

*We are committed to our vital role in the healthcare team by providing thorough and quick medication information for the patient's safety.*

*The first few days after admission to a facility are stressful for new residents and the staff that attends to them. New admissions often enter after a stay in the hospital. They have probably begun a new medication regimen.*

*What are the potential side effects and interactions of the new medications? Health care staff needs to know.*

*E.P.I.C. provides a thorough and complete medication assessment of the new admission via fax within 48 business hours.*

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***Take a proactive step in preventing the cost and stress of correcting medication problems... use E.P.I.C.!***

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### **E.P.I.C. is easy to use**

1. Fax the new patient information to the EPIC Department at: 732-574-3469/732-574-3926.
2. The E.P.I.C. Consultant Pharmacist will review and make recommendations for your new patient based on the information provided.
3. You will receive a complete, comprehensive, written assessment via fax or email within 48\* business hours after submission.

### **Get the facts\*\***

Eighty-three percent of new residents at long-term care facilities may be at very high risk for adverse drug reactions.

- ▼ When using E.P.I.C., drug interactions are identified within two days versus 20 days without E.P.I.C.
- ▼ With E.P.I.C., physician response time averages ten days versus 26 days without E.P.I.C.
- ▼ E.P.I.C. helps professional staff avoid medication errors.
- ▼ E.P.I.C. helps identify potential adverse effects that may result in hospitalization of resident.

\*Monday-Friday 9am-5pm

\*\*Data from a 2003 study on file at Pharma-Care, Inc.

### **Patient benefits**

- ▼ Improves quality of care
- ▼ Individually tailored assessments
- ▼ Reduces risk of falls & hospitalization

### **Staff benefits**

- ▼ Identifies drug interactions
- ▼ Reduces risk of medication errors
- ▼ Identifies potential adverse drug interactions
- ▼ Early identification of potential medication side effects
- ▼ Saves precious nursing time by avoiding the duplication of therapies
- ▼ Thorough explanation of new medications and nursing interventions for each individual

### **Facility benefits**

- ▼ Cost effective
- ▼ Keeps facility in compliance with F329 & F428 of Nursing Home Survey Guidelines regarding unnecessary medications and timeliness of pharmacy consultant review
- ▼ Keeps facility in compliance with the NJ State Advisory Pharmacy Regulation (NJAC8:39-30.3)
- ▼ Satisfies JCAHO requirements
- ▼ Decreases liability of facility by helping to meet facility-wide "safe medication practice guidelines"

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***Avoid the potentially dangerous and costly consequences of waiting up to 30 days for a medication review.***

***E.P.I.C. provides thorough assessments at the critical intake stage.***

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Creative Care Consulting, LLC



## HIGHLIGHTS OF F428 "Guidance to Surveyors" covered by E.P.I.C.

### Location and Notification of Medication Regimen Review Findings

The pharmacist is expected to document either that no irregularity was identified or the nature of any identified irregularities. The pharmacist is responsible for reporting any identified irregularities to the attending physician and director of nursing. The timeliness of notification of irregularities depends on factors including the potential for, or presence of, serious adverse consequences. For example, immediate notification is indicated in cases of bleeding in a resident who is receiving anticoagulants or in cases of possible allergic reactions to antibiotic therapy. If no irregularities were identified during the review, the pharmacist includes a signed and dated statement to that effect. The facility and the pharmacist may collaborate to identify the most effective means for assuring appropriate notification. This notification may be done electronically.

The pharmacist does not need to document a continuing irregularity in the report each month if the pharmacist has deemed the irregularity to be clinically insignificant or evidence of a valid clinical reason for rejecting the pharmacist's recommendation was provided. In this situation, the pharmacist need only reconsider annually whether to report the irregularity again or make a new recommendation.

