

**QUALITY IMPROVEMENT – HHS-A-MHS
ADULT/OLDER ADULT OUTPATIENT
MEDICATION MONITORING SCREENING TOOL**

Program:	Client:	Gender: M <input type="checkbox"/> or F <input type="checkbox"/>
Psychiatrist:	Client#:	Date of last MD visit:
Review Date:	DOB:	Age: Wt (lb): Ht (in):
Reviewer:	Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Diagnosis	

	GENERAL CRITERIA	COMPLIANCE			COMMENTS
		YES	NO	N/A	
1.	Medication rationale and dosage is consistent with the community standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	a. Were labs indicated? b. Were lab results obtained? c. Were labs reviewed by Medical Staff? d. Were lab results present in chart? e. Were attempts made to obtain appropriate labs? f. If treatment continues without labs, is there appropriate rationale to continue or discontinue meds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.	Physical health conditions and treatment considered when prescribing psychiatric medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	No more than 1 medication of each chemical class concurrently without a clearly documented rationale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Adverse drug reactions and/or side effects treated and managed effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Informed consent is evidenced by a signed consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Documentation is in accordance with prescribed medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Documentation includes client's:				
8a.	Response to medication therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8b.	Presence/absence of side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8c.	Extent of client's adherence with the prescribed medication regimen and relevant interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8d.	Client's degree of knowledge regarding management of his/her medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CONTROLLED SUBSTANCE CRITERIA				
9.	Dose is within community standards of FDA guidelines: a.) Diazepam max dose 40mg/day b.) Clonazepam max dose 6mg/day c.) Lorazepam max dose 6mg/day d.) Avoid opioid and benzodiazepine combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	CURES report reviewed for controlled substance prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Documentation shows absence of BZD abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	No more than one anxiolytic is prescribed without a clearly documented rationale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete a McFloop Form if there are any variances.