

Date:		Interdisciplinary		Psychotropic Review Committee										
ANTI PSYCHOTIC	Medication Intervention			Diagnosis / Behavior			Assessment		Possible Side Effects Non-Drug Interventions					
	Medication:			<input type="checkbox"/> Atypical psychosis <input type="checkbox"/> Bipolar, mania <input type="checkbox"/> Brief psychotic disorder <input type="checkbox"/> Danger to self or to others <input type="checkbox"/> Delirium or Medical illnesses or with manic or psychotic sx <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Dementing illnesses with associated behavioral sx <input type="checkbox"/> Depression with psychotic features <input type="checkbox"/> Depression-major: treatment refractory <input type="checkbox"/> Distress-inconsolable or persistent- fear, continuous yelling, screaming, crying) <input type="checkbox"/> Distress associated with end-of-life, or a significant decline in function <input type="checkbox"/> Hospice <input type="checkbox"/> Psychosis NOS (incl paranoia) <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizo-affective disorder <input type="checkbox"/> Schizophreniform <input type="checkbox"/> Substantial difficulty receiving needed care (e.g., not eating resulting in weight loss, fear and not bathing leading to skin breakdown <input type="checkbox"/> Other:			Y E S		N O	N / A				
	-Behavior:						Has the resident:							
	# last 3 months						- shown a response ?					Lip Smacking		
	Medication:						- reached remission ?					Tongue Thrusting		
	- Behavior:						- had a relapse ?					Jaw Movements		
	# last 3 months						- If yes, date(s):					Swallowing Difficulty		
	# of PRNs						- Improved					Elevated lipids / glucose		
	<input type="checkbox"/> Bizarre thoughts –strikingly unusual, non-conforming with social norms <input type="checkbox"/> Confabulation - makes up gaps in memory with false statements <input type="checkbox"/> Delusion - fixed false belief intrusive or perseveration types (false accusations) <input type="checkbox"/> Denial of illness <input type="checkbox"/> Disorganized thought process - symptom of psychotic illness <input type="checkbox"/> Flight of ideas – thoughts jump from one to another b/4 complete <input type="checkbox"/> Hallucination: __ auditory; __ tactile; __ visual <input type="checkbox"/> Ideas of reference-inserts others events into their life <input type="checkbox"/> Intrusive thoughts-psychotic type- involuntary insertion of the non- real ideas <input type="checkbox"/> Lack of insight – unaware of their impairment (anosognosia) <input type="checkbox"/> Loose associations-thoughts flow with minimal relationship. <input type="checkbox"/> Paranoia – delusion with excessive irrational fear/anxiety <input type="checkbox"/> Perseveration / Ruminatiion-psychotic type repetitions which interfere with QOL <input type="checkbox"/> Pica – eating objects <input type="checkbox"/> Poverty of thought – minimal ability to converse <input type="checkbox"/> Thought blocking – interruption of thought <input type="checkbox"/> Pressured speech – incessant type <input type="checkbox"/> Tangential thinking–speech which moves in a divergent direction DANGER TO SELF OR OTHERS <input type="checkbox"/> Biting / Hitting / Kicking / Spitting /Throwing <input type="checkbox"/> Lack of safety awareness, risking injury <input type="checkbox"/> Physical resistance <input type="checkbox"/> Suicidal behavior-thoughts <input type="checkbox"/> Threatening OTHERS <input type="checkbox"/> Yelling / screaming w/ no purpose <input type="checkbox"/> Inability for staff to provide care <input type="checkbox"/> Too preoccupied to have interest in QOL (eating, conversing, etc.) <input type="checkbox"/> Other:						- Maintained					Drooling		
							- Declined					Feet – Shuffling		
Informed Consent done?										Muscle Stiffness				
Care Plan appropriate?							Posture – Altered							
Black Box Warning ID'd?							Tremors							
Off-Label ID'd?							If Yes, is MD AWARE->		Yes	No				
Has the resident achieved their highest level of expected functioning?							Non-Drug Interventions		5	1	Hrs			
Date of last adjustment:							Percent Effectiveness		0	0	0			
