FAX – Cover Sheet

Date: ____________________

Resident: _________________

Dr. ______________________ Fax: _________________

The interdisciplinary team has done the required biannual review of this resident's behavior medications. The regulations for skilled nursing facilities state that the facility must evaluate the document the continued need for all medications treating a behavior. A risk / benefit must be made as part of this process. Only a physician may make such a risk/benefit statement.

Our evaluation has led to the statement listed on the following page. If this is in line with your thinking, could you please sign the statement and FAX it back. If it is not consistent with your evaluation, could you please write a more appropriate statement keeping in mind the following is the criteria for which the content will be evaluated for our compliance with the regulations.

> "why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder."

Thank you,

Interdisciplinary Team
Your Facility Name

DOSAGE REDUCTION STATEMENTS

MOOD STABILIZER - dementia

MS1 - Core thought disorder still present

The resident is being treated for a diagnosis of dementia with an order for

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident continues to exhibit the core maladaptive thought disorder which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. The reduction would most likely lead to a decompensation in this resident's psychiatric and/or functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

MS2 - Previous significant history - dementia

The resident is being treated for a diagnosis of dementia with an order for

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident has such an intense previous history of maladaptive behaviors which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. The reduction would most likely lead to a decompensation in this resident's psychiatric and/or functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

ANX1 - ANXIETY

The resident is being treated for a diagnosis of anxiety with an order for

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident continues to express to me the same degree of distress from the anxiety disorder which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. A reduction would most likely lead to a decompensation in this resident's psychiatric well being and/or decrease in functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

PSY1- ANTIPSYCHOTIC FOR LIFE-LONG PSYCHIATRIC DISORDER

The resident has a diagnosis of schizophrenia, schizoaffective, or bipolar disorder and is being treated with

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident has a chronic life-long major psychiatric disorder and continues to express to me the same degree of the thought disorder which triggered the initial prescribing of this medication. I believe due to the chronic nature of this disorder that an attempt at a reduction of the medication would be medically inappropriate. A reduction would most likely lead to a decompensation in this resident's psychiatric well being and/or decrease in functional status and perhaps be considered malpractice. Due to the poor prognosis of recovery from this disorder, chronic therapy is still indicated. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

GRADUAL DOSAGE REDUCTION STATEMENTS FOR ANTIDEPRESSANTS

DEP1 - GOAL NOT MET – FIRST EPISODE

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a single episode of depression the duration of therapy should continue from 9-12 months past the time of reaching remission.

DEP2 - GOAL NOT MET – SECOND EPISODE

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression the duration of therapy should continue for at least 12 months past the time of reaching remission.

DEP2FAM - GOAL NOT MET – SECOND EPISODE PLUS FAMILY HISTORY

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus a family history of depression the duration of therapy should continue indefinitely.

DEP2REOCCURANCE - GOAL NOT MET – SECOND EPISODE PLUS RECCURANCE WITHIN THE PAST 12 MONTHS

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus a recurrence of depression within the past 12 months the duration of therapy should continue indefinitely.

DEP2SEVERE - GOAL NOT MET – SECOND EPISODE PLUS BOTH EPISODES WERE SEVERE OR LIFE THREATENING WITHIN THE PAST 3 YEARS

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus both were severe or life threatening within the past 3 years the duration of therapy should continue indefinitely.

DEP3 - GOAL NOT MET – THIRD EPISODE

The resident is being treated for a diagnosis of depression with

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a third episode of depression the duration of therapy should continue indefinitely.

INS1 - INSOMNIA

The resident is being treated for a diagnosis of insomnia with ____________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of insomnia are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their sleep disorder.

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of dementia with an order for _______________

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident continues to exhibit the core maladaptive thought disorder which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. The reduction would most likely lead to a decompensation in this resident's psychiatric and/or functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

Signed: _______________________ Date: _______________

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MS1

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of dementia with an order for ______________

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident has such an intense previous history of maladaptive behaviors which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. The reduction would most likely lead to a decompensation in this resident's psychiatric and/or functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

Signed: ______________________ Date: _______________
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MS2

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of anxiety with an order for _______________

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident continues to express to me the same degree of distress from the anxiety disorder which triggered the initial prescribing of this medication. I believe it is too soon to attempt a reduction of the medication. A reduction would most likely lead to a decompensation in this resident's psychiatric well being and/or decrease in functional status. I prefer to wait until the next reevaluation time frame to then consider a dosage adjustment. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction

Signed: _____________________ Date: _______________

ANX1

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident has a diagnosis of schizophrenia, schizoaffective, or bipolar disorder and is being treated with _____________

The resident has been evaluated and in spite of the relative minimal incidence of identified target symptoms by the nursing staff, the resident has a chronic life-long major psychiatric disorder and continues to express to me the same degree of the thought disorder which triggered the initial prescribing of this medication. I believe due to the chronic nature of this disorder that an attempt at a reduction of the medication would be medically inappropriate. A reduction would most likely lead to a decompensation in this resident's psychiatric well being and/or decrease in functional status and perhaps be considered malpractice. Due to the poor prognosis of recovery from this disorder, chronic therapy is still indicated. The benefits of continuing the medication outweigh the risks of the therapy and the risks of reduction.

Signed: ____________________ Date: _______________

Psy1

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with __________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a single episode of depression the duration of therapy should continue from 9-12 months past the time of reaching remission.

Signed: ____________________ Date: _______________

Dep1

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with ________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression the duration of therapy should continue for at least 12 months past the time of reaching remission.

Signed: ____________________ Date: _______________

Dep2

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with _________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus a family history of depression the duration of therapy should continue indefinitely.

Signed: ____________________ Date: _______________

Dep2fam

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with _________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus a recurrence of depression within the past 12 months the duration of therapy should continue indefinitely.

Signed: ____________________ Date: _______________

Dep2reoccur

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with ___________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a second episode of depression plus both were severe or life threatening within the past 3 years the duration of therapy should continue indefinitely.

Signed: ____________________ Date: _______________

Dep2sev

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of depression with ____________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of behavior are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their depression. Once the goal has been achieved I shall consider a reduction according to the American Psychiatric Association guidelines for duration of therapy which state that for a third episode of depression the duration of therapy should continue indefinitely.

Signed: ____________________ Date: _______________

Dep3

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of insomnia with ____________________

A dosage reduction for this resident would be medically inappropriate at this time since the goal of remission has not yet been achieved, in spite of the nursing observations indicating minimal episodes of insomnia are occurring. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their sleep disorder.

Signed: ____________________ Date: _______________

Ins1

FAX

From: Dr. _______________

To: Your Facility Name
(555) 555-5555

Resident: _______________

The resident is being treated for a diagnosis of insomnia with ____________________

A dosage reduction for this resident would be medically inappropriate at this time since the resident has a long history of insomnia which has led to prior dysfunction and has thus accumulated a diagnosis of chronic insomnia. In my opinion, a reduction attempt would place the resident at undue risk for decompensation of their sleep disorder and cause a dysfunction in their life.

Signed: ____________________ Date: _______________

inschronic