## **Appendix I: Medication Resources**

A selection of medication resources identified within the systematic review, AGREE II-appraised guidelines, and by the expert panel are outlined in alphabetical order in Table 19. Inclusion in this list does not constitute an endorsement by RNAO.

Table	19:	List	of	Mee	dication	Resources
-------	-----	------	----	-----	----------	-----------

RESOURCE	DESCRIPTION	ACCESS
Beers Criteria	Outlines medication classes that should be avoided or used with caution in older adults. Pocket cards may be purchased through the American Geriatrics Society website.	American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2015): <u>https://www.guideline.</u> gov/content.aspx?id=49933
Canadian Patient Safety Institute	<ul> <li>Provides a <u>Medication Reconciliation (Med</u><u>Rec): Getting Started Kit</u> for home care, acute care, and long-term care, with the goal of preventing adverse drug events by implementing a medication reconciliation process upon admission, transfer, and discharge.</li> <li>Provides a Getting Started Kit, <u>Reducing</u><u>Falls and Injuries from Falls</u> with information on medications associated with falls.</li> </ul>	<u>http://www.</u> patientsafetyinstitute.ca/en/ Pages/default.aspx
Centre for Effective Practice (CEC)	Provides a tool designed to help health-care providers understand, assess, and manage residents in long-term-care homes with behavioural and psychological symptoms of dementia, with a focus on appropriate use of antipsychotic medications. See "Antipsychotics and Dementia" under Tools.	http://effectivepractice.org/
STOPP & START Criteria	Addresses potentially inappropriate prescribing in older adults, including a screening tool of older persons' prescriptions (STOPP) and a screening tool to alert to right treatment (START).	See O'Mahony, D., Gallagher, P., Ryan, C., Byrne, S., Hamilton, H., Barry, P., Kennedy, J. (2010). STOPP & START criteria: A new approach to detecting potentially inappropriate prescribing in old age. <i>European Geriatric Medicine</i> , 1(1), 45–51.