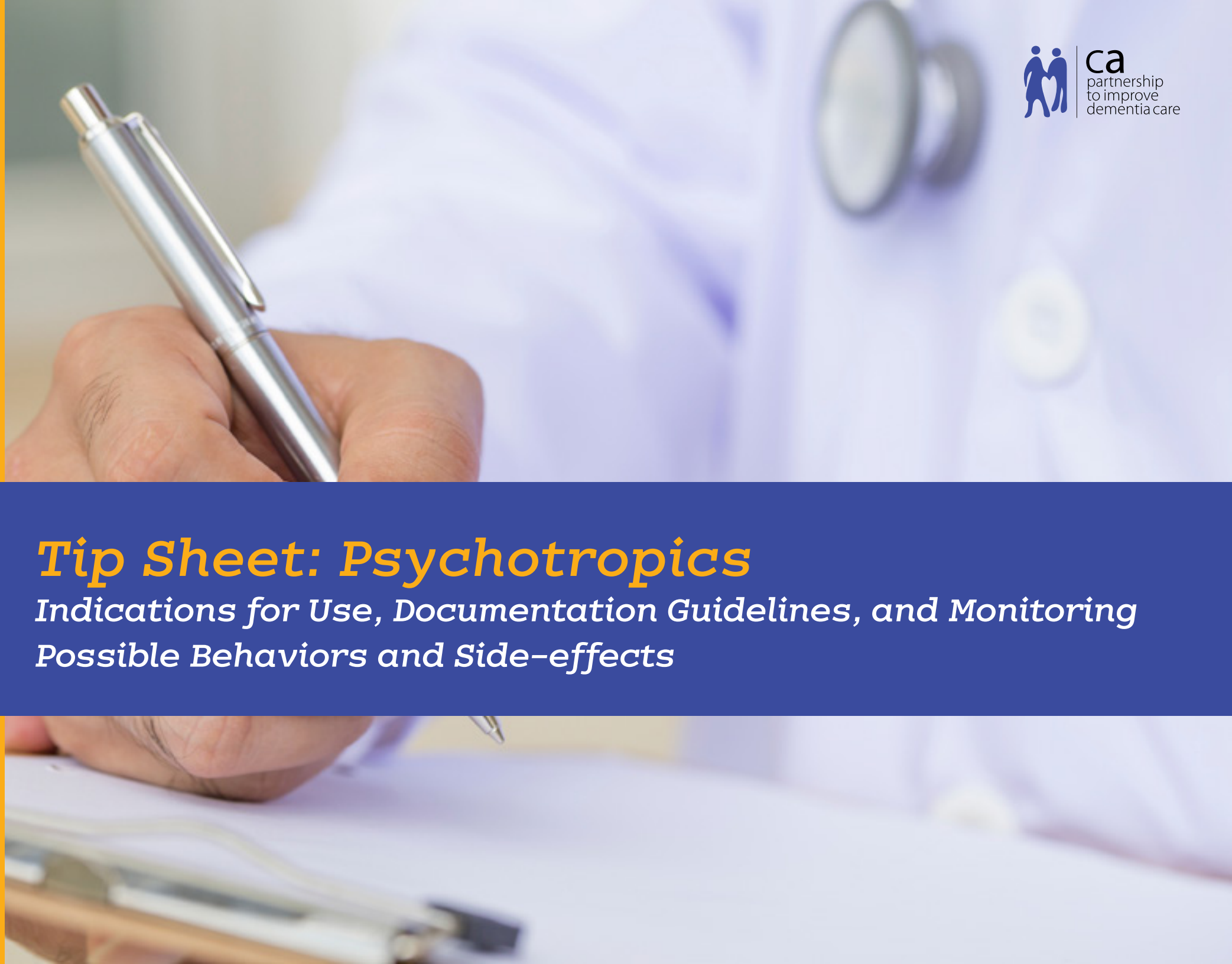

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Tip Sheet: Psychotropics

Indications for Use, Documentation Guidelines, and Monitoring Possible Behaviors and Side-effects