Date last MD risk/benefit:							Length (Time-hrs/min)		%	%	0			
Is an assessment scale or psych eval indicated?							Consolation, One to One							
Does the resident or RP want an adjustment?					Family contact									
Should the MD be asked if a dose adjustment is indicated?					Fluids / Food									
Plan / Action:		Signatures:			Location / Reposition									
					Pain Intervention									
					Reality Orientation									
					Redirection									
					Therapeutic Touch									
					Other:									

Resident:

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ANXIOLYTIC	Medication Intervention	Diagnosis / Behavior			Assessment		Possible Side Effects Non-Drug Interventions				
	Medication:	___ Acute alcohol or benzodiazepine withdrawal ___ Acute stress disorder ___ Agoraphobia ___ Anxiety – generalized, social or situational ___ Anxiety – symptomatic that occurs in residents w another diagnosed psychiatric disorder ___ Delirium ___ Dementia (OMS, OBS) with behaviors which cause distress or dysfunction ___ Obsessive-Compulsive dx ___ Panic disorder ___ Phobia – simple ___ Post-Traumatic disorder ___ Hospice ___ Other: Above Adapted from the American Psychiatric Association guidelines <u>Significant Events/History:</u>			Has the resident:	Y E S	N O	N / A		Yes	No
	-Behavior:				- shown a response ?				Confusion		
	# last 3 months				- reached remission ?				Disorientation		
	Medication:				- had a relapse ?				Dizziness		
	-Behavior:				- If yes, date(s):				Excitement - paradoxical		
	# last 3 months				- Improved				Headache		
	# of PRNs				- Maintained				Incontinence		
	___ Anticipates worst				- Declined				Postural hypotension		
	___ Calling out				Informed Consent done?				Sedation		
	___ Chest pressure / pain				Care Plan appropriate?				Tachycardia		
	___ Choking sensation				Black Box Warning ID'd?				Unsteadiness		
	___ Concentration – poor				Off-Label ID'd?				If Yes, is MD AWARE ->	Yes	No
	___ Crying				Has the resident achieved their highest level of expected functioning?				Non-Drug Intervention	5	1
	___ Dry mouth				Date of last adjustment:				Percent Effectiveness	0	0
___ Dysphagia	Date of last MD risk/benefit:							Length (Time-hrs/min)	0	0	
___ Faint feeling	Is an assessment scale or psych eval indicated?					%	%				
___ Fearful	Does the resident or RP want an adjustment?				Consolation, One to One						
___ Fidgeting / picking / tearing items	Should the MD be asked if a dose adjustment is indicated?				Family contact						
___ Inability to relax	<u>Plan / Action:</u>				Fluids / Food						
___ Isolation	<u>Signatures:</u>				Location / Reposition						
___ Motor restlessness					Pain Intervention						
___ Muscle aches or pains					Reality Orientation						
___ Nausea / Vomiting					Redirection						
___ Pacing					Therapeutic Touch						
___ Refusing care (verbal)					Other:						
___ Ruminating											
___ Rummaging											
___ Shortness of breath											
___ Swearing / Cursing											
___ Sweating / Pallor / Flushing											
___ Startles / Trembling											
___ Tachycardia / Palpitations											
___ Tearing items											
___ Teeth grindings (bruxism)											
___ Threatening											
___ Undressing											
___ Urinary urgency or freq											
___ Worrying											
___ Yelling / Screaming											
___ V/O anxiety											
___ Sexual behaviors											
CARE ISSUES											
___ Pulling off diapers											
___ Pulling out tubes / IV's											
___ Resisting personal care											
DANGER TO SELF OR OTHERS											
___ Striking / Kicking / etc.											
___ Other:											
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ANTIDEPRESSANT	Medication Intervention	Diagnosis / Behavior		Assessment		Possible Side Effects		Non-Drug Interventions					
	Medication:	___ Adjustment Disorder		Has the resident:		YES	NO	N/A					
	-Behavior:	___ Anxiety		- shown a response ?					Yes		No		
	# last 3 months								Anticholinergic – dry mouth, constipation, blurred vision, confusion				
	Medication:	___ Atypical Depression		- reached remission ?									
	- Behavior:	___ Bipolar Depression		- had a relapse ?									
