

## Trigger Tool Prioritizing Residents for Antipsychotic Medication Dose Reduction/Discontinuation

Instructions: Establish a schedule for review of all residents on an antipsychotic medication. Residents with signs and symptoms of side effects and/or PRN orders should be prioritized for GDR, discontinuation of the medication or conversion to a routine order. Review findings with the interdisciplinary team to prioritize GDRs and identify next steps for residents with any "no" responses. Track and report trends (e.g., number of PRN orders) to facility QAPI committee.

Resident Name/ Date/Ordering Practitioner	Currently has a primary or secondary psychiatric diagnosis Exempt diagnosis: Schizophrenia, Huntington's, Tourette's Syndrome	Diagnosis of Dementia or Alzheimer is present	Patient has had a psychiatric consult within 6 months	Chart contains documentation supporting psychiatric dx OR psychosis NOS is present	Greater than 3 months since last signs and symptoms of distress observed	Signs or symptoms of antipsychotic medication side effects observed	Last GDR was successful resulting in a reduced medication dosage	The anti- psychotic medication is ordered as a PRN	Notes:
Name: Unit: Practitioner:	□ Yes □ No	☐ Yes ☐ No	□Yes □No	■Yes ■ No	Yes No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	□Yes □No	
Name: Unit: Practitioner:	□ Yes □ No	□ Yes □ No	□Yes □No	□ Yes □ No	☐ Yes ☐ No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	■ Yes ■ No	
Name: Unit: Practitioner:	■ Yes ■ No	□Yes □No	■Yes ■ No	■Yes ■ No	■ Yes ■ No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	□Yes □No	
Name: Unit: Practitioner:	□ Yes □ No	□ Yes □ No	■Yes ■No	□ Yes □ No	Yes No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	■Yes ■ No	
Name: Unit: Practitioner:	□ Yes □ No	□ Yes □ No	□Yes □No	■Yes ■ No	☐ Yes ☐ No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	□ Yes □ No	
Name: Unit: Practitioner:	□ Yes □ No	□ Yes □ No	■Yes ■ No	□ Yes □ No	☐ Yes ☐ No If no, list signs and symptoms:	☐ Yes ☐ No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	■Yes ■No	

Resident Name/ Date/Ordering Practitioner	or sec	ently has a primary ondary psychiatric diagnosis exempt diagnosis: sphrenia, Huntington's, purette's Syndrome	Der Alz	gnosis of nentia or heimer is oresent	has psyc consu	tient had a hiatric It within onths	docu suj psych psych	t contains mentation oporting iatric dx OR oosis NOS is present	Greater than 3 months since last signs and symptoms of distress observed	Signs or symptoms of antipsychotic medication side effects observed	Last GDR was successful resulting in a reduced medication dosage	The apsych medic is orde a P	notic cation cred as	Notes:
Name: Unit:	□ Yes	■ No	□ Yes	□ No	□ Yes	□ No	□ Yes	<b>□</b> No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	■Yes ■No	<b>□</b> No	
Practitioner:														
Date:														
Name: Unit:	□ Yes □ No	□No	■ Yes	□ No	□ Yes	<b>□</b> No	□ Yes	□No	☐ Yes ☐ No If no, list signs	☐ Yes ☐ No If yes, list side	Yes No	■ Yes	□ No	
Practitioner:								and symptoms:	effects observed:	dose change (e.g., from x to x), date GDR initiated				
Date:														
Name: Unit:	□ Yes	□ Yes □ No	□ Yes	□No	□Yes	□ No	□ Yes	□ No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	□ Yes	□ No	
Practitioner:														
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Name: Unit:	☐ Yes	□No	□Yes	□ No	□ Yes	□ No	□ Yes	□ No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	☐ Yes ☐ No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	□Yes □No	■ No	
Practitioner:														
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Name: Unit:	□ Yes	□No	□ Yes	□ No I	□ Yes	□ No	□ Yes	□ No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	Yes No If yes, list medication, dose change (e.g., from x to x), date GDR initiated	■Yes ■No	□ No	
Practitioner:														
Date:														
Name: Unit:	Yes	□Yes □No	Yes	□ No □ \	□ Yes	□No	□ Yes	■ No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	Yes No If yes, list medication, dose change (e.g., from x to x), date GDR initiate	□ Yes □ No	■ No	
Practitioner:														
Date:														
Name: Unit:	□ Yes   □	□ No	■ Yes	□ No □ Y	□ Yes	□ No	Yes	<b>□</b> No	Yes No If no, list signs and symptoms:	Yes No If yes, list side effects observed:	Yes No If yes, list medication, dose change (e.g., from x to x), date GDR initiate	□Yes □No	■ No	
Practitioner:														
Date:														
		Date	reviewe	ed by DON:			OAF	PI Team:	Ph	narmacy Consultar	nt:			

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