Antipsychotic Admission and Quarterly Review Worksheet

TIPS FOR USING THIS TOOL:

- This tool can be used to assist MDS Coordinators in the completion of the CMS Minimum Data Set (MDS), Section N, Medications.
- This tool can also be used in conjunction with the Alliant Health Solutions Antipsychotic Medication Trigger Tool (https://quality.allianthealth.org/wp-content/uploads/2021/09/Alliant-QIO-Antipsychotic-Medication-Trigger-Tool-508-FINAL.pdf), the Antipsychotic Medication Rounding Tool (https://quality.allianthealth.org/wp-content/uploads/2021/10/Antipsychotic-Initiative-Rounding-Tool.pdf) and as part of the facility's overall Quality Assurance and Performance Improvement (QAPI) program.
- If this tool is used as a worksheet and not made part of the medical record, retain, and dispose of according to facility document retention and disposal policy.
- This tool can be used as part of a training program for education of clinical staff including MDS Coordinators, Admissions, Social Workers, Nurse Managers, and Front Line Staff on the multiple considerations associated with use of an Antipsychotic medication.
- The schedule for use of this tool can be modified to align with facility specific processes and review schedules.

Resident Name:	**Unit:**	**Room:**
Admission Date:		**Date:**
Does the patient/resident have a diagnosis of Schizophrenia, Huntington's Disease or Tourette's Syndrome?		NO ☐ YES ☐ If yes, date of dx: _____ Diagnosing Physician: _____
Does the patient/resident have a diagnosis of Psychosis Not Otherwise Specified?		NO ☐ YES ☐ If yes, date of dx: _____ Diagnosing Physician: _____
Does the patient/resident have a diagnosis of Dementia with Behaviors?		NO ☐ YES ☐ If yes, date of dx: _____ Diagnosing Physician: _____
Does the patient/resident require a Preadmission Screening and Resident Review (PASRR) Level 2 Screen?		NO ☐ YES ☐ If yes, notify PASRR Level 2 screener
Has the patient/resident had an Abnormal Involuntary Movement Scale (AIMS) assessment?		NO ☐ YES ☐ If yes, verify findings were reviewed with physician?
Does the patient/resident have any other diagnosis that has resulted in an order for an anti-anxiolytic, antidepressant, and/or antipsychotic?		NO ☐ YES ☐ If yes, date of dx: _____ Diagnosing Physician: _____
Does the patient/resident have ICD10 Codes in the medical record for any of the above diagnoses?		NO ☐ YES ☐ If no, notify the Interdisciplinary team.
Has the patient/resident had a Psychiatry consult?		NO ☐ YES ☐ If no, notify the Unit Manager.

List all anxiolytics, antidepressants, and/or antipsychotics that the patient/resident has received within the last 7 days:

Medication	Dose	Frequency	Rationale (signs, symptoms, and diagnosis	Date of Last Dose change

Has the patient/resident had a Gradual Dose Reduction (GDR)?	NO ☐ YES ☐ If yes, date GDR initiated: _____ Medication _____ Starting dosage: _____ End dosage: _____
During the GDR, did the patient/resident experience any new onset or change in frequency of signs and/or symptoms of distress?	NO ☐ YES ☐ If yes, review care plan to verify updated
Is the patient/resident on any PRN anxiolytic, antidepressant, antipsychotic that should be considered for routine use or discontinuation?	NO ☐ YES ☐ If yes, Medication: _____
Should the patient/resident be considered for GDR at this time?	NO ☐ YES ☐ If yes, share recommendation for GDR with the interdisciplinary team.

NOTES/ADDITIONAL COMMENTS:

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