QUALITY IMPROVEMENT – HHSA-MHS
ADULT/OLDER ADULT OUTPATIENT
MEDICATION MONITORING SCREENING TOOL

Program:	**Client:**		**Gender: M ☐ or F ☐**	
Psychiatrist:	**Client#:**		**Date of last MD visit:**	
Review Date:	**DOB:**	**Age:**	**Wt (lb):**	**Ht (in):**
Reviewer:	**Allergies: ☐ NKDA ☐ Other:___________________________________**			
	☐ Diagnosis			

	CRITERIA	COMPLIANCE			COMMENTS
		YES	NO	N/A	
1.	Medication rationale and dosage is consistent with the community standards.	☐	☐	☐	
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	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	
3.	Physical health conditions and treatment considered when prescribing psychiatric medication.	☐	☐	☐	
4.	No more than 1 medication of each chemical class concurrently without a clearly documented rationale.	☐	☐	☐	
5.	Adverse drug reactions and/or side effects treated and managed effectively.	☐	☐	☐	
6.	Informed consent is evidenced by a signed consent form	☐	☐	☐	
7.	Documentation is in accordance with prescribed medication.	☐	☐	☐	
	Documentation includes client's:				
8a.	Response to medication therapy.	☐	☐	☐	
8b.	Presence/absence of side effects.	☐	☐	☐	
8c.	Extent of client's adherence with the prescribed medication regimen and relevant interventions.	☐	☐	☐	
8d.	Client's degree of knowledge regarding management of his/her medication(s).	☐	☐	☐	
	BENZODIAZEPINE 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**	☐	☐	☐	
10.	Documentation shows absence of BZD abuse.	☐	☐	☐	
11.	For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.	☐	☐	☐	
12.	No more than one anxiolytic is prescribed without a clearly documented rationale.	☐	☐	☐	
13.	If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.	☐	☐	☐	
14.	If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented.	☐	☐	☐	

Please complete a McFloop Form if there are any variances.