Addressing Patients Taking Psychotropic Medications for Behavioral and Psychological Symptoms of Dementia. (BPSD)

| If facility is considering start | ing an antipsychotic medication then: |
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| Set up monitoring and documentation parameters *this step must be done BEFORE medications is started* | Identify target behaviors we are trying to reduce/eliminate and document why they should be reduced or eliminated. *critical question to be answered: do BPSD warrant medication use (danger to self/others or causing a significant decline in functional status) |
| | Establish Non-pharmacological interventions to be tried and documented BEFORE medication is initiated. |
| | Behavior tracking procedure established BEFORE medication initiated (per facility policy). |
| | Side Effect monitoring procedure established before medication initiated (per facility policy)(request pharmacy reference). |
| | Consult others for additional input (prescriber, pharmacist) re: medication and dose choice based on specific patient characteristics. |
| | Informed consent obtained BEFORE medication initiated. |
| Identify and document indication | Specific Psychotic Condition? |
| | Acute Delirium due to acute illness? BPSD? |
| INITIATE MEDICATION | |
| | Establish patient specific uniform procedure for documenting non-pharm interventions. |
| Care Plan target behaviors and non- pharmacological interventions Spell out patient specific treatment goals regarding the use of the | No less frequently than quarterly: target behaviors and non-pharmacological interventions are summarized and documented by nurse manager for discussion with prescriber, pharmacist and other pertinent staff/family for trial dose reduction consideration. |
| psychotropic medication | Judgment is made whether to reduce or continue current dosing based on the summarized target behaviors and interdisciplinary discussion that includes (but is not limited to) pharmacist and prescriber. |