

BASIC GUIDELINES FOR QUARTERLY PSYCHOTROPIC MEDICATION EVALUATION AND EFFECTIVENESS OF NON-PHARMACOLOGICAL BEHAVIORAL INTERVENTIONS

1. A preprinted psychotropic evaluation form can be utilized for this process so that the discussions are not off the cuff and haphazardly written down.
2. A formal documented comprehensive psychotropic evaluation will be performed at least quarterly, and involves input from an interdisciplinary team.
3. Each psychotropic drug is discussed and reviewed independently (grouping together all psychotropics on one quarterly evaluation form defeats the purpose of reviewing the necessity of each drug's effectiveness or lack thereof).
4. Elements of a proper comprehensive evaluation at minimum has:
 - A section to review the diagnoses associated with the use of the drug
 - A section for noting drug strength or frequency changes
 - An area for listing all targeted behaviors linked with the treatment of the drug
 - A section which designates a review of the behavior monitoring system discussing the approximate number of episodes of targeted behavior(s)
 - A section which reviews other potential underlying causes of behavior
 - An overview of the non-pharmacological interventions that have been attempted for the targeted behaviors, including a review of the outcomes noted on the behavior monitoring system as to whether each are effective or ineffective
 - An overview of medication side effects and/or a section which reviews potential risk factors or changes of condition which may be indirectly related to the use of the drug
 - An overview of the previous dosage reductions (when were they attempted, and what was the result)
 - A section which provides an overview of the effectiveness of the medication on the targeted behavior, and determines the benefit versus risk for continuing the use of the drug
 - A section which reviews the need for care plan updates, and comments on changes which must be addressed
5. Even when psychotropic drugs are utilized within CMS approved guidelines (e.g. schizophrenia, generalized anxiety disorder, parasomnias, and etc.); medication dosages are always at their lowest effective dosages and frequencies. Changes of condition (acute or chronic), hospitalization, comorbidities, increasing age, and abnormal lab work can all contribute to drug dosage considerations or alternate dosage forms (e.g., liquids or patches) and is noted during quarterly evaluations.
6. When prescribed outside of CMS approved guideline, the focus is to lessen the number of psychotropic agents utilized as potential chemical restraints, so that the individual can maintain their highest level of functioning.
7. The staff takes into consideration the cumulative effect on the central nervous system, anticholinergic burden, extrapyramidal reactions, and cardiovascular effects of the psychotropic drugs as a whole
8. When medication therapies are necessary, drugs which can provide added benefits for other diagnoses or lessen potential risk factors are discussed to limit the total number of medications within a drug regimen (examples: duloxetine used for depression and for neuropathy, trazodone used for depression and sleep instead of adding a hypnotic drug, or sertraline used for depression and anxiety)
9. Review the MARs at least quarterly to determine if PRNs are being utilized appropriately by the nursing staff. Frequent use of PRNs may not be the intent of the prescribing physician. Additionally, frequent use of psychotropic PRNs could be a sign of an underlying condition which may need to be addressed.