The pharmacist's findings are considered part of each resident's clinical record. If documentation of the findings is not in the active record, it is maintained within the facility and is readily available for review. The interdisciplinary team is encouraged to review the reports and to get the pharmacist's input on resident problems and issues. Establishing a consistent location for the pharmacist's findings and recommendations can facilitate communication with the attending physician, the director of nursing, the remainder of the interdisciplinary team, the medical director, the resident and his or her legal representative (in accord with 42 CFR 483.10(b)(2), (d)(2)), ombudsman (with permission of the resident in accord with 42 CFR 483.10(j) (3)), and surveyors.

### Response to Irregularities Identified in the MRR

Throughout this guidance, a response from a physician regarding a medication problem implies appropriate communication, review, and resident management, but does not imply that the physician must necessarily order tests or treatments recommended or requested by the staff, unless the physician determines that those are medically valid and indicated.

For those issues that require physician intervention, the physician either accepts and acts upon the report and potential recommendations or rejects all or some of the report and provides a brief explanation of why the recommendation is rejected, such as in a dated progress note. It is not acceptable for a physician to document only that he/she disagrees with the report, without providing some basis for disagreeing.

If there is the potential for serious harm and the attending physician does not concur with or take action on the report, the facility and the pharmacist should contact the facility's medical director for guidance and possible intervention to resolve the issue. The facility should have a procedure to resolve the situation when the attending physician is also the medical director. For those recommendations that do not require a physician intervention, such as one to monitor vital signs or weights, the director of nursing or designated licensed nurse addresses and documents action(s) taken.

### Investigative Protocol

Refer to the Investigative Protocol at F329 for evaluation of medication regimen review, "Determination of Compliance" (Task 6, Appendix P)

#### Synopsis of regulation (F428)

- This requirement has four aspects relating to the safety of the resident's medication regimen, including:
- A review by the pharmacist of each resident's medication regimen at least once a month or more frequently depending upon the resident's condition and the risks or adverse consequences related to current medication(s) ;
  - The identification of any irregularities;
  - Reporting irregularities to the attending physician and the director of nursing; and
  - Action in response to irregularities reported.

#### Criteria for compliance

Compliance with 42 CFR 483. 60(c)(1) and (2), F428, Medication Regimen Review

The facility is in compliance with this requirement if:

- The pharmacist has performed a medication regimen review on each resident at least once a month or more frequently depending upon the resident's condition and/or risks or adverse consequence associated with the medication regimen;
- The pharmacist has identified any existing irregularities;
- The pharmacist has reported any identified irregularities to the director of nursing and attending physician; and
- The report of any irregularities has been acted upon.

*For a complete copy of the CMS Guidelines contact your Pharma-Care/Creative Care Consultant or call 732-943-3573*

### **POLICY:**

Any facility or client wishing to use the services of the E.P.I.C. program must participate in an In-Service on the use of E.P.I.C. and be provided with an E.P.I.C. Introductory kit which includes the following:

- 2 copies of the Yellow “Remember the E.P.I.C.” posting
- 2 E.P.I.C. magnets to place in a reminder area of new admissions
- This USING E.P.I.C. GUIDE which includes:
  - Highlights of F428 “Guidance to Surveyors”
  - InService Guide
  - Program Policy regarding New Admissions Procedure
  - Program Policy regarding Re-Admissions Procedure
  - Program Policy regarding Change of Status Procedure
  - Sample TEST PAGE - Facsimile Cover Page
  - Sample Medication Review Request Form
  - Sample Review Control Form
  - Sample Avoid Extra Charges
  - Sample Delay Notification of Services
  - Examples of Difficulties
  - Sample EPIC review Report
- TEST PAGE
- Review Control Form (PDF available if requested)
- Pad of EPIC-MRQ-Review Request Form (PDF available if requested) Additional pads on request.

### **PROCEDURE:**

- A.** The facility should assign a team or individual to act as E.P.I.C. Coordinator(s) to establish protocols for the submission and tracking of review requests.
- B.** Advise Coordinator(s) to the placement of the “Remember the E.P.I.C.” posting near the fax machine or nurses station as a reminder for new admissions.

