

To provide a safe medication experience and mitigate risks, Darnall Medical Center has the following programs in place:

1. **Medication Reconciliation** - a process of gathering a complete, accurate and current list of all medications taken by a Soldier and discontinuing all inactive medications.
2. **Sole Prescriber Program** - a proactive program that assesses a Soldier's risk for medication harm. Both the Soldier and provider sign an agreement to have a single prescriber for either all medications or specific classes of medications to be prescribed.
3. **Drug Lock-in Program** - a proactive program that assesses a Soldier's risk for harm. The Soldier is restricted to filling all medications through a single pharmacy to enhance monitoring of all medications prescribed.
4. **Drug Quantity Limit Restrictions** - Quantity limitations are used when prescribing psychotropic and central nervous system depressant medications. CRDAMC prescribers limit prescriptions for acute use to a 7-14 day supply, with no refills; while chronic use medications are prescribed for a 30 day supply with up to 2 refills.
5. **Treatment Agreement for Polypharmacy**  
The provider and patient sign a treatment agreement acknowledging that both parties are aware that the treatment prescribed has placed the Soldier in a polypharmacy situation and that careful monitoring will occur.
6. **Prescription Medication Analysis and Reporting Tool** - This program provides reports of a Soldier's medication history, capturing medications filled at the Military Treatment Facility, mail order and retail pharmacies.

7. **Clinical Pharmacy Consult** - Clinical pharmacists perform a comprehensive medication review with the Soldier: educating the patient on each medication's effects and how to properly take the medication to avoid harm.
8. **QUEST Quantitative Drug Testing** - Healthcare providers may order quantitative drug tests for certain classes of medications (e.g. narcotics) to identify if Soldiers are using their prescribed medication as instructed or if Soldiers are using prescription medications that are not documented in their medication profile.
9. **Electronic Profile (eProfile)** - Providers can send eProfiles to commanders/leaders to alert them that their Soldier meets the polypharmacy definition; the risks and benefits of this therapy; and recommendations for duty limitations.
10. **Enhanced Medication Monitoring and Observation Program** - For Soldiers who need more intense medication monitoring, this program provides a 24-hour supply of medication daily with daily counseling from a pharmacist to evaluate the efficacy and safety of the medication. A registered nurse observes the Soldier taking their first daily dose of medication and the Soldier has weekly visits with their provider. This program is used by the Warrior Transition Brigade.

*Commanders may contact the Pharmacy Department Chief, 288-8801, or their Soldier's provider about any of these programs.*

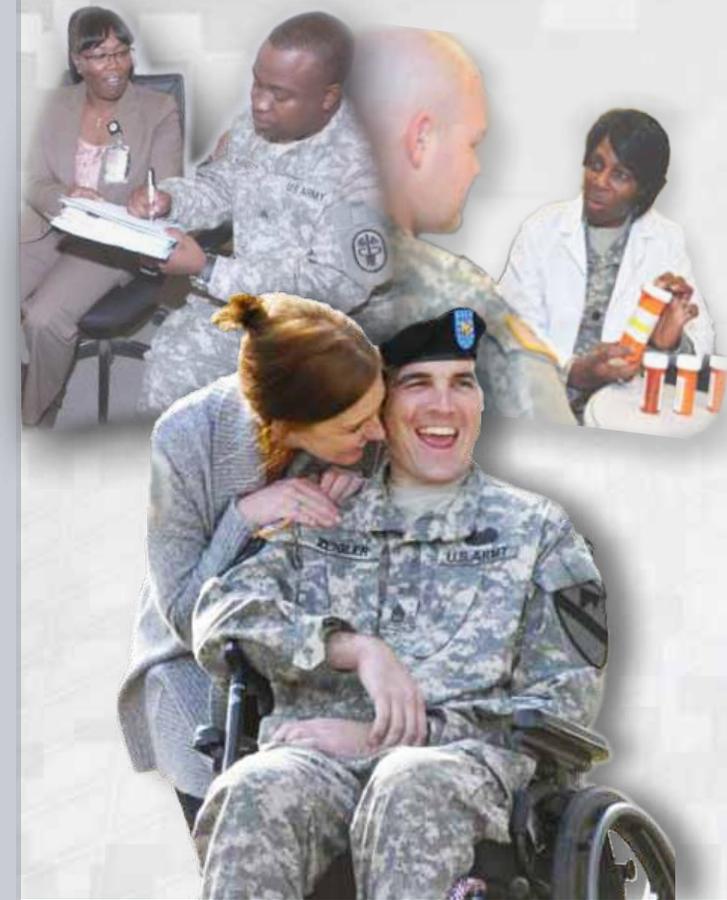


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**ARMY MEDICINE**  
Serving To Heal...Honored To Serve



**Medication Safety:**  
*a Shared Responsibility*

**DARNALL**  
ARMY MEDICAL CENTER

*Polypharmacy is a term used to describe a patient treated for multiple conditions with a variety of medications prescribed by several healthcare providers. When a patient receives four or more medications that include one or more psychotropic agents and/or central nervous system depressants, within a 30 day-period they meet the definition for polypharmacy.*



**Psychotropic agents** may affect the mind, emotions, thoughts, concentration, perception, consciousness and behavior (e.g. anti-depressants, anti-anxiety,). **Central nervous system depressants (CNSD)** may result in decreased breathing rates, decreased heart rate, and loss of consciousness possibly leading to coma or death. CNSDs include alcohol, narcotics, antidepressants, and seizure medications. The effects of these two classes of drugs, when taken together, may overlap and lead to unintentional harm.

It is absolutely vital that Soldiers actively participate in their medical care. Without their participation, health care providers cannot be successful in their efforts to provide a medically safe environment.

### Soldier's Role

- Provide information of any over-the-counter medications, herbal medications, supplements, recreational drugs, or prescription drugs filled at retail or mail-order pharmacies.
- Comply with the therapy prescribed. Do not take more medication than prescribed, which could lead to an overdose; or take less medication than prescribed - which could lead to ineffective therapy.
- Do not share medications with others or take someone else's medication. Medications can affect each individual in different ways.
- Destroy all medications you are no longer taking.

When Soldiers provide an accurate list of their medications, healthcare providers are able to get a true picture of their potential risk for polypharmacy and develop strategies to mitigate harm.



### Commander's and Key Leaders' Role

Observe the Soldier and communicate with healthcare providers concerning the Soldier's "at-risk behaviors". Soldiers on multiple medications may begin to exhibit behaviors that are sometimes out of character such as:

- Sleeping on duty
- Late or missing formations, duties or appointments
- Inability to focus or make decision
- Demonstrating poor judgment with subsequent actions
- Withdrawn or aggressive behavior;
- Acts of emotional or cognitive instability
- "At risk circumstances" may be related to pending UCMJ action; pending divorce; separation or loss of significant others or family; or financial instability

When Commanders/leaders identify "at risk" behaviors or circumstances and are concerned about a Soldier's medical well-being, they may contact the Soldier's provider to express these concerns. Information about a Soldier's risk coupled, with the monitoring for polypharmacy, strengthens our efforts to minimize accidental or intentional harm.

