The Protect Sleep Initiative
Centered Medication Administration

Policy:
It is the policy of _____ to implement a Person-Centered Medication Administration (PCMA) program, which will seek to improve residents' uninterrupted sleep by optimizing medication administration time. This policy has the potential to improve quality of life of residents, while maintaining appropriate and safe dosing of medications.

Rationale:
Restorative sleep is vital to human health and well-being. To promote quality of life and the highest practical physical, mental and psychosocial well-being sleep disruptions should be reduced. Many residents arrive to the facility from the acute care hospital with orders for nebulizer treatments every four hours around the clock (ATC), or for routine pain medication every six hours ATC. This results in residents being awakened, often multiple times a night. These disruptions of sleep may not be medically necessary.

Procedure:
1. Upon each resident's admission or readmission, the admitting nurse will review proposed admitting orders for each resident before contacting the attending physician for verification.
    - Specifically, the nurse will look for any scheduled medications or other interventions (e.g., tube feeding flushes, fingerstick blood sugars, etc.) that occur between 2300 and 0700.
    - Upon identification of any such orders, the admitting nurse will interview the resident and/or resident representative as to resident preferences for possible changes in timing of medication orders to promote uninterrupted sleep.
    - Unless the resident or resident representative specifically requests **not** to request a change in medication timing, the admitting nurse will request to the attending physician (or practitioner on-call) who is verifying orders, whether it would be medically appropriate to change the timing of such medications or interventions.
    - If the attending physician or designee approves such changes, the initial admitting orders will be modified accordingly.
2. Upon each resident's receipt of new orders from the physician, the receiving nurse will review the proposed order to ensure it aligns with the resident's individual choice and preference for uninterrupted sleep time before validating the order.
3. Examples of how such orders could be modified:
    - For a nebulizer being given every four hours where it is improbable that the resident truly needs a dose in the middle of the night, consideration could be given to holding a dose if the resident is asleep. (Order can be modified as "Nebulizer every four hours WHILE AWAKE.")
    - For a pain medication being given every six hours routinely, consideration could be given to utilizing a long-acting pain medication at bedtime.
    - For every-six-hours tube-feeding flushes, the timing could be changed to "QID" at 0700, 1300, 1700 and 2100, since there is no harm in going longer between flushes.

4. The resident's individual choices and preferences should be taken into account when requesting modification of such orders. For example, if the resident is "not a morning person," the last dose of a medication can be given late at night (2300 or even later if that is in line with their schedule) and the first dose in the morning can be given later, like 0900.
    - For such residents who do not like being awakened early in the morning, consider asking the physician to make exceptions to usual dosing guidelines for medications like levothyroxine (e.g., Synthroid, Levoxyl) and proton pump inhibitors (e.g., omeprazole, pantoprazole) that are traditionally given at 0600. Even though there may be a mild reduction in efficacy or absorption of the medication, this may be an appropriate decision.
    - When such decisions are made with respect to time of administration, the attending physician should be asked to document the reason for the decision in the progress notes or within the order itself, to avoid potential regulatory concerns. A care plan should also be written to document the strategy for implementation and the goals (usually reduction in nocturnal awakenings with adequate medication efficacy).
    - The efficacy of the care plan will be periodically re-assessed, to ensure that the timing of medication administration continues to meet the needs and preferences of the resident.
5. The physician or designee will make the ultimate decision as to modifying timing of medication administration and other interventions, but facility input—taking into account individual preferences of each resident—is important in helping the facility's residents receive appropriately timed medications and interventions that disrupt sleep as little as possible.
6. The facility's PCMA program will be monitored periodically by the interdisciplinary team, which may include the Medical Director, Director of Nursing, Director of Staff Development, Social Services Designee, Pharmacy Consultant, and Certified Nursing Assistant.