Remind Coordinator(s) that reviews are returned within 48 business hours of receipt. The E.P.I.C. consultant pharmacist will review the Physician Orders and Patient Transfer Form received and will fax or email a response including a request for action to be taken by the appropriate personnel.
- C.** It is important to transmit a review request on the day of admissions and not two or three days later.

The consultant pharmacist will have an opportunity to identify potential drug interactions or potential problems within **48** business hours.
- D.** A copy of the consultant pharmacist E.P.I.C. review should be placed in the appropriate section of the patient's chart.
- E.** When a response is requested from the attending physician, the facility will contact the attending physician and will note the physician’s response on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.
- F.** Identify that the sending fax machine is set-up with CSID (Sending Number and Facility Identifier). May require your provider to set-up or adjust fax machine settings.
- G.** Send a Test Transmission from all fax machines using the provided TEST PAGE .
- H.** Use the E.P.I.C Medication Review Request form as a coversheet (EPIC-MRQ)
- I.** Send single resident transmissions. Do not group multiple residents in one transmission as this will delay reviews.
- J.** A monthly letter is sent to the Director of Nursing with a listing of residents and the dates that reviews were conducted in the previous month. Check the monthly letter against the Review Control Form.



## New Admissions Policy and Procedure

### POLICY:

All newly admitted residents will have their physician orders and transfer summaries evaluated by the pharmacy consultant upon admission to the facility

### PROCEDURE:

- A.** The charge nurse who verifies and notes Admission Physician Orders is responsible to fax the following:
1. The Physician Order Sheet **(This is required.)**
  2. Copy of Patient Transfer Form **(if available)**
  3. Utilize the MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ) or MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ-SHORT) provided by the E.P.I.C. department and CHECK OFF  **NEW ADMISSION.**
- B. DO NOT SEND (RESIDENT/ PATIENT) CHARTS OR MEDICAL RECORDS**
- C.** Send only **ONE** patient's information as a single transmission with the **PATIENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:
- E.P.I.C. Department**  
**Fax: (732) 574-3469 or (732) 574-3926**
- D.** Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will review the Physician Orders and Patient Transfer Form received and will fax or email a response including a request for action to be taken by the appropriate personnel.
- E.** A copy of the E.P.I.C. report will be placed in the appropriate section of the patient's chart.
- F.** When a response is requested from the attending physician, the facility will contact the attending physician noting the physician's response on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.

### KEY POINT:

The consultant pharmacist will have an opportunity to identify potential drug interactions or potential problems within **48** business hours.



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## Re-Admissions Policy and Procedure

### POLICY:

All readmitted residents will have their physician orders and transfer summaries evaluated by the pharmacy consultant upon readmission to the facility

### PROCEDURE:

- A.** The charge nurse who verifies and notes Admission Physician Orders is responsible to fax the following:
1. The Physician Order Sheet **(This is required.)**
  2. Copy of Patient Transfer Form **(if available)**
  3. Utilize the MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ) or MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ-SHORT) provided by the E.P.I.C. department and CHECK OFF  
 **RE-ADMISSION.**
- B. DO NOT SEND (RESIDENT/PATIENT) CHARTS OR MEDICAL RECORDS**
- C.** Send only **ONE** patient's information as a single transmission with the **PATIENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:
- E.P.I.C. Department**  
**Fax: (732) 574-3469 or (732) 574-3926**
- D.** Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will review the Physician Orders and Patient Transfer Form received and will fax or email a response including a request for action to be taken by the appropriate discipline.
- E.** A copy of the consultant pharmacist E.P.I.C. report will be placed in the appropriate section of the patient's chart.
- F.** When a response is requested from the attending physician, the facility will contact the attending physician noting the physician's response on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.

