

Quality Improvement Medication Monitoring Form for Santa Clara County Mental Health

Client Id: Location Name: ProviderName: Timeframe for Audit:
 Client Name: Gender: DOB: ScvStartDate: Reaudit:
 VMC Nbr: MD Dx: Agency: County Contract Yes

Current Medication List:

Polypharmacy:

Yes No Antipsych? Yes

If yes, what type? ≥ 2 antipsychotics

Type 2 SGAs 2 FGAs SGA+FGA

> 2 Antipsychotics ≥ 2 anticonvulsants

≥2 bzds ≥2 antidepressants (same class)

Is there supportive documentation?

Yes

No

Type of justification?

x Titration Aug.to Clozaril

Min of 3 Failed monotx.

Other Justific. than above

No Justific./Unable to determine

FDA-app Indication:

Yes No NA

If no, What type? Seroquel Subtherapeutic Other

If other, list drug(s):

If no, is there supportive documentation? Yes No

Consent Forms

Complete

No Consent

Incomplete, Missing Elements Include:

Drug Name

Signature

Non-FDA use

Max Daily Dose

Date

Wrong Form

Drug(s) for follow-up:

Required Vital Sign (VS)/AIMs/Labs:

VITAL SIGNS/TEST

Wt/BMI (Li,VPA,SGA,Stim/ADHD) Y N Decline NA

BP (SNRI,SGA,Stim/ADHD) Y N Decline NA

AIMS (FGA, SGA if sxs present) Y N Decline NA

LABS: Provide Patient Lab Slip Yes No

CBC (CLZ,CBZ); Platelets (VPA) Y N Decline NA

LFTs (CBZ,VPA) Y N Decline NA

Drug Level (CBZ,Li,VPA) Y N Decline NA

TSH (Li,thyroid med) Y N Decline NA

Baseline Preg Test (CBZ/Li/VPA) Y N Decline NA

Electrolytes (CBZ,Li) Y N Decline NA

Fasting Glucose (SGA) Y N Decline NA

Lipid Panel (SGA,mirtazapine) Y N Decline NA

is lab assessment consistent w/the Guideline? Yes No NA

If no, is there supportive documentation? Yes No

Progress Notes:

Example

Is there description of service (eg dx)? Yes No

Is there a description of Tx response? Yes No

Is there assessment of med compliance? Yes No

Is the Tx consistant w/ the Guideline? Yes No

If no, is there supportive documentation? Yes No

Are side effects assessed? Yes No

Did the patient have side effects? Yes No

If yes, identify tx for symptoms?

Dose Adjustment Adjunct therapy Change frequency

Change Med Stop Med

Other:

Is there a change in medication? Yes No

If yes, is there supportive documentation? Yes No

Is Tx consistent W/ the Cont Med Guideline? Yes No NA

If no, is there supportive documentation? Yes No

Audit Date: Majid Talebi, RPh, BCPP

Follow Up Required:

Yes No

F/U Items:

Polypharmacy

Consent Form

VS/Test/Lab

Progress Notes

non-FDA use

Approx. Reaudit Date:

Refer to Medical Director

> 2 antipsychotics

Comments:

Reaudit Outcome

Complete No Show Incomplete Discharged

Date:

Final Audit Outcome

Complete No Show Incomplete Discharged

Date:

Comment:

Comment: