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Revision Date:

Policy: **High Risk Prescribing**

Purpose: To guide prescribing clinicians in the safe ordering and use of high alert or high-risk medications

Protocol: This policy summarizes general guidelines for prescribing clinicians in the use of high alert/high risk medications and measures to avoid preventable adverse drug events

Definitions:

High Alert Medications are drugs (i.e., controlled substances, medications with narrow therapeutic windows, psycho-therapeutic medications, and look alike/sound alike medications) that have a greater risk of causing patient harm, have a higher risk of abuse, or can cause other adverse outcomes.

Preventable Adverse Drug Event (pADE) is any preventable injury due to medication, usually caused by failures in the treatment process that lead to, or have the potential to lead to, harm to the patient often from deficiencies in prescribing knowledge and/or monitoring. Examples of common patterns of high-risk prescribing that have been implemented in pADEs leading to patient harm are the following: 1) continuing drugs not indicated or no longer indicated; 2) not using drugs indicated to prevent ADE; 3) using drugs or drug doses that interact with existing medical conditions; 4) using drugs or drug doses that interact with existing drug therapy; and, 5) inconsistent monitoring of drug therapy.

Below are examples of High Risk Prescribing and pADEs:

Drug Class	High-risk prescribing	Preventable Adverse Drug Event
Opioid Analgesics	1) Co-prescribing a Benzodiazepine 2) Prescription w/o a laxative	1) CNS/Respiratory depression and risk of overdose 2) Constipation

Prescriber Responsibilities:

All prescribing clinicians should consider and document the following as appropriate when assessing medication use:

1) Is the use of the medication appropriate for the patient with respect to possible adverse drug events or contraindications, drug-drug interactions, or patient risk?

2) What is the patient condition and therapeutic objective of the medication; is this medication suitable for this patient; are specific medication instructions, warnings, and information provided to the patient; how should and will the medication and therapy be monitored; what is the anticipated length of therapy?

All prescribing clinicians should conduct a thorough medication review and reconciliation at each patient encounter along with proper drug monitoring and intervals. All prescribing clinicians will verify and document the appropriateness of all medications for the patient condition in the electronic medical record (EMR) and assign the medication to that patient condition in the medication list.

All prescribing clinicians should avoid the co-prescription of high-risk medications whenever possible. A prescribing pattern noting a co-prescription of an opioid and benzodiazepine will result in performance feedback shared by the data team and educational outreach by a Medical Director or the clinician's immediate supervisor or designee on the potential for pADE and determine alternate therapies for the patient's conditions. Should the co-prescription remain indicated for the patient, a monitoring plan will be outlined within the EMR and anticipated length of therapy, or plan for reduction or discontinuation of the medication(s), or referral to Behavioral Medicine for therapy review and management.