Assessing Residents for Antipsychotic Medication Reduction

Tapering for Off-Label Use of Antipsychotic Medications

The best approach to considering GDR is person-centered. Before contacting the individual's physician to discuss potential dose reduction, it is important for the nurse to follow the nursing process and gather observations and pertinent information. The nursing process uses clinical judgment to strike a balance between personal interpretation and research evidence. The process fosters the use of critical thinking to categorize clients issue and course of action. Below is a form from the AHCA/NCAL Quality Initiative to document the GDR.
ASSESSMENT OF RESIDENT RECEIVING PSYCHOTROPIC MEDICATION

The goal of this assessment is to review residents who are receiving psychopharmacological medications. The tool can be used to guide discussion in reviewing resident behavior during Risk or Care Management and/or Standards of Care Committee meeting where appropriate interdisciplinary members are in attendance, for example, Pharmacy Consultant, Medical Director, Behavioral Health Specialists, etc.

Use this tool for all residents admitted on psychotropic drugs and periodically after the medication has been started and/or severity of symptoms noted.

Resident Name: ________________________________________________________________

Date of Admission: _____________ Date of initial medication assessment: _______________

Previous living arrangements prior to admission (check appropriate selection):
Home ___ AL ___ SNF ___ Other _____________________________

BIMs Score * _______ Date ________ or MMSE Score*__________Date __________

List psychotropic drugs including antipsychotics, anxiolytics, sedative/hypnotics, antidepressants, and other drugs used to treat psychiatric/behavioral disorders or symptoms

<table>
<thead>
<tr>
<th>Drug Name/Dose</th>
<th>Directions</th>
<th>Diagnosis/Indication</th>
<th>Start Date (If known)</th>
<th>Effective/Side Effects</th>
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Behaviors that prompted initiation of above medications; if not known, describe behaviors observed since admission: _______________________________________________________
_____________________________________________________________________________

Discussion at meeting is focused on effectiveness and relevance of continuing the medication. Also consider potential benefits of tapering and/or a trial off of psychotropic drugs, especially of antipsychotics and hypnotics. The following questions may prompt discussion.

- Have non-drug interventions been attempted in the past? If so, what have been the results and what interventions have been used?
- Has pain been assessed and managed?
- What are the possible needs the resident may be trying to communicate behaviorally?
- Are behaviors causing negative outcomes/ disturbing for the resident?
- Could behaviors be addressed by staff intervention instead of medication?
Could behaviors be addressed by staff intervention instead of medication?

Can these interventions be implemented routinely? If not, what are the barriers?

Have medical causes been addressed? (i.e. metabolic and endocrine disorders, infections, etc.)

Is staff response contributing to or increasing behaviors?

Are families concerned about behaviors typically found in AD?

Are family interactions with resident contributing to or increasing behaviors?

Previous successes or failures with medications?

Is the resident experiencing side effects from the medications? Are there other medications that might be contributing to behaviors?

Would a tapering or trial off antipsychotic or hypnotic meds be appropriate at this time? If so, why? If not, why not?

Note: If a tapering or trial off is implemented, monitor carefully using behavior monitoring sheets.

Summary of discussion:

Recommendation(s) and Action Plan:

Identify team members completing this assessment:

Date of follow up assessment:

Summary of behaviors since changes implemented:

Further recommendation(s) and Action Plan:

Identify team members completing this assessment:

Physician Agreement: Yes___No___

Comment:

Physician Signature: