**Draft Letter to Prescribers (on facility letterhead)**

DATE

Dear (Prescriber/Clinician),

Thank you for being a critical member of our interprofessional team. As part of our efforts to address the COVID-19 pandemic, we have increased the frequency of our in-house monitoring of resident medication regimens. The purpose of this letter is to explain our recommended changes to your resident’s medication regimen and solicit your support.

In light of the threats posed by the pandemic, we have focused our review on several areas. One is to reduce medications that may no longer be necessary and to align the times that medications are given as much as possible. This can reduce burden on residents and minimize non-essential close contact between residents and staff, thereby reducing risks of disease transmission. It also allows our nurses to spend more time on other essential activities that support resident well-being. In addition, certain medications pose special risks during this period of COVID-19. This includes medications that require additional administration times as well as large, chalky pills which frequently cause residents to cough or require close physical contact from staff to help swallow. Even when appropriate for long-term use, medicines that can safely be stopped for weeks or months may be appropriate to temporarily hold during this period of high COVID-19 threats.

**Our overriding goal is to protect the health and well-being of our residents.**  We are thus making medication recommendations that we believe will promote our residents’ health and safety in light of both their chronic conditions and threats posed by COVID-19. Our in-house team, with input from residents, direct care workers, and family members and care partners has identified the following residents with medication regimens that could be modified.

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| --- | --- | --- | --- | --- |
| **Name** | **Current Medication Regimen** | **Recommended Changes** | **Rationale** | **Comments (alternatives recommended by PCP)** |
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|  |  |  |  |  |

Please contact Dr. X, Medical Director, at (email, phone) if you would like to discuss these changes. We would be glad to talk. If we do not hear back from you within [XX days/week(s)], we will make these changes.

Thank you very much for your care of residents in this community. We value your leadership and insights in promoting wellness, quality of care and quality of life.

Sincerely,

CMO

CNO

PharmD

Administrator