

# 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:

Drug Name	SIG
258 ARIPIPRAZOLE,10MG	qhs

## 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 monox.  
 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

## 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/Doc consistent 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:

Rev.8/12

## Comment: