

Psychopharmacologic Interdisciplinary Medication Review

Shared with Permission of Karyn Leible, RN, MD, CMD

Resident: _____ Date of review: _____

Reason for Review: Initiation Dose reduction consideration
 Dose reduction review Change in condition

Diagnosis for psychopharmacologic medication use: _____

Other diagnosis: _____

Medication to be reviewed: _____

Date started _____ Last review _____ Last GDR attempt _____

Other Medications: _____

Target behavior/symptom _____

Decline in frequency No longer present No change

Target symptom/behavior non-pharm interventions present in care plan _____

Documentation of effectiveness _____

Evidence of adverse effects or functional decline: Falls Increased assistance for ADLs

Weight loss Decreased oral intake (fluids) Somnolence
 Insomnia Restlessness Decreased mobility

Other: _____

Recent Pain Assessment _____

Recent sleep study (if indicated) _____

AIMS _____ Date _____ Score **BIMS** _____ Date _____ Score **PHQ 9** _____ Date _____ Score

Pertinent laboratory studies: _____

Risk/ benefit discussion with resident or MDPOA documented at initiation of medication _____

Date _____

Committee Recommendations:

Response:

Practitioner Signature and date:

Committee Members: