

Antipsychotic Target Behavior Monitor

Resident Name

Antipsychotic Dose and Schedule

Directions: Enter the appropriate code letter in the grid for each occurrence of target behavior.

- | | |
|-------------------------|--------------------------------|
| A = Physical Aggression | C = Distressing Hallucinations |
| B = Verbal Aggression | D = Delusions |

Date:		Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
		Code	Initials	Code	Initials	Code	Initials	Code	Initials	Code	Initials	Code	Initials	Code	Initials
Day	0701 – 0900														
	0901 – 1100														
	1101 – 1300														
	1301 – 1500														
Evening	1501 – 1700														
	1701 – 1900														
	1901 – 2100														
	2101 – 2300														
Night	2301 – 0100														
	0101 – 0300														
	0301 – 0500														
	0501 – 0700														

Initials	Full Name		Initials	Full Name
Initials	Full Name		Initials	Full Name
Initials	Full Name		Initials	Full Name

Appropriate antipsychotic treatment targets: (Might improve with antipsychotic treatment)

- Aggressive behavior (especially physical)
- Hallucinations (if distressing)
- Delusions (Note: memory problems are often mistaken for delusions)

Inappropriate antipsychotic treatment targets: (Unlikely to improve with antipsychotic treatment)

- Wandering
- Insomnia
- Poor self-care
- Restlessness
- Uncooperativeness without aggressive behavior
- Inattention or indifference to surroundings
- Sadness or crying alone that is not related to depression or another psychiatric disorder
- Nervousness
- Fidgeting
- Mild anxiety
- Impaired memory

More tools available at
[www.Medicare.
QualisHealth.org/
DementiaCare](http://www.Medicare.QualisHealth.org/DementiaCare)

This material was prepared by Qualis Health, the Medicare Quality Improvement Organization for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
ID/WA-C2-QH-3433-03-18

State Operations Manual Appendix PP Guidance to Surveyors for Long Term Care Facilities, Excerpts:

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

Diagnoses alone do not necessarily warrant the use of an antipsychotic medication. Antipsychotic medications may be indicated if:

- *behavioral symptoms present a danger to the resident or others;*
- *expressions or indications of distress that cause significant distress to the resident;*
- *If not clinically contraindicated, multiple non-pharmacological approaches have been attempted, but did not relieve the symptoms which are presenting a danger or significant distress; and/or*
- *GDR was attempted, but clinical symptoms returned.*