### KEY POINT:

The consultant pharmacist will have an opportunity to identify potential drug interactions or potential problems within **48** business hours.



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## **Change of Status Policy and Procedure**

### **POLICY:**

Residents who experience a change of status as defined by F428 of the federal guidelines will have their medications reviewed by a licensed pharmacist.

### **PROCEDURE:**

1. Facility designee E.P.I.C. Coordinator will complete the MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ) or MEDICATION REVIEW REQUEST - FORM (EPIC-MRQ-SHORT) provided by the E.P.I.C. department and CHECK OFF  **CHANGE OF STATUS**, and any of the event(s) to be evaluated in a "Change of Status".
2. Current **POS** (Physician Order Sheet) or Medication List will be submitted via Fax to:  

**E.P.I.C. Department**  
**FAX: (732) 574-3469 or (732) 574-3926**
3. **DO NOT SEND (RESIDENT/PATIENT) CHARTS OR MEDICAL RECORDS**
4. Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will review the Medication Regimen and forward a response to the long-term care facility. This review will be forwarded as a return fax or email in the following format:
  - Complaint
  - Observation
  - Recommendations
5. A copy of the E.P.I.C. report will be placed in the appropriate section of the patient's chart.
6. The facility is strongly encouraged to review the E.P.I.C. recommendations with the attending physician.



**TEST PAGE  
FACSIMILE COVER PAGE**

Facility Name: \_\_\_\_\_

**FAX TO: 732-574-3469 OR 732-574-3926**

Thank you for choosing our E.P.I.C. service.

Date: \_\_\_\_\_

E.P.I.C. utilizes an automated receiving system for fax transmissions.

As part of our start-up InService we request new users to transmit this special TEST PAGE to one of our displayed fax numbers above.

As important as transmitting this TEST PAGE, we also request that your facility provide a little background in case there is a dropped transmission or error in transmission.

*Please make copies before filling out the information if your facility has multiple fax machines.*

PLEASE PRINT CLEARLY	SENDING FAX NUMBER: _____	Fax Machine Manufacturer: _____
	Sender's Name: _____	Fax Machine Model: _____
	Sender's Call Back Number (if questions): _____	
	Sender's Email Address (if reviews are to be emailed): _____	
	----- Please provide a send back fax number if different than the sending fax number-----	
	SEND BACK FAX NUMBER: _____	

**IMPORTANT:** Please provide a FAX BACK NUMBER so that your facility can receive a confirmation fax in return. In many cases the Sending Fax Number used may not be the fax number where E.P.I.C. reviews are to be sent.

# E.P.I.C. InService Test Page

Note that E.P.I.C. utilizes an automatic fax receiving system which timestamps all incoming reviews and forwards them to the E.P.I.C. consultant pharmacists.

To avoid charges for duplicate E.P.I.C reviews of the same resident, it is important to track which New Admissions, Re-Admissions or Change of Status has been sent. Your facility should designate an E.P.I.C. Coordinator to maintain an ongoing log of sent and received E.P.I.C. reviews. We have included a suggested copy with this notification. To make additional copies, go to the Pharma-Care/Creative Care website and the E.P.I.C. Department's page to download a PDF of the "Review Control Form".

It is important that all the information sent to the E.P.I.C. is organized as a single transmission for each resident. If more than one review request is received for a resident within a 72 hour period, it will be treated as a New Admission and a new review will be created, returned, and invoiced for review services.

It is very important to use the E.P.I.C – "Medication Review Request (EPIC-MRQ) – Cover Sheet" or to develop a facility standard process for E.P.I.C. reviews to avoid any extra charges.

