Medication Monitoring Screening Tool- Adult/Older Adult Outpatient

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| **Program Information** |
| Program Name: Click or tap here to enter text. |
| Review Date:Click or tap here to enter text. | Quarter: [ ] 1 [ ] 2 [ ] 3 [ ] 4 |
| Reviewer(s): Click or tap here to enter text. | Reviewer Credentials: Click or tap here to enter text. |
| Psychiatrist: Click or tap here to enter text. |

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| **Client Information** |
| Client:Click or tap here to enter text. | MRN: Click or tap here to enter text. |
| DOB: Click or tap here to enter text. | Age: Click or tap here to enter text. |
| Gender: Click or tap here to enter text. | Allergies: Click or tap here to enter text. |
| Last MD Visit: Click or tap here to enter text. | Ht (in.) / Wt (lb.): Click or tap here to enter text. |
| Diagnosis:Click or tap here to enter text. |

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| **#** | **Criteria** | **Y** | **N** | **N/A** | **Comments/Notes** |
| 1. | Medication rationale and dosage is consistent with the community standards. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 2. | Were labs indicated? |[ ] [ ]   | **Notes**: If labs were not indicated and marked NO, then sub questions a-e should be N/A. \*McFloop not required when missing labs are due to client noncompliance. |
|  | 2a. | Were lab results obtained? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | 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? |[ ] [ ] [ ]   |
|  | 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)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| 4. | No more than 1 medication of each chemical class concurrently without a clearly documented rational. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 5.  | Adverse drug reactions and/or side effects are treated and managed effectively. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 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:*1. Presence of the BHS Informed Consent for Psychotropic Medication form physically present in the hybrid chart. Signature and/or documented verbal consent acceptable.

**OR**1. If the MD/NP has chosen to not utilize the above form, all elements must be documented in the clinical note. (\*See **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 is it expected that the client will be taking the medication.
* Whether there are reasonable treatment alternatives
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|  |  |  |  |  | Click or tap here to enter text. |
| 7. | Documentation is in accordance with prescribed medication. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 8. | Documentation includes: | Click or tap here to enter text. |
|  | 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: |[ ] [ ] [ ]  Note: This item would be markedNO and variance/McFloop required if any medication dose listed is not within community standards of FDA Guidelines. |
|  | 9a. | Diazepam max dose 40mg/day |  |  |  | Click or tap here to enter text. |
|  | 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. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 11.  | Documentation shows absence of BZD abuse. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 12.  | For long term use of BZD medication, rationale is documented based on previous failures of other treatment medications or modalities. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 13. | No more than one anxiolytic is prescribed without a clearly documented rationale. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 14. | If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 15. | If the patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented. |[ ] [ ] [ ]  Click or tap here to enter text. |

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.