Antipsychotic Medication Use and Behavior Monitoring
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- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)
- Abilify (aripiprazole)
- Geodon (ziprasidone)
- Invega (palipridone)
- Latuda (lurasidone)
- Saphis (asenapine)
- Fanapt (Iloperidone)
- Haldol (haloperidol)
- Thorazine (chlorpromazine)
- Mellaril (thioridazine)
- Orap (pimozide)
- Stelazine (trifluperazine)
- Trilafon (perphenazine)
- ABH(R) gel and suppositories

F329- Indications for Use

- Schizophrenia
- Huntington’s Disease
- Tourette’s Disorder
- Schizoaffective Disorder
- Schizophreniform Disorder
- Delusional Disorder
- Mood Disorders
  - Bipolar
  - Severe depression refractory to other therapies and/or with psychotic features
- Psychosis in the absence of Dementia
- Hiccups (not induced by other medications)
- Nausea & Vomiting associated with Cancer or chemotherapy
- Medical Illness with psychotic symptoms
  - Neoplastic Disease
  - Treatment related psychosis (high dose steroids)
  - Delirium
- Dementia with Behaviors ---BPSD---Behavioral or Psychological Symptoms of Dementia
  - Behavior or other symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause
  - FDA off label use & black box warning

Diagnoses alone do NOT warrant use of an antipsychotic unless the following criteria are also met:

- The behavioral symptoms present a danger to the resident or others AND one or both of the following:
- The symptoms are identified as being due to mania or psychosis (hallucinations, delusions, paranoia grandiosity) OR
- Non-medication behavioral interventions have been attempted and failed and these are included in the plan of care, except in an emergency
### Specific Target Behaviors to document to support Antipsychotic Medication Use

<table>
<thead>
<tr>
<th>CANNOT USE</th>
<th>CAN USE</th>
</tr>
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<tbody>
<tr>
<td>- Wandering</td>
<td>- Spitting, Biting, pinching</td>
</tr>
<tr>
<td>- Confusion</td>
<td>- Kicking, Punching, Scratching, Slapping</td>
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<tr>
<td>- Agitation</td>
<td>- Extreme fear, Frightful distress</td>
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<tr>
<td>- Uncooperative</td>
<td>- Inappropriate Sexual Behavior</td>
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<tr>
<td>- Resisting care</td>
<td>- Continuous pacing</td>
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<tr>
<td>- Nervousness</td>
<td>- Finger painting feces</td>
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<tr>
<td>- Restlessness</td>
<td>- Throwing objects</td>
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<tr>
<td>- Fidgeting</td>
<td>- Purposeful vomiting</td>
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<tr>
<td>- Indifference</td>
<td>- Purposeful B/B inappropriately</td>
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<tr>
<td>- Unsociability</td>
<td>- Tripping, Ramming, Pushing others</td>
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<tr>
<td>- Poor self care</td>
<td>- Head banging</td>
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<tr>
<td>- Depression</td>
<td>- Self-inflicted injuries</td>
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<tr>
<td>- Impaired memory</td>
<td>- Hallucinations</td>
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<tr>
<td>- Insomnia</td>
<td>- Delusions, Paranoia</td>
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<tr>
<td>- Crying out (occasional)</td>
<td>- Continuous and extreme crying out, yelling, screaming</td>
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<tr>
<td>- Yelling or screaming (occasional)</td>
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</tbody>
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### Nursing Staff Documentation:
- CNAs and CMTs document every shift
- Charge Nurses perform weekly Antipsychotic Medication Monitoring
- Specify how often the behavior occurred
- Document all of the non-medication interventions tried & whether or NOT they worked
- Describe how the behavior poses a threat to the resident or to others
- Describe how the behavior seriously impairs the resident’s quality of life
- Document any pain or side effects that occurred
- If none of the target behaviors occurred then document “no behaviors this week” but do document positive behaviors as well (happy, pleasant, cooperative, less anxious etc...)

### Monitoring for Side Effects
- Sedation, increased confusion, increased anxiety and agitation
- Orthostatic blood pressures
  - Should be taken every shift when Antipsychotic is started or dose increased
- Weight gain, increased blood sugars and increased bad cholesterol
  - Monitor A1c and Lipid Profile every 6 months
- Parkinsonism (rigidity, shuffling gait, tremors)
- Tardive Dyskinesia(lip smacking, abnormal movement of face, lips, jaw, arms or legs)
  - Perform AIMS (Abnormal Involuntary Movement Scale) every 3 months

*****MEDICATIONS SHOULD ENABLE NOT DISABLE ***** USE THE MINIMUM EFFECTIVE DOSE*****