Tip Sheet: Psychotropics
Indications for Use, Documentation Guidelines, and Monitoring
Possible Behaviors and Side-effects
### Indications

**Antipsychotics**
- Hallucinations
- Delusions / paranoia
- Terminal delirium
- Persistent, intractable hiccups

**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

### Documentation Tips

**Antipsychotics**
- 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

**Antidepressants**
- 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 to 7.5mg 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

### Possible Behavior Monitors

**Antipsychotics**
- Hallucinations
- Delusions / paranoia
- Terminal delirium
- Persistent, intractable hiccups

**Antidepressants**
- Crying episodes
- Specific verbalizations of wanting to die, being depressed, worthlessness
- Change in sleeping and eating patterns
- Irritability

### Potential Side-Effects to Monitor/Document

**Antipsychotics**
- Increased mortality
- Sedation
- Falls
- Inability to sit still
- Tremors
- Twitching
- Rigidity
- Drooling
- Dystonia
- Dry mouth / skin
- Constipation
- Urinary retention
- Cerebrovascular events
- Hyperglycemia
- Seizures

**Antidepressants**
- High correlation with falls, particularly in early months of use
- Lethargy/sedation
- Dry mouth
- Urinary retention
- Constipation
- Headache
- Palpitations
- Stimulate appetite
- Orthostasis
- Insomnia

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**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.
## Psychotropics Tip Sheet

### Anxiolytics

- **Indications for Use**
  - Pacing leading to exhaustion
  - Verbalizations of nervousness, anxiety or panic

- **Documentation Tips**
  - Document all non-pharmacological methods attempted, such as assessment of triggers, engagement in meaningful activities, music

- **Possible Behavior Monitors**
  - Verbalizations related to anxiety/panic
  - Inability to relax is not an appropriate monitor

- **Potential Side-Effects to Monitor/Document**
  - Sedation
  - Dizziness
  - Headache
  - Confusion
  - Anterograde amnesia
  - Dry mouth
  - Constipation
  - Urinary retention
  - Disturbed coordination

**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).

### Hypnotics

- **Indications for Use**
  - 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

- **Documentation Tips**
  - Hours of sleep

- **Possible Behavior Monitors**
  - Side effects may include:
    - Sedation
    - Dizziness/lightheadedness
    - Headache
    - Confusion
    - Nausea
    - Excitement
    - Dry mouth
    - Constipation
    - Urinary retention
    - Disturbed coordination
    - Drowsiness / depression

**Note:** Hypnotics are on the Beer’s list of potentially inappropriate / dangerous medications for the elderly.
**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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### DRUG CLASS

#### MOOD STABILIZERS

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<td>• Episodes of verbal abusiveness or hyper verbosity</td>
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