

# ADMISSION

## Section N Medications

### N2001. Drug Regimen Review

Enter Code <input style="width: 100%;" type="checkbox"/>	<p>Did a complete drug regimen review identify potential clinically significant medication issues?</p> <p>0. <b>No - No issues found during review</b> → <i>Skip to O0100. Special Treatments, Procedures, and Programs</i></p> <p>1. <b>Yes - Issues found during review</b></p> <p>9. <b>NA - Patient is not taking any medications</b> → <i>Skip to O0100. Special Treatments, Procedures, and Programs</i></p>
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### N2003. Medication Follow-up

Enter Code <input style="width: 100%;" type="checkbox"/>	<p>Did the facility 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?</p> <p>0. <b>No</b></p> <p>1. <b>Yes</b></p>
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