Medication Monitoring Screening Tool- Children, Youth & Families

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| **Program Information** |
| Program Name: Click or tap here to enter text. |
| Review Date:Click or tap here to enter text. | Quarter: [ ] 1 [ ] 2 [ ] 3 [ ] 4 |
| Reviewer(s): Click or tap here to enter text. | Reviewer Credentials: Click or tap here to enter text. |
| Psychiatrist: Click or tap here to enter text. |

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| **Client Information** |
| Client:Click or tap here to enter text. | MRN: Click or tap here to enter text. |
| DOB: Click or tap here to enter text. | Age: Click or tap here to enter text. |
| Gender: Click or tap here to enter text. | Allergies: Click or tap here to enter text. |
| Last MD Visit: Click or tap here to enter text. | Ht (in.) / Wt (lb.): Click or tap here to enter text. |
| Diagnosis:Click or tap here to enter text. |

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| **#** | **Criteria** | **Y** | **N** | **N/A** | **Comments/Notes** |
| 1. | 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, Guidelines Appendix B - (Los Angeles County Department of Mental Health’s Parameters 3.8 for Use of Psychotropic Medicationsfor Children and Adolescents) |[ ] [ ] [ ]  Click or tap here to enter text. |
| 2. | Were labs indicated? |[ ] [ ]   | **Notes**: If labs are not indicated - mark NO If labs are not indicated- sub questions 2a - 2h should be marked N/A; this would not be a variance, no McFloops required. \*McFloop not required when missing labs are due to client noncompliance\* |
|  | 2a. | For youth newly prescribed antipsychotic medication, were labs for fasting blood glucose or HbA1C and LDL- C/cholesterol obtained 90 days prior to initial prescribing or within 15 days thereafter? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | 2b. | For youth on antipsychotic medication for > 30 days, were monitoring labs for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained within the past 12 months? |[ ] [ ] [ ]   |
|  | 2c. | Were labs indicated for classes of medication other than antipsychotic medication? |[ ] [ ] [ ]   |
|  | 2d. | Were all indicated labs obtained (For antipsychotic medication and for other classes)? |[ ] [ ] [ ]   |
|  | 2e. | Were the labs reviewed by medical staff? |[ ] [ ] [ ]   |
|  |  | **Y** | **N** | **N/A** |  |
|  | 2f. | Were the lab results present in the chart? |[ ] [ ] [ ]   |
|  | 2g | Were attempts made to obtain the appropriate baseline labs within 90 days prior to prescribing or 15 days thereafter? |[ ] [ ] [ ]   |
|  | 2h | If treatment continues without labs, is there appropriate rationale to continue/discontinue medications? |[ ] [ ] [ ]   |
|  | 2i | Is there evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason? |[ ] [ ] [ ]  **Note**: If 2i is marked No, a McFloop is required with an explanation.Click or tap here to enter text. |
| 3. | Were physical health conditions and treatment considered when prescribing psychiatric medication(s)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| 4. | If the youth was prescribed a new psychotropic medication, was there a follow-up visit with a practitioner with prescribing authority within 30 days? |[ ] [ ] [ ]  Note: McFloop is required if the f/u appt. is not completed within 30 days unless due to client no-show/refusal.Click or tap here to enter text. |
| 5.  | Is the patient on more than one medication of the following chemical class concurrently: |  |
|  | a | **Stimulants**: (This does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity, (i.e. Methylphenidate- OROS and Methylphendiate).  |[ ] [ ]   | **Note**: If stimulants are not prescribed – mark NO, sub questions 1a-3a are marked N/A; no McFloops required |
|  |  | 1a. If “yes,” is rationale documented? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  |  | 2a. If the stimulant was newly prescribed, was the CURES database checked before prescribing, and was that documented? |[ ] [ ] [ ]   |
|  |  | 3a. If the stimulant prescription is ongoing, has the CURES database been checked at least every 6mos and is that documented? |[ ] [ ] [ ]   |
|  | b |  **Mood Stabilizers**: (Antipsychotics not included) |[ ] [ ]   | **Note**: If mood stabilizers are not prescribed – mark NO, subquestion 1b is marked N/A; no McFloops required |
|  |  | 1b . If “yes", is rationale documented? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | c | **Antidepressants**: (Trazadone as hypnotic excepted) |[ ] [ ]   | **Note**: If anti-depressants are not prescribed – mark NO, sub question 1c is marked N/A; no McFloops required |
|  |  | 1c. If “yes", is rationale documented? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | d | **Antipsychotics**: (Any combination of atypical and typical) |[ ] [ ]   | **Note**: If anti-psychotics are not prescribed – mark NO, sub question 1d is marked N/A; no McFloops required |
|  |  | 1d If “yes", is rationale documented? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | e | **Anticholinergic agents:** |[ ] [ ]   | **Note**: If Anticholinergic agents are not prescribed – mark NO, sub question 1e is marked N/A; no McFloops required |
|  |  | 1e If “yes", is rationale documented? |[ ] [ ] [ ]  Click or tap here to enter text. |
|  | f | **Hypnotics**: Including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines. Not including clonidine, guanfacine & prazosin. |[ ] [ ]   | **Note**: If hypnotics are not prescribed – mark NO, sub questions 1f-3f are marked N/A; no McFloops required |
|  |  | 1f. If “yes”, is rationale documented |[ ] [ ] [ ]  Click or tap here to enter text. |
|  |  | 2f If the hypnotic was a Schedule IV medication (benzodiazepine, zolpidem, eszopiclone, zaleplon) and was newly prescribed, was the CURES database checked before prescribing, and was that documented? |[ ] [ ] [ ]   |
|  |  | 3f. If the Schedule IV hypnotic prescription is ongoing, has the CURES database been checked at least every 6 months and is that documented? |[ ] [ ] [ ]   |
| 6.  | Adverse drug reactions and/or side effects are treated and managed effectively. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 7. | 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.

