Medication Management and Safety: A National Practice Module

Managing medicines safely for older adults at home.

> **Why this module matters.** Older adults make more than 600,000 emergency visits a year for medicine side effects and errors, most often involving blood thinners, diabetes medicines, and antibiotics.

About this module

This module gives teams a shared, evidence-based approach to managing medicines safely for older adults at home. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care aides, nurses, pharmacists, and clinicians
Format	7 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 to 2 hours
How to use it	Caregivers use Units 3 to 7. Clinicians and agencies use all units.

Learning objectives

After completing this module, learners will be able to:

1. Describe national medicine safety data.
2. Explain why older adults are at higher risk.
3. Keep an accurate medicine list.
4. Give medicines safely within scope.
5. Watch high-risk medicines.
6. Recognize side effects.
7. Manage cost, storage, and disposal.

> **Scope.** Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. The national picture

Measure	Figure	Source
Emergency department visits for adverse drug events each year	More than 1.5 million; nearly 500,000 need admission	CDC
ED visits by adults 65+ for adverse drug events	More than 600,000 a year, over twice the rate of younger people	CDC
Share involving blood thinners / diabetes medicines / antibiotics	About 21% / 14% / 13%	CDC
Older patients with a medication error or misunderstanding after discharge	81%	Ziaeian et al., 2012
Medicare Part D out-of-pocket cap (2026)	$2,100 a year	CMS

Unit 2. Why older adults are at higher risk

- They often take many medicines from several prescribers.
- Kidneys and liver clear drugs more slowly with age.
- Memory, vision, and hand problems make medicines harder to manage.
- New symptoms are often treated with another medicine instead of checking the old ones (a “prescribing cascade”).
- Some medicines, listed in the American Geriatrics Society Beers Criteria, carry extra risk in older adults.

Unit 3. The medicine list

Every person should have one up-to-date list, carried with them and shared with every clinician and the home care agency.

Include	Example
Name and strength	Metformin 500 mg
How and when	1 tablet twice daily with meals
Why	Diabetes
Prescriber and pharmacy	Dr. Lee; Main St. Pharmacy
Start date and changes	Started 3/2025; dose changed 9/2026
Over-the-counter, vitamins, supplements	Include all of them
Allergies and bad reactions	Penicillin: rash

Do a full “brown bag” review with a pharmacist or clinician at least once a year and after every hospital stay.

Unit 4. Giving medicines safely

The rights	Check
Right person	Confirm whose medicine it is
Right medicine	Match the label to the list
Right dose	Use the measuring tool provided, not a kitchen spoon
Right time	As directed; use alarms or organizers
Right way	With food, water, or as directed; do not crush without asking
Right record	Mark when given; note refusals or problems

Scope. Home care aides should only remind, assist, or give medicines as allowed by state law and agency policy. Never change a dose.

Unit 5. High-risk medicines

Medicine	Watch for	Report
Blood thinners	Missed or double doses; new medicines or supplements that interact	Bleeding, black stools, bruising, falls or head strike
Insulin and diabetes pills	Missed meals; dose changes	Low blood sugar: shaky, sweaty, confused
Opioids	Combining with sleep medicines or alcohol; constipation	Very sleepy, slow breathing
Sleep and anxiety medicines	Next-day drowsiness	Confusion, falls
Heart and blood pressure medicines	Dizziness on standing	Fainting, very slow pulse
Antibiotics	Finishing the course	Rash, severe diarrhea

Unit 6. Side effects and warning signs

Report new confusion, dizziness, falls, sleepiness, loss of appetite, constipation, rash, or bleeding, especially after a new medicine or dose change. Ask: “Could this be a side effect?”

For a possible overdose or wrong medicine, call Poison Help at 1-800-222-1222. Call 911 if the person is very drowsy, has trouble breathing, or has a seizure.

Unit 7. Costs, storage, and disposal

- **Costs:** In 2026, Medicare Part D out-of-pocket drug costs are capped at $2,100 a year, and the Medicare Prescription Payment Plan lets people spread costs over the year. The first Medicare negotiated drug prices took effect January 1, 2026. Ask the pharmacist about lower-cost options.
- **Storage:** Cool, dry place away from children and pets; lock up opioids and other drugs that can be misused.
- **Disposal:** Use pharmacy or police take-back sites, or follow FDA disposal instructions.

Case scenarios

Case 1. Two bottles

After a hospital stay, Mrs. B has two bottles of the same blood pressure medicine in different strengths.

- What is the risk?
- What should happen?

Discussion: Taking both could cause dangerously low blood pressure. Do a brown bag review with the pharmacist or clinician and remove the stopped strength.

Case 2. New confusion

Mr. C became confused and sleepy a week after starting a new sleep medicine.

- What should the caregiver do?

Discussion: Report to the prescriber the same day and ask whether it could be a side effect. Watch closely for falls.

Knowledge check

1. How many ED visits for adverse drug events do older adults make yearly? *(More than 600,000)*
2. Which medicine group is most often involved? *(Blood thinners (about 21%))*
3. What should be on the medicine list? *(Name, dose, timing, purpose, prescriber, changes, OTC products, allergies)*
4. What is the Poison Help number? *(1-800-222-1222)*
5. What is the 2026 Part D out-of-pocket cap? *($2,100)*
6. What is a prescribing cascade? *(Treating a side effect with another medicine)*

National Medication Management and Safety Checklist

This checklist turns CDC data, Beers Criteria practice, and 2026 Medicare rules into one tool for families, agencies, and clinicians. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. The list

Action	National basis	Done	Notes
One current medicine list, including OTC products and supplements	Best practice	☐	
List shared with every clinician and the agency	Best practice	☐	
Brown bag review yearly and after every hospital stay	Medicare TCM; AHRQ RED	☐	
Medicines reviewed against the Beers Criteria by a clinician	AGS Beers Criteria	☐	

B. Daily safety

Action	National basis	Done	Notes
Organizer or alarms used	Best practice	☐	
Doses recorded; refusals noted	Best practice	☐	
Aides act within state law and agency policy	State law	☐	
High-risk medicines identified in the plan	CDC	☐	

C. Report and respond

Action	National basis	Done	Notes
New confusion, falls, sleepiness, bleeding, or low blood sugar reported	CDC	☐	
Poison Help and 911 numbers posted	Best practice	☐	

D. Cost, storage, disposal

Action	National basis	Done	Notes
Part D plan and Prescription Payment Plan reviewed	CMS 2026	☐	
Medicines stored safely; opioids locked	FDA	☐	
Unused medicines disposed of at take-back sites	DEA; FDA	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

CDC: Medication Safety Data (cdc.gov)

Ziaeian et al., 2012 (pmc.ncbi.nlm.nih.gov)

ElderLawAnswers: How Medicare changes in 2026 affect older adults (elderlawanswers.com)

ACP: Transitional Care Management fact sheet (acponline.org)

CDC STEADI Pocket Guide (cdc.gov)

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