**QUALITY IMPROVEMENT – HHSA-MHS**

**ADULT/OLDER ADULT OUTPATIENT**

**MEDICATION MONITORING SCREENING TOOL**

|  |  |
| --- | --- |
| **Program:** | **Client:****Gender: M [ ]  or F [ ]**  |
| **Psychiatrist:** | **Client#:****Date of last MD visit:** |
| **Review Date:** | **DOB:****Age:****Wt (lb):****Ht (in):** |
| **Reviewer:** | **Allergies:****[ ]  NKDA [ ] Other:**  |
| **Reviewer:** | **Diagnosis:**  |
|  | **GENERAL CRITERIA** | **COMPLIANCE** | **COMMENTS** |
|  |  | **YES** | **NO** | **N/A** |  |
| **1.** | Medication rationale and dosage is consistent with the community standards. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **2.** |

|  |
| --- |
| Were labs indicated?  |
| **a.** Were lab results obtained?  |
| **b.** Were labs reviewed by Medical Staff?**c.** Were lab results present in chart? **d.** Were attempts made to obtain appropriate labs?**e.** If treatment continues without labs, is there appropriate rationale to continue or discontinue meds**f.** Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason? |

 | **[ ]** **a[ ]** **b[ ]** **c[ ]** **d[ ]** **e[ ]** **f[ ]**  | **[ ]** **a[ ]** **b[ ]** **c[ ]** **d[ ]** **e[ ]** **f[ ]**  | **a[ ]** **b[ ]** **c[ ]** **d[ ]** **e[ ]** **f[ ]**  | **If labs were not indicated and marked NO, then a-e should be NA. \*McFloop not required when missing labs are due to client noncompliance.****\*If 2f is marked No, a McFloop is required with explanation.** |
| **3.** | Physical health conditions and treatment considered when prescribing psychiatric medication. | [ ]  | **[ ]**  | **[ ]**  |  |
| **4.** | No more than 1 medication of each chemical class concurrently without a clearly documented rationale. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **5.** | Adverse drug reactions and/or side effects treated and managed effectively. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **6.** | Informed consent is evidenced by a signed consent form  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **7.** | Documentation is in accordance with prescribed medication. | **[ ]**  | **[ ]**  | **[ ]**  |  |
|  | **Documentation includes client’s:** |  |  |  |  |
| **8a.** | Response to medication therapy. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **8b.** | Presence/absence of side effects. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **8c.** | Extent of client’s adherence with the prescribed medication regimen and relevant interventions. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **8d.** | Client’s degree of knowledge regarding management of his/her medication(s). | **[ ]**  | **[ ]**  | **[ ]**  |  |
|  | **CONTROLLED SUBSTANCE CRITERIA**  |  |  |  |  |
| **9.** | Dose is within community standards of FDA guidelines:1. **Diazepam** max dose **40mg/day**
2. **Clonazepam** max dose **6mg/day**
3. **Lorazepam** max dose **6mg/day**
4. **Avoid opioid and benzodiazepine combination**
 | **[ ]**  | **[ ]**  | **[ ]**  | **This item would be marked NO and variance/McFloop required if *any* medication dose listed is not within community standards of FDA Guidelines.**  |
| **10** | CURES database is reviewed upon initial prescription of a controlled substance and at least every 6 months thereafter if the prescriber renews the prescription and the substance remains part of treatment. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **11.** | Documentation shows absence of BZD abuse. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **12.** | For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **13.** | No more than one anxiolytic is prescribed without a clearly documented rationale. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **14.** | If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications. | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **15.** | If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented. | **[ ]**  | **[ ]**  | **[ ]**  |  |

**Please complete a McFloop Form if there are any variances and submit to County QM along with this tool and**

**Submission Form. Forms can be sent via confidential fax to 619-236-1953 or encrypted email to: Qimatters.hhsa@sdcounty.ca.gov.**