

**CYF OUTPATIENT  
MEDICATION MONITORING SCREENING TOOL**

<b>Program:</b>	<b>Client:</b>	<b>Gender:</b> Circle <b>M</b> or <b>F</b>
<b>Psychiatrist:</b>	<b>Case#:</b>	<b>Date of last MD visit:</b>
<b>Review Date:</b>	<b>DOB:</b>	<b>Age:</b> <b>Wt (lb):</b> <b>Ht (in):</b>
<b>Reviewer:</b>	<b>Allergies:</b> <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____	
	<b>Diagnosis</b>	

	<b>CRITERIA</b>				<b>COMMENTS</b>
		<b>YES</b>	<b>NO</b>	<b>N/A</b>	
<b>1</b>	Medication dose(s) within the usual recommended dose(s) as defined in California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care, <a href="#">Guidelines Appendix B</a> - (Los Angeles County Department of Mental Health's Parameters 3.8 for Use of Psychotropic Medications for Children and Adolescents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b>	a. Were labs indicated? b. Were lab results obtained? c. Were labs reviewed by Medical Staff? d. Were lab results present in the chart? e. Were attempts made to obtain appropriate labs? f. If treatment continues without labs, is there appropriate rationale to continue or discontinue meds?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>If a. is NO, b – f are NA</b>
<b>3</b>	Physical health conditions and treatment are considered when prescribing psychiatric medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4</b>	Is the patient on more than one medication of any of the following chemical classes concurrently?				
	a. <b>Stimulants:</b> (This does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity, e.g.; Methylphenidate-OROS and Methylphenidate) If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. <b>Mood Stabilizers:</b> (Antipsychotics not included) If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. <b>Antidepressants:</b> (Trazodone as hypnotic excepted) If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. <b>Antipsychotics:</b> (Any combination of atypical and typical) If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. <b>Anticholinergic agents:</b>  If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. <b>Hypnotics</b> (including Trazodone, Diphenhydramine, Zolpidem, Melatonin, Benzodiazepines. Not including Clonidine, Guanfacine & Prazosin) If "yes", is rationale documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b>	Adverse drug reactions and/or side effects treated and managed effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6</b>	Informed consent is evidenced by a signed consent form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7</b>	Documentation is in accordance with prescribed medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Documentation includes client's:</b>				

<b>8a</b>	Response to medication therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8b</b>	Presence/absence of side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8c</b>	Extent of client's adherence with the prescribed medication regimen and relevant interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

In April 2015, Department of Health Care Services published “California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care” These guidelines target youth involved in county child welfare and probation agencies and is specific to those children and youth who are placed in foster care. Foster Care is defined as 24 hour substitute care for children placed away from their parents or guardians and for whom the State and/or county agency has placement care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

**For detailed information on the California Guidelines: (links provided)**

[CA Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care](#)

[Guidelines Appendix A - Prescribing Standards of Psychotropic Medication Use by Age Group](#)

[Guidelines Appendix B - Parameters for Use of Psychotropic Medication for Children and Adolescents](#)

[Guidelines Appendix C - Challenges in Diagnosis and Prescribing of Psychotropic Medications](#)

[Guidelines Appendix D - Algorithm \(Decision Tree\) for Prescribing Psychotropic Medications](#)

Please review the medical record **AS IF** the CA Guidelines applied for question number 9. This is designed to serve as an ongoing reminder that there are active legislative changes around the use of psychotropic medications with youth. The County of San Diego will continue to disseminate information about legislative changes to the Children's System of Care.

<b>9</b>	Is the patient on more than the allowable medications for their age group per prescribing standards detailed in the CA Guidelines?
	<b>a. Age 12 – 17 - Less than 4 psychotropic medications (allows no more than 3)</b>  <b>1. Does the number of medications prescribed meet the standards?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>b. Age 6 – 11 – Less than 3 psychotropic medications (allows no more than 2)</b>  <b>1. Does the number of medications prescribed meet the standards?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>c. Age 0 – 5 - Less than 2 psychotropic medications (allows 1).</b> <b>1.</b> CA Guidelines allows for stimulant, Atomoxetine, Guanfacine, Clonidine or Risperidone (Risperidone for Autistic Spectrum disorders and associated aggression only). Does the prescribing meet the Guideline recommendation?                      Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>2. Does the number of medications prescribed meet the standards?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please complete a McFloop Form if there are any variances.**