

Getting Involved in Medication Decisions in Long-Term Care (LTC): A Guide for Residents, Families, and Care Partners

Who Can I Talk To?

Nurses (RN/RPN)



Nurses assess residents, give medications, watch for medication side effects, and write notes in a medication administration record (MAR).

Nurses are a great place to start with questions about medications. Nurses can give you a list of medications being given, and more information about things like if a resident has not wanted to take a medication or how often “as needed” medications are used.

Personal Support Workers (PSWs) / Care Aides



PSWs or Care Aides help residents with activities like bathing, dressing, and toileting. PSWs may also give some medications.

PSWs or Care Aides are with residents the most and can tell you if there have been changes in how they have been feeling or behaving. Changes could be related to medications, and they can help share your concerns or questions with the care team.

Pharmacists (RPh)



Pharmacists check residents’ medications to see how well they are working, if a medication may be causing side effects, and if the dose is right for the resident. Pharmacists also dispense medications.

Pharmacists can give you a list of medications being given, and answer questions about why a medication is being used, side effects, and drug interactions.

Doctors & Nurse Practitioners (NP)



Doctors & NPs monitor and examine resident health, review the resident’s care plan, and prescribe medications.

Doctors can answer questions related to a resident’s care. They may not always be at the LTC home, so it may be helpful to ask the nurse, PSW, or social worker about the best way to contact them.

Social Workers (RSW)



Social workers know the resident, family, and care partners well.

They can help with conversations with the care team as well as finding additional resources and issues relating to medication coverage.

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What is a Medication Review?

A medication review goes over all medications a person takes regularly or as needed. This includes all types of medications like pills, liquids, creams, patches, puffers, eye and ear drops, both prescribed and over the counter. The goal is for the healthcare team and the resident or their substitute decision maker (often the Power of Attorney for Personal Care) to:

- Agree on the treatment plan
- Check that each medication has a reason for use, is helpful, and is safe
- Check for and fix medication problems (such as side effects, or drug interactions)
- Reduce medication waste

-Adapted from Ontario Health Quality Standards

When Should Medications Be Reviewed?

When Moving Into LTC

- When preparing for a new resident, the LTC care team should review the resident's medications. It is very important that each new resident bring a complete list of their prescription and over the counter medications. The home should work with caregivers to help make this list (like who will call their community pharmacy, and hospital), and review it with them to make sure it is correct.

Care Team: can include nurses, doctors, pharmacists, social workers, dietitians, personal support workers, and other team members.

Care Conferences

- Within around 6 weeks of moving in, the care team should discuss medications with the resident and/or their substitute decision maker. To get ready for the meeting, think about the resident's experiences and goals for each medication. This will help you and the care team make good decisions about continuing or changing medications.
- Follow-up care conferences should happen at least once every year. Care conferences are a great time to ask medication questions, and you can ask for a pharmacist or doctor to participate.

Routine Medication Reviews

- The care team will review the resident's medications about every 3-6 months depending on where the home is located, and regional regulations. The care team may suggest medications to continue, change, or stop. Before making any changes, the care team should discuss them with the resident or their substitute decision maker.



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