### How you can help us serve you better

*To ensure prompt evaluation of your, remember the following pieces of important information.*

1. Clearly **PRINT** the resident's first name, last name, room # on the Physician's Order Sheets. If possible, be sure the facility name is readable on the first transmittal page. *Using an E.P.I.C. Cover Sheet helps this process.*
2. Send only one patient's information as a single transmission to E.P.I.C. **DO NOT GROUP RESIDENT'S TOGETHER.**
3. Send resident information on the **DAY OF ADMISSION** or **DAY OF CHANGE IN STATUS.** Do Not Wait for a Later Date!
4. Be sure to include the **Physician Order Sheet!** **DO NOT send complete Medical Records or Charts.** Additional information may delay a review.
5. Include the fax number to be used for the return of the **EPIC Review.** In some instances, it may be different than the sending machine's CSID #.
6. **IMPORTANT:** To maintain quality assurance within your facility, E.P.I.C. advises that you request two transmissions: one to the sending floor and one to a designated E.P.I.C. Coordinator within your facility. This procedure allows your facility to maintain an ongoing, daily log of received EPIC transmitted reviews daily rather than waiting for the monthly report. An E.P.I.C. review may also be sent as an emailed PDF. (Sample Review Control Form is available on the E.P.I.C. page of the Pharma-Care, Inc. website).
7. The E.P.I.C. review is an extension of the consultant's pharmacist's visit to the facility. The E.P.I.C. review should be maintained in the resident's chart.

\* Pads of EPIC's Medication Review Request (EPIC-MRQ) are available from your local representative, or by calling E.P.I.C. or download a PDF from the Pharma-Care, Inc./Creative Care Consulting, LLC website.







# DELAY NOTIFICATION

We are in receipt of your recent request to conduct a review on the following resident. However, there were areas that were hard to define, please see notes.

Facility \_\_\_\_\_ Notification Date \_\_\_\_\_

Attention \_\_\_\_\_ Received Date \_\_\_\_\_

FAX NUMBER RECEIVED FROM (CSID INDICATED) \_\_\_\_\_

RESIDENT \_\_\_\_\_ Floor/Unit/Room \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How you can help us to serve you better!

To ensure prompt evaluation of your residents when using E.P.I.C., please remember the following pieces of important information.

- 1. E.P.I.C. utilizes an automated receiving system. Make sure that the fax machine/system being used to send has a correct CSID\* fax number and name for properly identifying your facility. If the fax device is provided by your pharmacy provider, they may need to explain how to change this.
- 2. Clearly PRINT the resident's last name, first name, and room # on the Physician's Order Sheets. If possible be sure the facility name is readable and within 3/8" margin of the first page. Using an E.P.I.C. Cover Sheet\*\* helps this process. Please indicate how many pages you are sending.
- 3. Send only one resident's bundle of information during a single transmission to E.P.I.C. DO NOT GROUP RESIDENT'S TOGETHER.
- 4. Send resident information on the DAY OF ADMISSION or DAY OF CHANGE IN STATUS. Do Not Wait for a later date!
- 5. Be sure to include the Physician Order Sheet. DO NOT send complete medical records. Additional information may delay a review.
- 6. Include the fax number to be used for the return of the E.P.I.C. Review. In some instances, it may be different than the sending machines CSID\* fax number.
- 7. To maintain quality assurance within your facility, E.P.I.C. advises that you request two transmissions: one to the sending floor and one to a designated E.P.I.C. Coordinator within your facility. This procedure allows your facility to maintain an ongoing daily log of received E.P.I.C. reviews rather than waiting for the monthly report. A sample Review Control Form may be downloaded from the E.P.I.C. page of the Pharma-Care Website indicated above.
- 8. The E.P.I.C. review is an extension of the consultant's pharmacist's visit to the facility. The E.P.I.C. review should be maintained in the resident's chart.

**If you have any questions in regards to the status of a review or the E.P.I.C. process, please contact E.P.I.C. directly at 732-943-3573**

\* CSID = Called Subscriber IDentification / Called Station Identification-Machine Telephone Number  
\*\* Pads of EPIC Cover Sheets (Form MRQ201501) are available from your local representative or calling E.P.I.C.

