## Suggested Steps for Developing an Antipsychotic Medication Review Process

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<th>Obtain a list from pharmacy to identify residents on regularly scheduled and PRN antipsychotics.</th>
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### Identify:
- who will be on the antipsychotic medication review team: e.g. registered nurse, licensed practical nurse, pharmacist, prescribing practitioner (physician/nurse practitioner/pharmacist), allied health, health care aide (HCA)
- 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

### Establish a schedule in order to review all residents on antipsychotics.
**NOTE:** 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.

### 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). **Involvement of the interdisciplinary team is desirable. If all members are not available, a minimum of 2 staff are recommended.**

It is vital to collect input from those unable to attend, prior to the meeting (e.g. HCAs)

### Suggested strategies from Alberta Long Term Care Centres:
- 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
**For an efficient medication review process, each team member takes a task:**

- bring charts, resident labels, extra supplies such as order sheets
- obtain / review reports and information:
  - resident list
  - input from health care aides
  - programming / recreation reports
  - behaviour tracking and progress notes
  - delirium tracking
  - Medication Administration Record (MAR) review for PRN usage
  - falls review
  - 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.
- document in physician communication book
- document on chart or electronic progress notes
- communicate changes / recommendations to staff

**Discuss care plan interventions and strategies. For an effective care plan review, consider the following:**

- establish a regularly scheduled interdisciplinary care plan review
- review Client Assessment Protocol (CAPs) triggers (e.g. pain, behaviour, mood)
- update the care plan and communicate recommendations to all shifts

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.

**Family/alternate decision maker involvement.** Discuss:

- use of antipsychotics including risks, side effects, benefits, goal and response.
- possible reasons for responsive behaviours, person-centred approaches that may be effective

**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.