	# last 3 months								Dizziness				
	___ Anger – Swearing	___ Bipolarity in Dementia		- If yes, date(s):					Excitement				
	___ Anhedonia	___ Borderline Personality Dx		- Improved					Headache				
	___ Anorexia	___ Depressive – Severe Episode with Psychotic Symptoms		- Maintained					Insomnia				
___ Anxiety – Phobias	___ Depression – mild, moderate major, recurrent		- Declined					Somnolence					
___ Apathy – Hopelessness	___ Histrionic personality dx		Informed Consent done?					Sweating					
___ Brooding	___ Impulse control dx		Care Plan appropriate?					Weight changes					
___ c/o depression	___ Intermittent Explosive disorder		Black Box Warning ID'd?					If Yes, is MD AWARE ->					
___ Concentration loss/difficulty	___ Mood disorder		Off-Label ID'd?					Yes		No			
___ Crying	___ Obsessive-Compulsive dx		Has the resident achieved their highest level of expected functioning?					Non-Drug Interventions		5	1	Hrs	
___ Depersonalization	___ Paranoid personality dx		Date of last adjustment:					Percent Effectiveness		0	0	0	Min
___ Energy – loss	___ Pain dx w/psychological features		Date of last MD risk/benefit:					Length (Time-hrs/min)		%	%	0	N/a
___ Gastro-Intestinal symptoms	___ Panic Disorder		Is an assessment scale or psych eval indicated?					Consolation, One to One					
___ Genital symptoms	___ Personality disorder		Does the resident or RP want an adjustment?					Family contact					
___ Guilt – ideas	___ Post-Traumatic Stress Dx		Should the MD be asked if a dose adjustment is indicated?					Fluids / Food					
___ Hypochondriasis	___ Primary insomnia		Plan / Action:				Location / Reposition						
___ Insomnia	___ Rumination		Signatures:				Pain Intervention						
___ Interest - loss	___ Schizoaffective Disorder						Reality Orientation						
___ Irritability	___ Schizophrenia						Redirection						
___ Isolation / Withdrawn	___ Sleep terror disorder						Therapeutic Touch						
___ Motivation - low	___ Social Phobias						Other:						
___ Negative statements	___ Somatization dx												
___ Pain	___ Other:												
___ Pessimism	Above Adapted from the American Psychiatric Association guidelines												
___ Psychomotor retardation	Significant Events/History:												
___ Refusing food/meds/care													
___ Repetitive statements													
___ Repetitive complaints													
___ Refusing care / food / meds													
___ Sad expression / sadness													
___ Self-deprecation													
___ Sleeplessness													
___ Somatic symptoms													
___ Suicidal actions / Thoughts													
___ Tearfulness													
___ v/o depression													
___ Worthlessness feelings													
___ Worry – excessive													
___ Other:													
Resident:										©Pacific Point Consultants 050609			

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MOOD STABILIZER	Medication Intervention	Diagnosis / Behavior		Assessment	Y	N	Possible Side Effects	Non-Drug Interventions	
	Medication:			Has the resident:	E	O		Yes	No
	-Behavior:			- shown a response ?			Blood dyscrasias		
	# last 3 months			- reached remission ?			Confusion		
	Medication:			- had a relapse ?			Dizziness		
	-Behavior:			- If yes, date(s):			Hepatic dysfunction		
	# last 3 months			- Improved			Hyponatremia		
	___ Anger - Swearing	___ Adjustment disorder		- Maintained			Nausea		
	___ Anxiety – Phobias	___ Anxiety		- Declined			Somnolence		
	___ Calling out	___ Bipolar Depression		Informed Consent done?			Taste disturbance		
	___ Hypochondriasis	___ Borderline Personality disorder		Care Plan appropriate?			Tremor		
	___ impulsive behavior	___ Delirium		Black Box Warning ID'd?			Vomiting		
	___ Irritability	___ Dementia		Off-Label ID'd?			If Yes, is MD AWARE->	Yes	No
	___ Loose associations-thoughts flow with minimal relationship.	___ Depression		Has the resident achieved their highest level of expected functioning?			Non-Drug Interventions	5	1
	___ Mood swings	___ Histrionic personality disorder		Date of last adjustment:			Percent Effectiveness	0	0
	___ Negative statements	___ Impulse control disorder		Date of last MD risk/benefit:			Length (Time-hrs/min)	0	0
	___ Perseveration / Rumination- psychotic type repetitions which interfere with QOL	___ Intermittent explosive disorder		Is an assessment scale or psych eval indicated?			Consolation, One to One		
	___ Pica – eating objects	___ Mood disorder		Does the resident or RP want an adjustment?			Family contact		
	___ Refusing care	___ Obsessive-Compulsive disorder		Should the MD be asked if a dose adjustment is indicated?			Fluids / Food		
	___ Repetitive statements	___ Panic disorder					Location / Reposition		
___ Somatic symptoms	___ Phobias					Pain Intervention			
___ Suicidal actions / thoughts	___ Post-Traumatic stress disorder					Reality Orientation			
___ Swearing / Cursing	___ Psychotic disorder					Redirection			
___ Pressured speech – incessant ty	___ Schizoaffective disorder					Therapeutic Touch			
___ Tangential thinking–speech which moves in a divergent direction	___ Schizophrenia					Other:			
___ Threatening	___ Social Phobias								
___ Yelling	___ Somatization disorder								
CARE ISSUES	___ Other:								
___ Pulling off diapers	Above Adapted from the American Psychiatric Association guidelines		Plan / Action:			Signatures:			
___ Pulling out tubes / IV's	Significant Events/History:								
___ Resisting personal care									
DANGER TO SELF OR OTHERS									
___ Biting / Hitting / Kicking / Spitting /Throwing									
___ Lack of safety awareness, risking injury									
___ Suicidal behavior-thoughts									
SEXUAL ISSUES									
___ Sexual behaviors									
___ Other:									
Resident:							©Pacific Point Consultants 050609		

