

Medication Education in Heart Failure Patients

Key Education Principles

▶ Medications should be reviewed with patients and caregivers prior to discharge:

- The average HF patient is on five to seven medications daily for heart failure alone.
- Education should begin in a sufficient amount of time before discharge to allow time for questions and review of any provided material.
- Providers should plan to spend on average 20-30 minutes reviewing medications with patients before leaving. Often discussing some basics regarding medication therapy (ie, metoprolol is a beta-blocker and helps control your blood pressure and protect your heart) early on during hospitalization can help expedite the process closer to the time of discharge.

▶ Each of the following should be reviewed regarding all medications prior to discharge:

- Name of medication (brand & generic)
- Dose, dosage form, route of administration & duration
- Special administration instructions
- Common adverse effects
- What to do in the event a dose is missed
- What follow-up will be needed (ie chemistry panel in a week)

▶ Ask open-ended questions:

- What is this medication for?
- How have you been told to use the medication?
- What have you been told to expect?
- What questions do you have about your medication or condition?

▶ Medication education should be done in conjunction with medication reconciliation.

- Special attention should be paid to any changes in therapy that were made to the regimen a patient received prior to hospitalization. For example, if a patient was taking lisinopril 10mg daily and are now to be discharged on ramipril 5mg daily, they need to understand that lisinopril should not be taken when they get home. Instructions should be clearly stated and understood by the patient.

Key Points for Educational Tools

▶ A medication calendar or list should be provided to all patients at the time of discharge

- This should provide clarity of the general timing of when medications should be administered.

▶ All educational material should be provided in language that patient & caregivers easily understand.

- Whenever possible, material should be provided in the patient's first language and a translator utilized for educational sessions.
- Educational handouts that describe medication indications & side effects may also be beneficial. Examples include Micromedex® CareNotes System or MedTeach®.

▶ In-house systems should be utilized to help facilitate a clear & concise medication list.

Educational Tools

▶ Medication calendar (Samples can be viewed in the Heart Failure Resource at www.hospitalmedicine.org)

- Recommended time of day
- Indication
- Special administration instructions
 - ▶ Take with food or empty stomach
 - ▶ Separate from other medications

▶ Medication list

- New medications
- Medications discontinued from prior to admission
- Medications continued from prior to admission
- Medications only to be used as needed
- All changes made to medication regimen prior to hospitalization should be emphasized with both the patient and caregiver

▶ Medication containers

- New medications
- Pillboxes help facilitate compliance with a medication regimen post-discharge.
- Should be done with the assistance of a caregiver, pharmacist or home-health aid to ensure accuracy.

References: Alibhai, SMH, Han, RK, Naglie, G. Medication education of acutely hospitalized older patients. *J Gen Intern Med* 1999;14:610-616. ASHP Continuity of Care Task Force. Continuity of care in medication management: review of issues and consideration for pharmacy. *Am J Health-Syst Pharm* 2005;62:1714-1720. Calkins et al. Patient-physician communication at hospital discharge & patients' understanding of the postdischarge treatment plan. *Arch Intern Med* 1997;157:1026-1030. Facts about 2006 National Patient Safety Goals. www.jointcommission.org Accessed March 27, 2006. Kathuria et al. Post-discharge follow-up: Hospitalists dial into the 'black hole.' *Hospitalist and Inpatient Management Report*, June 2003;86-87. Lewis, RK, Lasack, NL, Lambert, BL, Connor, SE. Patient counseling: A focus on maintenance therapy. *Am J Health-Syst Pharm* 1997;54:2084-2098.