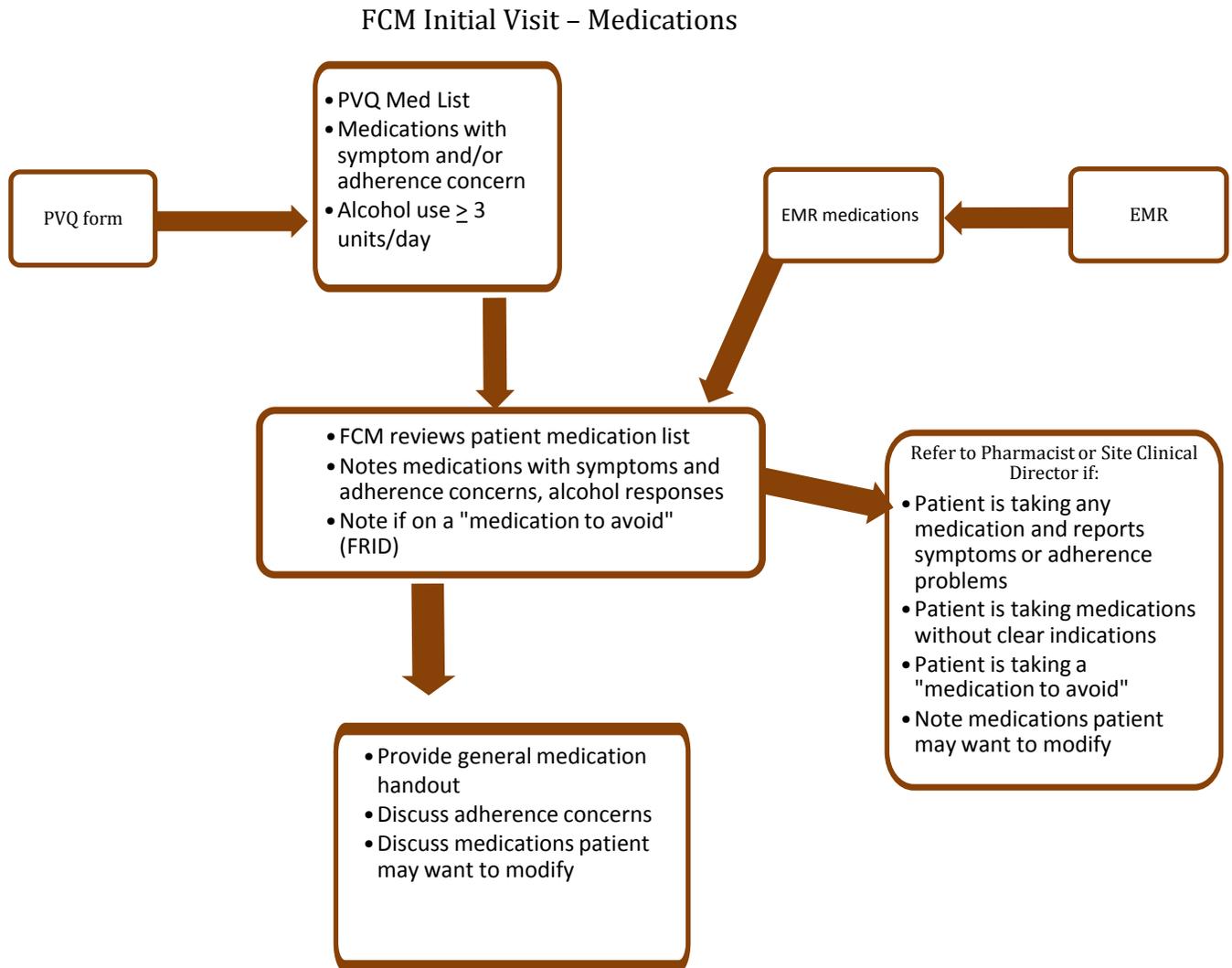
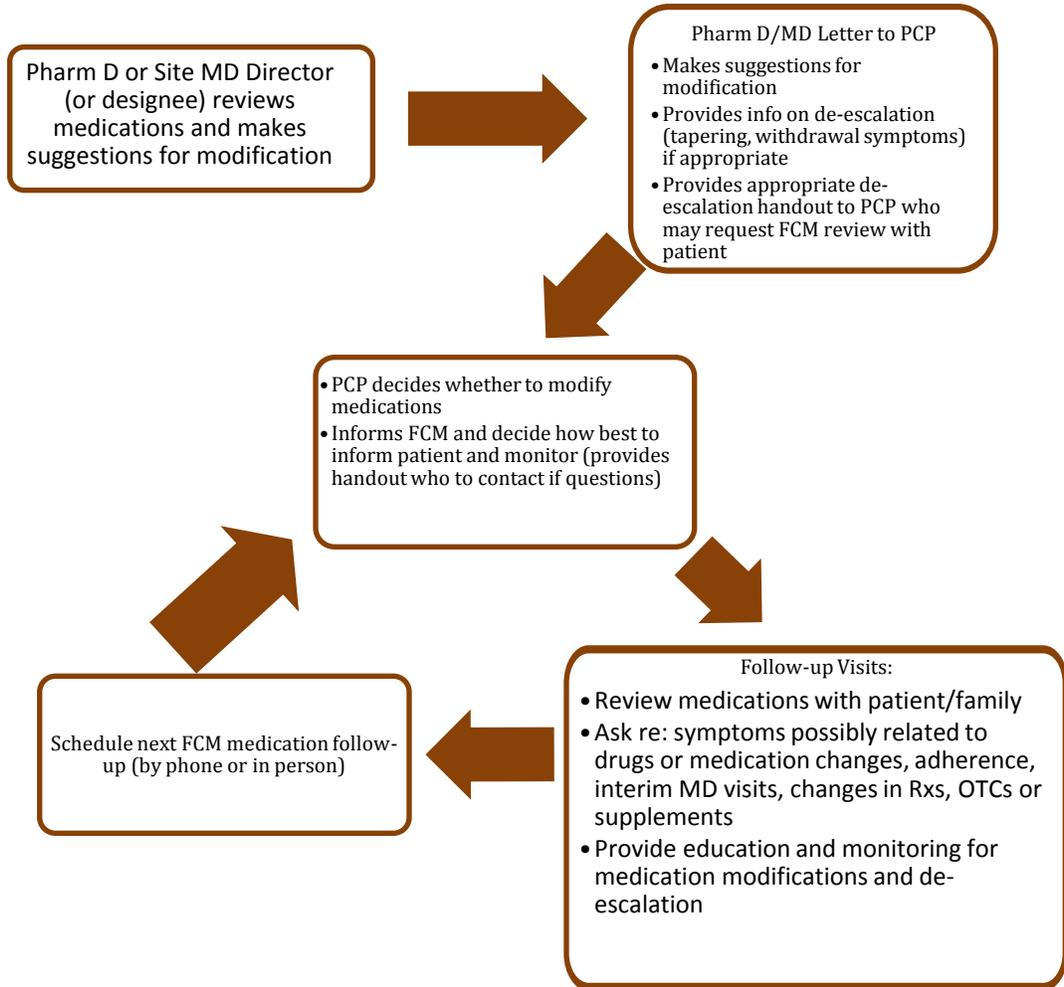


