

Optum Public Sector San Diego				
Outpatient Medication Quality Assurance Tool - Child/Adolescent				
Provider Name:				
Credentials:				
Date of Review:				
Reviewer ID:				
Client Initials:				
Date of Birth:				
Gender:				
Weight:				
Height:				
Allergies:				
Diagnosis:				
General Criteria Compliance				
		Y	N	N/A
<b>1</b>	Medication doses are within the usual recommended doses?			
Comments:				
<b>2</b>	Were laboratory tests indicated?			
Comments:				
<b>3</b>	For clients newly prescribed antipsychotic medication, were laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained 90 days prior to or 1 day after the start of the antipsychotic medication?			
Comments:				
<b>4</b>	For clients on antipsychotic medication for >30 days, were monitoring laboratory tests for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained within the last 12 months (to be obtained annually)?			
Comments:				
<b>5</b>	Were laboratory tests indicated for classes of medication other than antipsychotic medication?			
Comments:				
<b>6</b>	Were attempts made to obtain appropriate laboratory tests?			
Comments:				
<b>7</b>	Were the laboratory tests reviewed by medical staff?			
Comments:				
<b>8</b>	Were the laboratory test results present in the chart?			
Comments:				
<b>9</b>	If treatment continues without laboratory tests, is there appropriate rationale to continue/discontinue medications?			
Comments:				
<b>10</b>	Physical health conditions and treatment are considered when prescribing psychiatric medication?			
Comments:				
<b>11</b>	If the client was prescribed a new psychotropic medication, was there a follow-up visit within 30 days with a practitioner with prescribing authority?			
Comments:				
<b>12</b>	<b>Is the client prescribed more than one Stimulant?</b> (This does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity)			
Comments:				
<b>12a</b>	If yes, is rationale documented?			
Comments:				
<b>12b</b>	If the stimulant was newly prescribed, was it documented the CURES database was checked before prescribing?			
Comments:				
<b>12c</b>	If the stimulant prescription is ongoing, was it documented the CURES database was checked at least every 4 months?			
Comments:				
<b>13</b>	<b>Is the client prescribed more than one Mood Stabilizer?</b> (Antipsychotics not included)			
Comments:				
<b>13a</b>	If yes, is rationale documented?			

Comments:			
<b>14</b>	<b>Is the client prescribed more than one Antidepressant?</b> (Trazadone as a hypnotic excepted)		
Comments:			
<b>14a</b>	If yes, is rationale documented?		
Comments:			
<b>15</b>	<b>Is the client prescribed more than one Antipsychotic?</b> (Any combination of atypical and typical)		
Comments:			
<b>15a</b>	If yes, is rationale documented?		
Comments:			
<b>16</b>	<b>Is the client prescribed more than one Anticholinergic Agent?</b>		
Comments:			
<b>16a</b>	If yes, is rationale documented?		
Comments:			
<b>17</b>	<b>Is the client prescribed more than one Hypnotic?</b> (Including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines. Not including clonidine, guanfacine, and prazosin)		
Comments:			
<b>17a</b>	If yes, is rationale documented?		
Comments:			
<b>17b</b>	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?		
Comments:			
<b>17c</b>	If the Schedule IV hypnotic prescription is ongoing, has the CURES database been checked at least every four months and is that documented?		
Comments:			
<b>18</b>	Adverse medication reactions and/or side effects were treated and managed effectively?		
Comments:			
<b>19</b>	Informed consent is evidenced by a signed consent form?		
Comments:			
<b>20</b>	Documentation is in accordance with prescribed medication?		
Comments:			
<b>21</b>	Documentation includes the client's response to medication therapy?		
Comments:			
<b>22</b>	Documentation includes the presence/absence of side effects?		
Comments:			
<b>23</b>	Documentation includes the extent of the clients adherence with the prescribed medication regimen and relevant interventions?		
Comments:			
<b>For Clients in Foster Care Only</b>			
		Y	N
<b>24</b>	Is the client on more than the allowable medications for their age group per prescribing standards detailed in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care?		
Comments:			
<b>25</b>	Age 12-17: Less than 4 psychotropic medications (allows no more than 3) Does the number of medications prescribed meet the standards?		
Comments:			
<b>26</b>	Age 6-11: Less than 3 psychotropic medications (allows no more than 2) Does the number of medications prescribed meet the standards?		
Comments:			
<b>27</b>	Age 0-5: Less than 2 psychotropic medications (allows 1) Does prescribing meet the CA Guidelines?		
Comments:			
<b>28</b>	Age 0-5: Less than 2 psychotropic medications (allows 1) Does the number of medications prescribed meet the standards?		