slowly over time or have a rapid onset”
- Typically results in protein-energy undernutrition and can result in older adults being more prone to:
 - Pressure ulcers
 - Infections
 - Immune dysfunction
 - Falls resulting in hip fractures

Nutrition Interventions

- Encourage eating in social situations
 - Congregate meals
- Modify texture of diet as needed
- Provide supplementation and fortification as needed

Contact Information

Home Meds

- Can be fee for service or contribution (60+)
- Amber Snyder or Cathy Vandehoef

Nutrition Counseling

- Contribution
- Danielle Crail, RD, LD
- Sharla Kuyper, LD

Call Elderbridge 1-800-243-0678

