

Antipsychotic Medication Safety Decision Tool

Instructions

What is the purpose of this tool?

- Use this decision tool to ensure antipsychotic medications are being used appropriately in your home.
- This tool should be used as part of a broader strategy. For all residents on antipsychotic medications, the interdisciplinary team should provide oversight to
 - Determine the root cause(s) for the target behavior(s),
 - Develop person-centered non-pharmacological interventions to address the target behavior(s), and
 - Monitor the effectiveness of the non-pharmacological interventions to determine if a dose reduction and/or discontinuation of the medication is appropriate.

Who should answer these questions?

- The interdisciplinary team should work together to complete this decision tool.

When should this tool be used?

- Respond to these questions for all new admissions, readmissions, and when a resident is prescribed a new antipsychotic medication (PRN or scheduled).

1. Is there a diagnosis to justify the use of antipsychotic medication?

- Yes: Go to #2.
- No: **STOP**. After reviewing the record, contact the primary care provider or hospital for diagnosis. Once you receive the diagnosis, go to #2.

2. Does the nursing home have supporting documentation for this diagnosis?

- Yes: Go to #3.
- No: **STOP**. Get supporting documentation for the diagnosis, then go to #3.

3. Is the diagnosis for Huntington's Disease, Tourette's Syndrome, or schizophrenia?

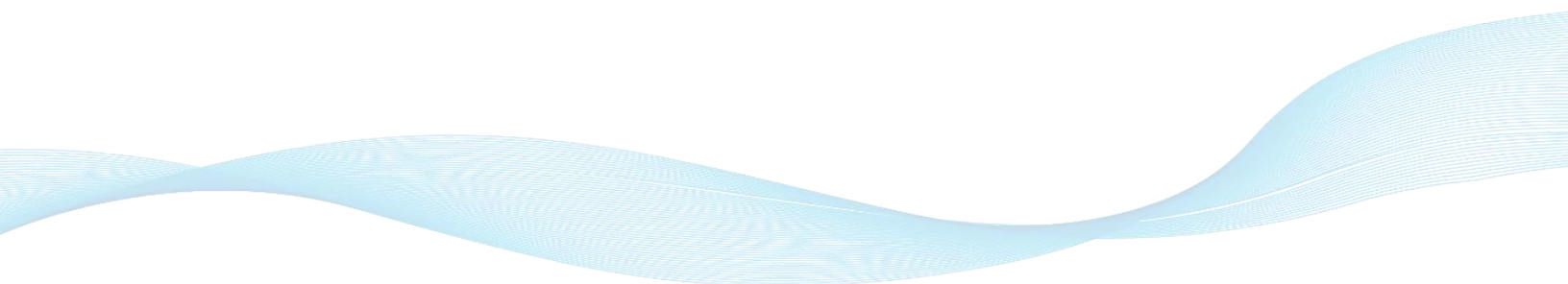
- Yes: Go to #4.
- No: Go to #5.

4. Was the medication ordered due to a diagnosis of schizophrenia?

- Yes: Review documentation in the EHR and/or other supporting clinical records to support that schizophrenia is a valid diagnosis, then go to #6.
- No: Go to #6.

5. Is the antipsychotic medication being prescribed for an atypical diagnosis (e.g., anxiety, depression, behavioral and psychological symptoms of dementia)?

- Yes: Ensure documentation supports its use and effectiveness. Consult with physician and pharmacist as needed, then go to #6.
- No: Go to #6.

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6. Is this a new diagnosis?
 - Yes: Go to #7.
 - No: Go to #8.
 7. Is this a new admission?
 - Yes: **STOP**. Review Preadmission Screening and Resident Review (PASRR), then go to #8.
 - No: Update Preadmission Screening and Resident Review (PASRR), then go to # 8.
 8. Is there supporting documentation of clinical rationale to continue the medication?
 - Yes: Go to #9.
 - No: **STOP**. Consider gradual dose reduction unless contraindicated (consult with physician and pharmacy), then go to #9.
 9. Is this a new admission?
 - Yes: Go to #11.
 - No: Go to #10.
 10. Has a gradual dose reduction (GDR) been completed at least twice within the first year, with at least one month between attempts and at least annually after that (unless contraindicated)? (Examples of good opportunities for GDR include pharmacists' monthly medication reviews, practitioners' reviews of orders and care plans, care plan updates, quarterly Minimum Data Set reviews, or as clinically indicated during a medically necessary visit.)
 - Yes: Go to #11.
 - No: **STOP**. Amend policies and workflows to ensure gradual dose reduction is completed and documented, then go to #11.
 11. Is there documentation supporting that the antipsychotic medication effectively reduces the target behavior(s)?
 - Yes: Go to #12.
 - No: **STOP**. Consult with physician or pharmacist to review potential dosing changes or consider gradual dose reduction, then go to #12.
 12. Has the risk/benefit of the antipsychotic medication been discussed with the resident and/or resident representative?
 - Yes: Go to #13.
 - No: **STOP**. Discuss with the resident and/or resident representative and document the discussion, then go to #13.
 13. Has an assessment for involuntary movements (tardive dyskinesia) been completed on admission, every six months, and/or more frequently as indicated?
 - Yes: Go to #14.
 - No: **STOP**. Conduct and document the assessment and then go to #14.

14. Does the resident have an order for a PRN (as-needed) antipsychotic medication?
- Yes: Go to #15.
 - No: **STOP**. End of decision tool – no further action is needed at this time.
15. Has the risk/benefit of the PRN antipsychotic medication been discussed with the resident and/or resident representative?
- Yes: Go to #16.
 - No: **STOP**. Discuss with the resident and/or resident representative and document the discussion, then go to #16.
16. Is the PRN medication being used?
- Yes: Go to #17.
 - No: **STOP**. Consider discontinuing the medication. If discontinued, end of decision tool – no further action is needed at this time.
17. Is the PRN medication being used regularly?
- Yes: **STOP**. Consult with a physician or pharmacist to consider scheduling the medication, then go to #18.
 - No: Go to #19.
18. Has the PRN medication been scheduled?
- Yes: **STOP**. Monitor effectiveness and complete gradual dose reduction as appropriate. End of decision tool – no further action is needed at this time.
 - No: Go to #19.
19. Is the PRN use of antipsychotic medications limited to 14 days (per regulations)?
- Yes: Go to #20.
 - No: **STOP**. Consider discontinuing the medication (may require gradual dose reduction). If discontinued, end of decision tool – no further action is needed at this time.
20. Is the physician extending the PRN for the antipsychotic medication beyond 14 days?
- Yes: Go to #21.
 - No: **STOP**. End of decision tool – no further action is needed at this time.
21. The physician must evaluate if it is appropriate to write a new PRN order for the antipsychotic medication, and the medical record must contain a documented rationale and determined duration. The physician should evaluate the resident and assess the resident’s current condition(s) and progress to determine if the PRN antipsychotic medication is still needed. The following should be documented in the record:
- Is the antipsychotic medication still needed on a PRN basis?
 - What is the benefit of the medication to the resident?
 - Have the resident’s expressions or indications of distress improved as a result of the PRN antipsychotic medication?

End of decision tool – no further action is needed at this time.