

**Optum Public Sector San Diego
Outpatient Medication Quality Assurance Tool - Child/Adolescent**

Provider Name:	
Credentials:	
Date of Review:	
Review ID:	
Client Initial:	
Date of Birth:	
Gender:	
Allergies:	
Diagnosis:	

Total# of Qs:	22	Total Score:	0	Compliance Rate:	0%
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General Criteria Compliance

Q1. Medication rationale and dosage is consistent with the community standards?	
Q2. If indicated, were laboratory tests obtained, reviewed and are the results in the chart?	
Q3. If treatment continues without laboratory tests, is the rationale to continue or discontinue medications documented?	
Q4. Physical health conditions and treatment are considered when prescribing psychotropic medication?	
Q5. If the client was prescribed a new psychotropic medication, was there a follow-up visit within 30 days with a practitioner with prescribing authority?	
Q6. Informed consent discussion is documented?	
Q7. Documentation is in accordance with prescribed medications including adherence, response, and adverse effects?	
Q8. If there were adverse medication reactions and/or side effects, were these treated and managed effectively?	

Antipsychotic Medication

Q9. For clients newly prescribed antipsychotic medication, were laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained 90 days prior to or 15 days after the start of the antipsychotic medication?	
Q10. For clients on antipsychotic medication for >30 days, were monitoring laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained within the last 12 months (to be obtained annually)?	
Q11. For clients prescribed antipsychotic medication, is there documentation that psychosocial care had been provided as a first-line modality of care?	
Q12. If the client is prescribed more than one antipsychotic medication (any combination of atypical and typical), is the rationale documented?	

Stimulant Medication

Q13. If the stimulant medication was newly prescribed, was it documented that the CURES database was checked before prescribing?	
Q14. If the stimulant prescription is ongoing, was it documented that the CURES database was checked before prescribing?	
Q15. If the client is prescribed more than one stimulant medication (this does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity), is the rationale documented?	

Hypnotic Medication

Q16. If the client is prescribed more than one hypnotic medication (including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines; not including clonidine, guanfacine, and prazosin), is the rationale documented?	
Q17. If the hypnotic medication was a Schedule IV medication (benzodiazepine, zolpidem, eszopiclone, zaleplon) and was newly prescribed, was it documented that the CURES database was checked before prescribing?	
Q18. If the hypnotic medication was a Schedule IV medication (benzodiazepine, zolpidem, eszopiclone, zaleplon) and the prescription is ongoing, was it documented that the CURES database was checked at least every four months?	

Mood Stabilizers

Q19. If the client is prescribed more than one mood stabilizer (antipsychotic medication not included), is the rationale documented?	
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Antidepressant Medication

Q20. If the client is prescribed more than one antidepressant medication (trazodone as a hypnotic excepted), is the rationale documented?	
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Anticholinergic Agents

Q21. If the client is prescribed more than one anticholinergic agent, is the rationale documented?	
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Clients in Foster Care Only

Q22. Age 0-5: Does the number of medications prescribed meet the standards detailed in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care? Age 12-17: Less than 4 psychotropic medications (allows no more than 3) Age 6-11: Less than 3 psychotropic medications (allows no more than 2) Age 0-5: Less than 2 psychotropic medications (allows 1)	
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Review Status: