

**QUALITY ASSURANCE – HHS-A-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?				
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)				

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.

***Note:**

Elements of informed consent:

- 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.

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<u>CONTROLLED SUBSTANCE CRITERIA</u>	<u>Y</u>	<u>N</u>	<u>N/A</u>	<u>COMMENTS</u>
7. Documentation includes:				
8a. Client's response to medication therapy?				
8b. Presence/absence of side effects?				
8c. The extent of client's adherence with the prescribed medication regimen and relevant instructions?				
8d. Client's degree of knowledge regarding management of his/her medication(s).				
8. Dose is within the community standards of the FDA guidelines:				
9a.) Diazepam max dose 40mg/day				<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>
9b.) Clonazepam max dose 6mg/day				
9c.) Lorazepam max dose 6mg/day				
9d.) Avoid opioid and benzodiazepine combination				
9. Documentation shows absence of BZD abuse.				
10. Documentation shows absence of BZD abuse.				
11. For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.				
12. No more than one anxiolytic is prescribed without a clearly documented rationale.				
13. If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.				
14. 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@sdcountry.ca.gov.