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 |
| 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 marked  NO 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.