

Suggested Steps for Developing an Antipsychotic Medication Review Process

	Next Steps
<p>Obtain a list from pharmacy to identify residents on regularly scheduled and PRN antipsychotics.</p>	
<p>Identify:</p> <ul style="list-style-type: none"> ○ who will be on the antipsychotic medication review team: e.g. <i>registered nurse, licensed practical nurse, pharmacist, prescribing practitioner (physician/nurse practitioner/pharmacist), allied health, health care aide (HCA)</i> ○ who will lead the process (set up meetings, advise who will be reviewed at each meeting) ○ who will set up 1 week of behaviour tracking for those being reviewed <p>Establish a schedule in order to review all residents on antipsychotics. NOTE: <i>depending on how many residents are on antipsychotics you may need to do reviews weekly or bi-weekly to complete all antipsychotic medication reviews within a month as per Continuing Care Health Service Standards 2008.</i></p> <p>Set medication review dates/times that work best for members of the medication review team. Attempt to include staff from more than one shift if possible (e.g. days and evenings). <i>Involvement of the interdisciplinary team is desirable. If all members are not available, a minimum of 2 staff are recommended.</i></p> <p>It is vital to collect input from those unable to attend, prior to the meeting (e.g. HCAs)</p>	
<p>Suggested strategies from Alberta Long Term Care Centres:</p> <ul style="list-style-type: none"> ➤ discontinue unused PRNs where there is no scheduled antipsychotic ➤ taper/discontinue antipsychotic medication prescribed for behaviours not likely to respond ➤ taper/discontinue medication for residents with no behaviours ➤ taper/discontinue medication for agitation and aggression that has stabilized ➤ taper/discontinue antipsychotic(s) on new admissions within 4-6 weeks ➤ review more 'challenging' residents last 	

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<p>For an efficient medication review process, each team member takes a task:</p> <ul style="list-style-type: none"> ○ bring charts, resident labels, extra supplies such as order sheets ○ obtain / review reports and information: <ul style="list-style-type: none"> ➤ <i>resident list</i> ➤ <i>input from health care aides</i> ➤ <i>programming / recreation reports</i> ➤ <i>behaviour tracking and progress notes</i> ➤ <i>delirium tracking</i> ➤ <i>Medication Administration Record (MAR) review for PRN usage</i> ➤ <i>falls review</i> ➤ <i>review of Minimum Data Set (MDS) outcome scales: e.g. Aggressive Behaviour Scale (ABS), Depression Rating Scale (DRS), Cognitive Performance Scale (CPS), Pain, MDS assessment.</i> ○ document in physician communication book ○ document on chart or electronic progress notes ○ <i>communicate changes / recommendations to staff</i> 	
<p>Discuss care plan interventions and strategies. For an effective care plan review, consider the following:</p> <ul style="list-style-type: none"> ➤ establish a regularly scheduled interdisciplinary care plan review ➤ review Client Assessment Protocol (CAPs) triggers (e.g. pain, behaviour, mood) ➤ update the care plan and <i>communicate recommendations to all shifts</i> <p>Consider forming weekly resident focus groups to review challenging behaviours of several residents. Use an interdisciplinary approach, involve all shifts, include PIECES trained Psychogeriatric Resource Persons when available.</p>	
<p>Family/alternate decision maker involvement. Discuss:</p> <ul style="list-style-type: none"> ➤ use of antipsychotics including risks, side effects, benefits, goal and response. ➤ possible reasons for responsive behaviours , person-centred approaches that may be effective 	
<p>Measure and Share progress with families and staff: Enter data onto medication tracking excel workbook, generate a graph and post on your Quality Improvement Board, in family conference room, lobby or other prominent location.</p>	