

Procedure for Home Health Drug Problem Screening

For each patient and for each drug a patient is currently taking and after all drugs have been "standardized" (via a coding system or conversion to generic/active ingredients), do the following:

1. Load all tables for drugs of interest (e.g. NSAIDs, benzodiazepines, etc) by whatever method is chosen.
2. Check for hypertension
3. Check if taking Tricyclic Antidepressant (TCA) - if yes, check for orthostasis, confusion, recent fall
4. Check if taking anti-psychotic of interest - if yes, check for orthostasis, confusion, recent fall
5. Check if taking non-ACE anti-hypertensives - if yes, check for orthostasis, or SBP less than or equal 90, or SBP less than or equal 100 with vertigo.
6. Check pulse - if less than 55, check if taking digitalis, thyroid, or selected anti-hypertensives
7. Check if taking levodopa - if yes, check orthostasis
8. Check if taking benzodiazepine - if yes, check for falls or confusion
9. Check if taking NSAIDs - if yes, check if taking more than 325 mg ASA daily, age over 80, or taking an anti-ulcer, anti-coagulant, or steroid.
10. Check for therapeutic duplication of the following groups:
 - a. NSAIDs
 - b. Narcotics
 - c. H2 blockers
 - d. Dihydro calcium channel blockers
 - e. Non-dihydro calcium channel blockers
 - f. Benzodiazepines
 - g. ACE Inhibitors
 - h. Sulfonylureas
 - i. Beta-blockers
 - j. TCA's
 - k. SSRI's
 - l. Anti-psychotics
 - m. Loop diuretics
 - n. Thiazides
 - o. Potassium sparing diuretics
 - p. Thyroid
 - q. Theophyllines
 - r. Systemic corticosteroids
 - s. Estrogens
11. For dosage checking, we created a table of 94 drugs (these are drugs most commonly prescribed) with their name/code and the maximum daily dose