The biggest difficulties that E.P.I.C. encounters in the receivership of reviews are listed below:

12/09/2013 09:26 FAX 002/005  
NO CSID Number or Telephone Number from SENDER  
10/17/13 H013 CHART COPY  
8:00a/12/09/13 MEDICATION ORDERS OTHER ORDERS  
SHIFT

**Example 1:** The above review came with no CSID number or telephone number from the senders fax machine. This presents two difficulties; 1) The review will not automatically be routed to the proper facility review area. 2) If no E.P.I.C. cover sheet is included, there is no way to immediately start the review because E.P.I.C. is not sure who sent it.

The Automatic Receiving System will route this review to an “Un-Identified Facility Folder” and it will have to be route manually which will delay the review.

ALLERGIES: Cipro  
DIAGNOSIS: LUTE, #0 Turp 12/27/13, DM, HTN, Delerium Fevers urinary Rctn  
PATIENT NAME: [Illegible] RM/BED: [Illegible] DOB: [Illegible] SEX: [Illegible] PHYSICIAN NAME: [Illegible]  
Cannot identify Patient's Name - Scripting should not be used

**Example 2:** In this review, the patient’s name is scripted and illegible. One can not distinguish the first name from last name. Again, there was no E.P.I.C. cover sheet used on this transmission and no information as to who to contact for further instructions. It is important to establish an E.P.I.C. Coordinator at the facility.

01/10/2014 20:09 PAGE 03/05  
NO CSID NUMBER OR FACILITY IDENTIFICATION  
PHYSICIAN ADMISSION ORDERS  
MEDICATIONS HOUR ORDERS  
Send ALL MEDS

**Example 3:** In this five-page transmission, there was no CSID or facility identification to be found. The E.P.I.C. consultant pharmacist had no choice but to table the request until the facility called looking for the patient’s review.

### NOTICE

The Telephone Consumer Protection Act of 1991 makes it unlawful for any person to use a computer or electronic device to send any message via a telephone fax machine unless such messages clearly contain, in a margin at the top or bottom of each transmitted page, or on the first page of the transmission, the date and time it is sent and an identification of the business or other entity or other individual sending the message and the telephone number of the sending machine or such business, other entity or individual.

# E.P.I.C.

Electronic Pharmacist Information Consultant  
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## Examples of Difficulties

**MEDICATION REVIEW REQUEST**

NEW ADMISSION OR  CHANGE OF STATUS

Facility DSC Unit \_\_\_\_\_ Date of Birth 3/24/23

FaxBack Number (if different than CSID) \_\_\_\_\_ Number of Pages (Plus this Cover Sheet) 15

Request Sent By med case Title \_\_\_\_\_ Date Transmitted 3/4/13

Patient Jam 3, Her Room # 100A Current Weight \_\_\_\_\_

Last Blood Pressure Reading \_\_\_\_\_  M  F Doctor \_\_\_\_\_

PLEASE PRINT

**Example 4:** The E.P.I.C. cover sheet was properly transmitted, but the facility name was abbreviated.. There was no CSID number available to identify the facility right way. With over 200 reviews from different facilities, daily, E.P.I.C. requires the facility name to be easily identified.

**Fax**

To: EPIC From: LCC N 1

Fax: 2-5 4-3 Pages (Including cover sheet) :

Phone: Date: 5/7/2014

Re: Medication Order review

Comments:

DO NOT COMBINE MULTIPLE ADMISSION INTO ONE TRANSMISSION. Residents will be lost in the system

Please Review the following New Admission:

Marcy Gray

Rebecca Woundse

Joseph Hangnail

Robert Thesmail

**Example 5:** Above, multiple resident requests were transmitted as one fax group. This example was a 25 page document. Since the system is electronic and does not print a physical copy of the request, these would be placed in one large file. This example was a 25 page document.

