

#2	Intravenous medications	Acute 2008
No	Yes	Exclusions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heparin lock with IV flushes only
Met	Not Met	Validating Elements
Clinical Intervention and Patient Status		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condition Patient presents with severe or uncontrolled disease and: <ul style="list-style-type: none"> <input type="checkbox"/> An inability to maintain therapeutic blood levels of a specific medication using alternative routes administration <li style="text-align: center;">OR <input type="checkbox"/> The required medication is only available in IV form <li style="text-align: center;">OR <input type="checkbox"/> An inability to take oral medications and no other alternative route is possible
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service IV medication at a dose and frequency commensurate with the present condition and underlying comorbidities
Settings-Resources		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level of Care Closely monitored inpatient setting with the ability to respond immediately to medical needs required for more than 24 hours
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensity Skilled nursing services at least every 4 hours to: <ul style="list-style-type: none"> • Evaluate patient's response to IV medication • Adjust IV medications in consultation with physician • Identify potential complications • Respond immediately to changes in patient's condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternatives Treatment with IV medications at a less intensive level of care: <ul style="list-style-type: none"> <input type="checkbox"/> Was inadequate to arrest or control the medical condition <li style="text-align: center;">OR <input type="checkbox"/> Will lead to life threatening complications
Clinical Actions		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN Assessment Comprehensive nursing assessment on admission to include: <ul style="list-style-type: none"> • Review of treatment • Review prior medications and participate in medication reconciliation with attending physician • Performance of a complete health and psychosocial history • Assessment of comorbidities • Assessment of major body systems • Evaluation of level of pain • Determination of patient safety issues • Identification of issues requiring physician notification or intervention
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Assessment Initial admission physician assessment to include, at a minimum: <ul style="list-style-type: none"> • Performance of a problem-oriented history and full physical examination • Addressing active comorbid conditions • Medication reconciliation • Development of a working diagnosis and an initial treatment plan
Considerations Patient receiving medication that requires frequent assessment and adjustment, e.g. newly initiated Patient Controlled Analgesia (PCA) pump Observation treatment should be considered first for the following conditions: <ul style="list-style-type: none"> • Allergic or anaphylactic reaction • Asthma • Bronchospasm • Hypertension • Rule Out Myocardial Infarction (Chest pain with suspected low cardiac risk) • Renal colic 		
Discharge Planning Develop an initial plan, including anticipated need for continued IV medication and the level of care at which this can be accomplished		

Steps to Complete a Review

1. Choose criterion (example: Intravenous medications).

MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.

2. Review criterion sections and check off all exclusions and validating elements.

For a criterion to be qualified according to clinical necessity and best practice standards, each validating element must be met.

3. Collect Quality, Delay or Reason Codes for adequate explanation of outcomes. This data can be collected, reported and analyzed to accurately identify areas for improving patient flow and reducing LOS.

Reviewers can add Quality and Delay Codes for qualified reviews or Reason Codes for non-qualified reviews. These codes are fully customizable to meet the needs of your facility or health system.