

Practice Coding Scenarios

Section N: Medications

N2001 Practice Coding Scenario 1

- The admitting nurse reviewed and compared the acute care hospital discharge medication orders and the physician's admission medication orders for Ms. D.
- The nurse interviewed Ms. D, who confirmed the medications she was taking for her current medical conditions.
- The nurse found no discrepancies between the acute care hospital discharge medications and the admitting physician's medication orders.
- After the nurse contacted the pharmacy to request the medication, the pharmacist reviewed and confirmed the medication orders as appropriate for Ms. D.
- As a result of this collected and communicated information, the nurse determined that there were no identified potential or actual clinically significant medication issues.

N2001 Practice Coding Scenario 2

- Mr. H was admitted to the skilled nursing facility (SNF) after undergoing cardiac surgery for a mitral valve replacement.
- The acute care hospital discharge information indicated that Mr. H had a mechanical mitral heart valve and was to continue receiving anticoagulant medication.
- While completing a review and comparison of Mr. H's discharge records from the hospital with the physician's admission medication orders and admission note, the nurse noted that the admitting physician had ordered Mr. H'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. H were 2.5–3.5.
- The nurse questioned the INR level listed on the admitting physician's order, based on the therapeutic range of 2.5 to 3.5 documented in the physician's admission note.
- This prompted the nurse to call the physician immediately to address the issue.

N2003 Practice Coding Scenario 3

- Mr. P was admitted to the SNF with active diagnoses of pneumonia and atrial fibrillation.
- The acute care facility medication record indicated that the resident was on a 7-day course of antibiotics and the resident had 3 remaining days of this treatment plan.
- The nurse reviewing the discharge records from the acute care facility and the SNF admission medication orders noted that the resident had an order for an anticoagulation medication that required INR monitoring as well as the antibiotic.

Practice Coding Scenarios

- On the date of admission, the nurse contacted the physician caring for Mr. P and communicated a concern that a potential increase in Mr. P's INR with this combination of medications could place the resident at greater risk for bleeding.
- The physician provided orders for laboratory testing so that the resident'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 the SNF from an acute care hospital.
- During the admitting nurse's review of the Ms. S' acute care hospital discharge records, it was noted that the resident had been prescribed metformin.
- However, admission labs indicated that Ms. S had a serum creatinine of 2.4, consistent with renal insufficiency.
- The admitting nurse contacted the physician to ask whether this drug would be contraindicated with Ms. S' current serum creatinine level.
- Three hours after the resident's admission to the facility, the physician provided orders to discontinue the metformin and start Ms. S on a short-acting sulfonylurea for ongoing diabetes management. These medication changes were implemented within the hour.

N2005 Practice Coding Scenario 5

- At the end of her Part A Prospective Payment System (PPS) stay, the discharging nurse reviewed Ms. T's medical records from the time of admission (start of SNF PPS stay) through her entire Part A PPS stay (Part A PPS discharge) and noted that a clinically significant medication issue was documented during the admission assessment.
- Ms. T's medical records indicated that a nurse had attempted to contact the physician several times about the clinically significant medication issue.
- After midnight of the second calendar day, the physician communicated to the nurse, via telephone, orders for changes to Ms. T's medications to address the potentially significant medication issue.
- The nurse implemented the physician's orders.
- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional issues had been recorded throughout the remainder of Ms. T's stay.

N2005 Practice Coding Scenario 6

- At discharge, the nurse completing a review of Ms. K's medical records found that two clinically significant medication issues had been identified during the resident's stay.

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- During the admission DRR, the nurse identified a clinically significant medication issue, contacted the physician, and implemented new physician orders on the same day.
- Another potentially significant medication issue was identified on Day 12 of Ms. K's stay; the nurse communicated with the physician and carried out the orders within 1 hour of identifying the potential issue.