In many cases, the missing CSID number is the most important factor that causes difficulties for E.P.I.C. Most fax machines and multi-function machines on the market today have simple instructions for establishing both a resident telephone number and company name for outgoing faxes. It should take no longer than 15 minutes to complete.

Instructions can be found on the internet by searching for your make and model, or call the company that installed the machine or provided the machine.

**CAUTION:** If your machine is supplied by a Lab or Pharmacy Provide, it is important that when they swap out machines, they also reset the CSID to match the facility where the machine is located.



**Electronic Pharmacist Information Consultant**  
A Service of Pharma-Care, Inc. / Creative Care Consulting, LLC.

CSID number or  
telephone number  
of sending device.

**Delivered by the EPIC Department Fax Server**  
**136 Central Avenue**  
**Clark, NJ 07066**  
**Phone 732-943-3673**  
**Fax 732-574-3469**

*A Service of Pharma-Care, Inc./Creative Care Consulting, LLC.*

**Attention to:**

Name: **DON/UNIT NAME, etc**  
Facility: **Your Facility Name Here**  
Sent to: **Return facility fax or email**  
Time: **01:53:02 PM** – Date: **2014-12-25**

**From:-**

**E.P.I.C Service**  
**Pharma-Care, Inc./Creative Care Consulting**  
Direct Telephone Line: **732-943-3573**  
Total Pages: **3**

**RE: Resident's Name**

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**Comments/Notes:**

Area of information included at time of sending  
Many times the names and emails of all recipients

**NOTICE**

The Telephone Consumer Protection Act of 1991 makes it unlawful for any person to use a computer or electronic device to send any message via a telephone fax machine unless such messages clearly contain, in a margin at the top or bottom of each transmitted page, or on the first page of the transmission, the date and time it is sent and an identification of the business or other entity or other individual sending the message and the telephone number of the sending machine or such business, other entity or individual.

The information contained in this message is legally privileged and is intended only for the use of the individual(s) or entity(s) named above. If the reader of this message is not the intended recipient, or an agent of the intended recipient with responsibility for delivering the message to the addressee, you are hereby notified that any review, dissemination, distribution or copying of this message and its contents is strictly prohibited. If you have received this message in error, please notify us by telephone and delete or destroy the original message and any copies immediately. Thank you.

**IF YOU DO NOT RECEIVE ALL PAGES**  
**PLEASE CALL THE E.P.I.C. DEPARTMENT AT (732) 943-3573**  
**Please mention Document IF: ##### - NO: #####**

136 Central Avenue – CLARK, NJ 07066 – EPIC FAX LINES: 732-574-3469 / 732-574-3926



**Pharma-Care, Inc.**  
*Health Care Consultation Specialists*  
WWW.PHARMACAREINC.COM

##### Printed: MM/DD/YYYY

To: Example Facility Name  
Attn: Usually sent to the Director of Nursing  
From: Consultant Pharmacist  
Subject: **Electronic Pharmacist Information Consultation**  
Date: Date of Review

Patient: Example Last Name, First Name  
Room: 2<sup>nd</sup> Floor – Room 2012  
Physician: Dr. John Doe

**Nursing Recommendations:**

1. Monitor for central nervous system depression while administering clonazepam. Identify and monitor target behaviors for the use of clonazepam.
2. Do not exceed the use of four (4) grams of acetaminophen per day from ALL sources, or as per facility policy.
3. Do not crush aspirin.
4. Diltiazem and lisinopril may cause orthostatic hypotension. Advise the patient to arise slowly from a sitting or lying position to reduce the possibility of falling.
5. Please chart a blood pressure and pulse rate weekly (or as per facility policy) with the administration of diltiazem.
6. Monitor for central nervous system depression and extra pyramidal symptoms while administering risperidone. Identify and monitor target behaviors for the use of risperidone.

