QUALITY ASSURANCE – HHSA-BHS
MEDICATION MONITORING SCREENING TOOL - AOA OUTPATIENT

QUARTER: ☐1 ☐2 ☐3 ☐4

Program:		**Client:**		**Gender:**	
Psychiatrist:		**DOB:**		**Age:**	
Reviewer(s)		**Case#:**		**Ht(in)/Wt(lb):**	
Reviewer credentials:		**Diagnosis:**		**Last MD Visit:**	
Review Date:				**Allergies:**	

CRITERIA	**Y**	**N**	**N/A**	**COMMENTS**
1. Medication rationale and dosage is consistent with the community standards.	☐	☐	☐	
2. Were labs indicated?	☐	☐		**Notes**:
2a. Were lab results obtained?	☐	☐	☐	If labs were not indicated and marked **NO**, then subquestions a-e should be **N/A**.
2b. Were lab results reviewed by medical staff?	☐	☐	☐	
2c. Were lab results present in the chart?	☐	☐	☐	
2d. Were attempts made to obtain appropriate labs?	☐	☐	☐	
2e. If treatment continues without labs, is there appropriate rationale to continue/discontinue medications?	☐	☐	☐	*McFloop not required when missing labs are due to client noncompliance.
2f. Is there evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason?	☐	☐	☐	*If 2f is marked **NO**, a McFloop is required with explanation.
3. Physical health conditions and treatment are considered when prescribing psychiatric medication(s)?	☐	☐	☐	
4. No more than 1 medication of each chemical class concurrently without a clearly documented rational.	☐	☐	☐	
5. Adverse drug reactions and/or side effects are treated and managed effectively.	☐	☐	☐	
6. Informed Consent for psychotropic medication is required when a new medication is prescribed or when a client resumes taking medication following a documented withdrawal of consent. Informed consent is necessary when there is a change in dosage, but the MD/NP may initially document an anticipated "dosage range" to reduce the frequency of detailed documentation of informed consent. *One of two options must be utilized:*	☐	☐	☐	***Note**: Elements of informed consent: • Explanation of the nature of the mental health condition and why psychotropic medication is being recommended. • The general type (antipsychotic, antidepressant, etc.) of medication being prescribed and the medication's specific name. • The dose/dose range, frequency and administration route of the medication being prescribed. • What situations, if any, warrant taking additional medications. • How long it is expected that the client will be taking the medication. • Whether there are reasonable treatment alternatives.
Option 1: Presence of the BHS Informed Consent for Psychotropic Medication form physically present in the hybrid chart. Signature and/or documented verbal consent acceptable.				
Option 2: If the MD/NP has chosen to not utilize the above form, all elements must be documented in the clinical note. (*See **Note**)				

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	Y	N	N/A	COMMENTS
7. Documentation is in accordance with prescribed medication.	☐	☐	☐	
8. Documentation includes**:**	☐	☐	☐	
8a. Client's response to medication therapy	☐	☐	☐	
8b. Presence/absence of side effects?				
8c. The extent of client's adherence with the prescribed medication regiment and relevant instructions?	☐	☐	☐	
8d. Client's degree of knowledge regarding management of his/her medication(s).	☐	☐	☐	
CONTROLLED SUBSTANCE CRITERIA				
9. Dose is within the community standards of the FDA guidelines:	☐	☐	☐	
9a. Diazepam max dose 40mg/day				**Note:** This item would be marked **NO** and variance/McFloop required if *any* medication dose listed is not within community standards of FDA Guidelines.
9b. Clonazepam max dose 6mg/day				
9c. Lorazepam max dose 6mg/day				
9d. Avoid opioid and benzodiazepine combination				
10. The CURES database is reviewed upon initial prescription of a controlled substance and at least every 6 months thereafter if the prescriber renews the prescription and the substance remains part of treatment.	☐	☐	☐	
11. Documentation shows absence of BZD abuse.	☐	☐	☐	
12. For long term use of BZD medication, rationale is documented based on previous failures of other treatment medications or modalities.	☐	☐	☐	
13. No more than one anxiolytic is prescribed without a clearly documented rationale.	☐	☐	☐	
14. If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.	☐	☐	☐	
15. If the 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 and submit to County QM along with this tool and Submission Form. Forms can be sent via confidential fax to 619-236-1953 or encrypted email to: Qimatters.hhsa@sdcounty.ca.gov.