

# Optum Public Sector San Diego

## Outpatient Medication Quality Assurance Tool - Child/Adolescent

Provider Name:	
Credentials:	
Date of Review:	
Reviewer ID:	
Client Initials:	
Date of Birth:	
Gender:	
Allergies:	
Diagnosis:	
<b>General Criteria Compliance</b>	
1	Medication rationale and dosage is consistent with the community standards?
Comments	
2	If indicated, were laboratory tests obtained, reviewed and are the results in the chart?
Comments	
3	If treatment continues without laboratory tests, is the rationale to continue or discontinue medications documented?
Comments	
4	For clients newly prescribed antipsychotic medication, were laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained 90 days prior to or 15 days after the start of the antipsychotic medication?
Comments	
5	For clients on antipsychotic medication for >30 days, were monitoring laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained within the last 12 months (to be obtained annually)?
Comments	
6	For youth prescribed antipsychotic medication, is there documentation that psychosocial care had been provided as a first-line modality of care?
Comments	
7	Physical health conditions and treatment are considered when prescribing psychiatric medication?
Comments	
8	If the client was prescribed a new psychotropic medication, was there a follow-up visit within 30 days with a practitioner with prescribing authority?
Comments	
9	Is the client prescribed more than one Stimulant? (This does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity)
Comments	
9a	If yes, is rationale documented?
Comments	
9b	If the stimulant was newly prescribed, was it documented and the CURES database was checked before prescribing?
Comments	
9c	If the stimulant prescription is ongoing, was it documented and the CURES database was checked before prescribing?
Comments	
10	Is the client prescribed more than one Hypnotic? (Including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines. Not including clonidine, guanfacine, and prazosin)
Comments	
10a	If yes, is rationale documented?
Comments	

10b	If the hypnotic was a Schedule IV medication (benzodiazepine, zolpidem, eszopiclone, zaleplon) and was newly prescribed, was it documented and the CURES database was checked before prescribing?
Comments	
10c	If the Schedule IV hypnotic prescription is ongoing, was it documented and the CURES database was checked at least every 4 months?
Comments	
11	Is the client prescribed more than one Mood Stabilizer? (Antipsychotics not included)
Comments	
11a	If yes, is rationale documented?
Comments	
12	Is the client prescribed more than one Antidepressant? (Trazadone as a hypnotic excepted)
Comments	
12a	If yes, is rationale documented?
Comments	
13	Is the client prescribed more than one Antipsychotic? (Any combination of atypical and typical)
Comments	
13a	If yes, is rationale documented?
Comments	
14	Is the client prescribed more than one Anticholinergic Agent?
Comments	
14a	If yes, is rationale documented?
Comments	
15	Informed consent discussion is documented?
Comments	
16	Documentation is in accordance with prescribed medications including adherence, response and adverse effects?
Comments	
17	If there were adverse medication reactions and/or side effects were these treated and managed effectively?
Comments	
<b>For Clients in Foster Care Only</b>	
18	Is the client on more than the allowable medications for their age group per prescribing standards detailed in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care?
Comments	
19	Age 12-17: Less than 4 psychotropic medications (allows no more than 3) Does the number of medications prescribed meet the standards?
Comments	
20	Age 6-11: Less than 3 psychotropic medications (allows no more than 2) Does the number of medications prescribed meet the standards?
Comments	
21	Age 0-5: Less than 2 psychotropic medications (allows 1) Does prescribing meet the CA Guidelines?
Comments	