Nurse Signature

Date



**Pharma-Care, Inc.**  
 Health Care Consultation Specialists  
 WWW.PHARMACAREINC.COM

##### Printed: MM/DD/YYYY

To: Example Facility Name  
 Attn: Usually sent to the Director of Nursing  
 From: Consultant Pharmacist  
 Subject: **Electronic Pharmacist Information Consultation**  
 Date: Date of Review

Patient: Example Last Name, First Name  
 Room: 2<sup>nd</sup> Floor – Room 2012  
 Physician: Dr. John Doe

**Physician Recommendations:**

1. The use of risperidone is associated with an increase risk of mortality in elderly patients treated for dementia-related psychosis. These medications contain a Black Box Warning to highlight this risk. Please document the risk vs. benefit of this potentially inappropriate medication.

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date



**FAX to : 732-574-3469 or 732-574-3926**

**MEDICATION REVIEW REQUEST**

Date Transmitted \_\_\_\_\_

PLEASE PRINT CLEARLY

SELECT ONE ONLY: NEW, RE-ADMISSION OR CHANGE OF STATUS

Facility: \_\_\_\_\_ Unit: \_\_\_\_\_

Resident Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Doctor: \_\_\_\_\_ Room \_\_\_\_\_ Bed: # \_\_\_\_\_ Gender: M <sup>OR</sup> F Date of Birth \_\_\_\_\_

Admission/Re-Admission Date: \_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW ADMISSION     POS ATTACHED

Further Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE-ADMISSION     POS ATTACHED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHANGE OF STATUS REPORT "Please check event(s) to be evaluated in 'Change of Status' "

- |  |  |
|--|--|
| <input type="checkbox"/> ANOREXIA and/or Unplanned Weight Loss or Weight Gain  | <input type="checkbox"/> Rash, Pruritus                                      |
| <input type="checkbox"/> Behavioral Changes, Unusual Behavior Patterns (Including Increased Distressed Behavior)                                 | <input type="checkbox"/> Respiratory Difficulty or Changes                   |
| <input type="checkbox"/> Bleeding or Bruising, Spontaneous or Unexplained  | <input type="checkbox"/> Sedation (Excessive), Insomnia or Sleep Disturbance |
| <input type="checkbox"/> Bowel Dysfunction Including Diarrhea, Constipation and Impaction  | <input type="checkbox"/> Seizure Activity                                    |
| <input type="checkbox"/> Dehydration, Fluid/Electrolyte Imbalance  | <input type="checkbox"/> Urinary Retention or Incontinence                   |
| <input type="checkbox"/> Depression, Mood Disturbance  | <input type="checkbox"/> OTHER: _____  |
| <input type="checkbox"/> Dysphagia, Swallowing Difficulty  | _____  |
| <input type="checkbox"/> Falls, Dizziness or Evidence of Impaired Coordination   | _____  |
| <input type="checkbox"/> Gastrointestinal Bleeding   | _____  |
| <input type="checkbox"/> Headaches, Muscle Pain, Generalized or Nonspecific Aching or Pain   | _____  |
| <input type="checkbox"/> Mental Status Changes (e.g. New/Worsening Confusion, New Cognitive Decline, Worsening of Dementia (Including Delirium)) | _____  |

Request Sent By \_\_\_\_\_ Call Back Phone Number if Questions: \_\_\_\_\_

FaxBack Number (IF DIFFERENT THAN CSID\*) \_\_\_\_\_ Number of Pages (Plus this Cover Sheet) \_\_\_\_\_

\* CSID IS THE FAX/PHONE NUMBER ENTERED INTO YOUR FAX MACHINE AS CLIENT IDENTIFICATION - \*\* ONE PATIENT PER TRANSMISSION (DO NOT GANG OR GROUP RESIDENTS)

**NOTE: COMPLETION OF THIS FORM INDICATES THAT THE FACILITY UNDERSTANDS THERE WILL BE A CHARGE FOR THIS REVIEW BASED ON ITS CURRENT CONTRACT**