

QUALITY ASSURANCE – HHSA-BHS
MEDICATION MONITORING SCREENING TOOL - AOA OUTPATIENT
QUARTER: 1 2 3 4

Program:
Psychiatrist:
Reviewer(s)
Reviewer credentials:
Review Date:

Client:
DOB:
Case#:
Diagnosis:

Gender:
Age:
Ht(in)/Wt(lb):
Last MD Visit:
Allergies:

<u>CRITERIA</u>	<u>Y</u>	<u>N</u>	<u>N/A</u>		<u>COMMENTS</u>
1. Medication rationale and dosage is consistent with the community standards.					
2. Were labs indicated? 2a. Were lab results obtained? 2b. Were lab results reviewed by medical staff? 2c. Were lab results present in the chart? 2d. Were attempts made to obtain appropriate labs? 2e. If treatment continues without labs, is there appropriate rationale to continue/discontinue medications? 2f. Is there evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason?					Notes: If labs were not indicated and marked NO , then subquestions a-e should be N/A . *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 are considered when prescribing psychiatric medication(s)?					
4. No more than 1 medication of each chemical class concurrently without a clearly documented rational.					
5. Adverse drug reactions and/or side effects are treated and managed effectively.					
6. Informed Consent for psychotropic medication is required when a new medication is prescribed or when a client resumes taking medication following a documented withdrawal of consent. Informed consent is necessary when there is a change in dosage, but the MD/NP may initially document an anticipated “dosage range” to reduce the frequency of detailed documentation of informed consent. One of two options must be utilized: 1. Presence of the BHS Informed Consent for Psychotropic Medication form physically present in the hybrid chart. Signature and/or documented verbal consent are acceptable 2. If the MD/NP has chosen to not utilize the above form, all elements must be documented in the clinical note. (*See Note)					*Note: Elements of informed consent: <ul style="list-style-type: none"> Explanation of the nature of the mental health condition and why psychotropic medication is being recommended. The general type (antipsychotic, antidepressant, etc.) of medication being prescribed and the medication's specific name. The dose/dose range, frequency and administration route of the medication being prescribed. What situations, if any, warrant taking additional medications. How long it is expected that the client will be taking the medication. Whether there are reasonable treatment alternatives.

**QUALITY ASSURANCE – HHSA-BHS
MEDICATION MONITORING SCREENING TOOL - AOA OUTPATIENT**

<u>CONTROLLED SUBSTANCE CRITERIA</u>	<u>Y</u>	<u>N</u>	<u>N/A</u>	<u>COMMENTS</u>
<p>7. Documentation includes:</p> <p>8a. Client's response to medication therapy?</p> <p>8b. Presence/absence of side effects?</p> <p>8c. The extent of client's adherence with the prescribed medication regiment and relevant instructions?</p> <p>8d. Client's degree of knowledge regarding management of his/her medication(s).</p>				
<p>8. Dose is within the community standards of the FDA guidelines:</p> <p>9a.) Diazepam max dose 40mg/day</p> <p>9b.) Clonazepam max dose 6mg/day</p> <p>9c.) Lorazepam max dose 6mg/day</p> <p>9d.) Avoid opioid and benzodiazepine combination</p>				<p>Note: This item would be marked NO and variance/McFloop required if any medication dose listed is not within community standards of FDA Guidelines.</p>
<p>9. Documentation shows absence of BZD abuse.</p>				
<p>10. Documentation shows absence of BZD abuse.</p>				
<p>11. For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.</p>				
<p>12. No more than one anxiolytic is prescribed without a clearly documented rationale.</p>				
<p>13. If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.</p>				
<p>14. If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented.</p>				

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.hhhsa@sdcountry.ca.gov.