Medication Risk Reduction Algorithm – Panel 1



Medication Risk Reduction Algorithm – Panel 2

Post Initial Medication Actions, FCM Follow-up Visits



Medications to Avoid

Benzodiazepines	Doxylamine (Unisom)
Alprazolam (Xanax)	Hydroxyzine (Atarax)
Chlordiazepoxide (Librium)	Tripolidine (Triphist)
Clonazepam (Klonopin)	Meclizine (Antivert)
Diazepam (Valium)	Dimenhydrinate (Dramamine)
Flurazepam (Dalmane)	Long Acting Hypoglycemics
Lorazepam (Ativan)	Glyburide (Micronase)
Oxazepam (Serax)	Chlorpropamide (Diabinese)
Quazepam (Doral)	Skeletal Muscle Relaxants
Temazepam (Restoril)	Carisoprodol (Soma)
Triazolam (Halcion)	Cyclobenzaprine (Flexeril)
Zolpidem (Ambien)	Methocarbamol (Robaxin)
Eszopiclone (Lunesta)	Metaxalone (Skelaxin)
Zaleplon (Sonata)	Tizanidine (Zanaflex)
Estazolam (ProSom)	Tertiary Tricyclic Antidepressants
Chlordiazepoxide/ amitriptyline (Limbitrol)	Amitriptyline (Elavil)
Chlordiazepoxide/ clidinium (Librax)	Clomipramine (Anafranil)
First Generation Antihistamines	Doxepin (Silenor)
Diphenhydramine (Benedryl)	Imipramine (Tofranil)
Brompheniramine (J-TANPD)	Protriptyline (Vivactil)
Chlorpheniramine (Aller-Chlor)	Trimipramine (Surmontil)
Carbinoxamine (Arbinoxa)	
Clemastine (Tavist)	
Cyproheptadine (PMS-cyproheptadine)	
Promethazine (Phenergen)	

Template Medications Pharm D/
Site Director to PCP

Patient _____
__ Date

Your patient xxxxxx has been evaluated for fall risk by the STRIDE program.

Your patient 's reconciled medication list including perceived indications is on page 2. Please note that S/he often uses alcohol.

The following medications may be contributing to her risk of falls:

Drugs that may be causing patient's symptoms	Adherence Concern	Symptom Concern
Codeine	Feels better without	nauseated
Lorazepam	Feels better without	foggy
Benadryl		foggy
Paroxetine		nauseated
		toilet frequently
Other fall risk increasing drugs	Adherence concern	
Timoptic		

As the STRIDE physician/Pharm D, I would suggest the following medication changes to reduce this patient's risk of falls:

1. Stop Benadryl-- FCM will provide education on antihistamines, instructions on sleep hygiene and handout on other medications that can interfere with sleep.
2. Stop codeine—currently taking twice a day. FCM will provide instructions to decrease to once a day for 3-4 days, then stop.

Please circle which specific changes, if any, you would you like to make. The FCM will work with you and the patient to instruct and monitor the patient's response, using the attached de-escalation suggestions [attach antihistamine and opiate de-escalation pages]