**QUALITY IMPROVEMENT – HHSA-MHS**

**ADULT/OLDER ADULT OUTPATIENT**

**MEDICATION MONITORING SCREENING TOOL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program:** | | **Client:****Gender: M  or F** | | | | |
| **Psychiatrist:** | | **Client#:****Date of last MD visit:** | | | | |
| **Review Date:** | | **DOB:****Age:****Wt (lb):****Ht (in):** | | | | |
| **Reviewer:** | | **Allergies:****NKDA Other:** | | | | |
|  | | **Diagnosis:** | | | | |
|  | **GENERAL CRITERIA** | | **COMPLIANCE** | | | **COMMENTS** |
|  |  | | **YES** | **NO** | **N/A** |  |
| **1.** | Medication rationale and dosage is consistent with the community standards. | |  |  |  |  |
| **2.** | |  | | --- | | Were labs indicated? | | a. Were lab results obtained? | | b. Were labs reviewed by Medical Staff?  c. Were lab results present in chart?  d. Were attempts made to obtain appropriate labs?  e. If treatment continues without labs, is there appropriate rationale to continue or discontinue meds | | |  |  |  | **If labs were not indicated and marked NO, then a-e should be NA.** |
| **3.** | Physical health conditions and treatment considered when prescribing psychiatric medication. | |  |  |  |  |
| **4.** | No more than 1 medication of each chemical class concurrently without a clearly documented rationale. | |  |  |  |  |
| **5.** | Adverse drug reactions and/or side effects treated and managed effectively. | |  |  |  |  |
| **6.** | Informed consent is evidenced by a signed consent form | |  |  |  |  |
| **7.** | Documentation is in accordance with prescribed medication. | |  |  |  |  |
|  | **Documentation includes client’s:** | |  |  |  |  |
| **8a.** | Response to medication therapy. | |  |  |  |  |
| **8b.** | Presence/absence of side effects. | |  |  |  |  |
| **8c.** | Extent of client’s adherence with the prescribed medication regimen and relevant interventions. | |  |  |  |  |
| **8d.** | Client’s degree of knowledge regarding management of his/her medication(s). | |  |  |  |  |
|  | **CONTROLLED SUBSTANCE CRITERIA** | |  |  |  |  |
| **9.** | Dose is within community standards of FDA guidelines:   1. **Diazepam** max dose **40mg/day** 2. **Clonazepam** max dose **6mg/day** 3. **Lorazepam** max dose **6mg/day** 4. **Avoid opioid and benzodiazepine combination** | |  |  |  | **This item would be marked NO and variance/McFloop required if *any* medication dose listed is not within community standards of FDA Guidelines.** |
| **10** | CURES database is reviewed upon initial prescription of a controlled substance and at least every 6 months thereafter if the prescriber renews the prescription and the substance remains part of treatment. | |  |  |  |  |
| **11.** | Documentation shows absence of BZD abuse. | |  |  |  |  |
| **12.** | For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities. | |  |  |  |  |
| **13.** | No more than one anxiolytic is prescribed without a clearly documented rationale. | |  |  |  |  |
| **14.** | If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications. | |  |  |  |  |
| **15.** | 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@sdcounty.ca.gov.**