**OR**1. If the MD/NP has chosen to not utilize the above form, all elements must be documented in the clinical note. (\*See 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 is it expected that the client will be taking the medication.
* Whether there are reasonable treatment alternatives

Click or tap here to enter text. |
| 8. | Documentation is in accordance with prescribed medication. |[ ] [ ] [ ]  Click or tap here to enter text. |
| 9. | Documentation includes: | Click or tap here to enter text. |
|  | 9a. | Client's response to medication therapy |[ ] [ ] [ ]   |
|  | 9b. | Presence/absence of side effects |[ ] [ ] [ ]   |
|  | 9c. | The extent of client's adherence with the prescribed medication regiment and relevant instructions |[ ] [ ] [ ]   |
| There are continued active legislative changes around the use/monitoring 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. The Department of Social Services (CDSS), in collaboration with stakeholders, developed measures to track youth in foster care who received a paid claim for psychotropic medication from the California Department of Health Care Services. These measures will be publicly posted with the goal of improving the health and well-being of youth in care. Select measures have been added to this tool. Please see link provided for complete list : [QIP: Improving the Use of Psychotropic Medication among Children and Youth in Foster Care](https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/qip-foster-care.aspx) Senate Bill 482 was passed in 2016 and now requires that the CURES database be reviewed before Schedule II, III or IV controlled substances are prescribed for the first time and at least once every four months thereafter if the prescribed controlled substance remains part of the patient’s treatment. As of July 1, 2021 the requirement to review the CURES database if a controlled substance remains a part of treatment has been amended to every six (6) months. In April 2015, Department of Health Care Services published “[*California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care*](https://www.dhcs.ca.gov/services/HCPCFC/Documents/CA-Guidelines-for-Use-of-Psychotropic-Medication-3-23-22.pdf)” 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: * [CA Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care](https://www.dhcs.ca.gov/services/HCPCFC/Documents/CA-Guidelines-for-Use-of-Psychotropic-Medication-3-23-22.pdf)
* [Appendix A- Prescribing Standards of Psychotropic Medication Use by Age Group](https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_A_18.pdf)
* [Appendix B - Parameters for Use of Psychotropic Medication for Children and Adolescents Guidelines](https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_B_18.pdf)
* [Appendix C - Challenges in Diagnosis and Prescribing of Psychotropic Medications](https://www.dhcs.ca.gov/es/provgovpart/pharmacy/Documents/QIP_Appendix_C_18.pdf)
* [Appendix D - Algorithm (Decision Tree) for Prescribing Psychotropic Medications](https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_D_18.pdf)

Please review the medical record **AS IF** the CA Guidelines applied for question number 10. |
| 10.  | Is the patient on more than the allowable medications for their age group, per prescribing standards detailed in the CA Guidelines?  | Click or tap here to enter text. |
|  | 1. Age 12 – 17: Less than 4 psychotropic medications (allows no more than 3)

Does the number of medications prescribed meet the standards? |[ ] [ ] [ ]   |
|  | 1. Age 6 – 11: Less than 3 psychotropic medications(allows no more than 2)

Does the number of medications prescribed meet the standards? |[ ] [ ] [ ]   |
|  | 1. Age 0 – 5 - Less than 2 psychotropic medications(allows 1)

CA Guidelines allows for stimulant, atomoxetine, guanfacine, clonidine or risperidone (risperidone for autistic spectrum disorders and associated aggression only). |  |
|  | 1c. Does the prescribing meet the Guideline recommendation? |[ ] [ ] [ ]   |
|  | 2c. Does the number of medications meet the standards? |[ ] [ ] [ ]   |

Please complete a McFloop Form if there are any variances and submit to County QA 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.go