Tip Sheet: Psychotropics

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DRUG CLASS	INDICATIONS FOR USE	DOCUMENTATION TIPS	POSSIBLE BEHAVIOR MONITORS	POTENTIAL SIDE-EFFECTS TO MONITOR/ DOCUMENT
IMPORTANT NOTES	**Survey tag F329 guidance** Antipsychotic drugs must be given only when a specific condition is diagnosed and documented in the clinical record. The cause of these behaviors must be thoroughly investigated and non-pharmacologic interventions attempted prior to use.	Gradual dose reduction and behavioral interventions should be attempted and documented in an effort to discontinue use unless clinically contraindicated.		
ANTIPSYCHOTICS	• Hallucinations • Delusions / paranoia • Terminal delirium • Persistent, intractable hiccups	• Identify what the resident is saying • If resident is making accusations, documentation must specify what these are. • Document all attempts to remove stressing triggers • Specify type of paranoid statements • Document periodic attempts to wean after stabilized Must document IDT involvement and all other non-pharmacological methods tried to improve behavior. If used, attempt to taper/wean as soon as stabilized. Document all attempts and results.	• Hallucinations (specify type) • Delusions (Care Plan must specify) • Paranoia • Physical aggression Black box warning for use in elderly with dementia	• Increased mortality • Sedation • Falls • Inability to sit still • Tremors • Twitching • Rigidity • Drooling • Dystonia • Dry mouth / skin • Constipation • Urinary retention • Cerebrovascular events • Hyperglycemia • Seizures
ANTIDEPRESSANTS	• Crying, tearfulness • Verbalization of wanting to die, being depressed, worthlessness • Lack of interest in usual activities • Change in usual sleeping and eating patterns • Irritability • May be effective in agitation, anxiety, insomnia	• Avoid non-specific behaviors such as “sadness” or “lack of participation”. • NOTE: If Remeron is being used for appetite stimulation, the dose is 3.75mg to7.5mg per day. This is an off label use and needs appropriate documentation. If the order says depression manifested by poor appetite, these doses are sub therapeutic. • NOTE: Trazodone for sleep is off label	• Crying episodes • Specific verbalizations of wanting to die, being depressed, worthlessness • Change in sleeping and eating patterns • Irritability	• High correlation with falls, particularly in early months of use • Lethargy/sedation • Dry mouth • Urinary retention • Constipation • Headache • Palpitations • Stimulate appetite • Orthostasis • Insomnia

Tip Sheet: Psychotropics

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DRUG CLASS	INDICATIONS FOR USE	DOCUMENTATION TIPS	POSSIBLE BEHAVIOR MONITORS	POTENTIAL SIDE-EFFECTS TO MONITOR/ DOCUMENT
ANXIOLYTICS	• Pacing leading to exhaustion • Verbalizations of nervousness, anxiety or panic NOTE: Benzodiazepines are on the Beer's list of potentially inappropriate / dangerous medications for the elderly. If used, should be for short term transitions only. Limit to short acting (Ativan, Xanax)	• Document all non-pharmacological methods attempted, such as assessment of triggers, engagement in meaningful activities, music	• Verbalizations related to anxiety/panic • Inability to relax is not an appropriate monitor	• Sedation • Dizziness • Headache • Confusion • Anterograde amnesia • Dry mouth • Constipation • Urinary retention • Disturbed coordination
HYPNOTICS	NOTE: Hypnotics are on the Beer's list of potentially inappropriate / dangerous medications for the elderly	• Document all attempts to follow resident's normal wake/sleep rhythms. • Document attempts at use of non-pharmacologic methods, such as calming music, altered bed time, pain medication	• Hours of sleep	Side effects may include: • Sedation • Dizziness/ lightheadedness • Headache • Confusion • Nausea • Excitement • Dry mouth • Constipation • Urinary retention • Disturbed coordination • Drowsiness / depression

Tip Sheet: Psychotropics

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DRUG CLASS	INDICATIONS FOR USE	DOCUMENTATION TIPS	POSSIBLE BEHAVIOR MONITORS	POTENTIAL SIDE-EFFECTS TO MONITOR/ DOCUMENT
MOOD STABILIZERS	• Being hyper verbal • Flight of ideas and thoughts, verbalization of these ideas • Being verbally abusive	• Appropriate lab monitoring where indicated (i.e. Depakote requires serum level monitoring, LFTs, serum ammonia level)	• Episodes of verbal abusiveness or hyper verbosity	• Nausea • Stupor / coma / somnolence • Tremor • Dizziness • Dystonia • Arrhythmia • Hypotension • Edema / weight gain • Behavioral changes • Ataxia • Abnormal vision

GENERAL GUIDELINES FOR MONITORING AND DOCUMENTATION

→ It is very important for the entire IDT, including the physician, be involved in determining behavior monitors for each resident.
→ Documentation must reflect ongoing attempts to reduce behavior with a variety of non-pharmacologic interventions.
→ The physician must determine the adverse effects that he/she is most concerned about. The above are general or common effects only.
→ Behavior monitors should be in the body of the order and care planned.
→ Behavior monitors must be documented q shift on MAR or by other tracking method.
→ Behavior monitor samples for all psychotropic pharmacological classes include possible overlap.
→ Antipsychotics may be indicated for terminal delirium if no other measures relieve suffering. Hospice is not an exemption for psychotropic medication use.
→ Hiccups are defined as persistent if they last > 48 hours and intractable if the last > 1 month.

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