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__________


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Committee Recommendations:

Response:

Practitioner Signature and date:

Committee Members: