Complete each field below to assess your organization’s commitment to preventing psychotropic ADEs. Download the [Plan-Do-Study-Act Worksheet](https://hqin.org/resource/plan-do-study-act-worksheet/) to assist in your improvement efforts.

| **What are your program strengths?** |
| --- |
| **What areas need improvement?** |
| **Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?** |
| **Question*****(Check the “Y” and/or “NI” box(es) to designate*** ***Yes and if the area Needs Improvement)*** | **Y** | **NI** | **Comments** |
| Does the medical record include consistent documentation of clinical indication, e.g., do physician notes, care plan, and tracking sheets all address the same indication? |  |  |  |
| If receiving PRN and routinely, is there consideration for the timing of administration of the PRN? |  |  |  |
| Is there a system to ensure extended-release formulations are delivered correctly (e.g., medications not crushed)? |  |  |  |
| Is there a system to ensure the resident is routinely assessed for effectiveness of the medication signs/symptoms of adverse drug reactions/events? |  |  |  |
| Is there a system for monitoring for involuntary movements? |  |  |  |
| Is there a system for monitoring for side effects to all psychotropics? |  |  |  |
| Does the medical record include documentation that gradual dose reductions have been attempted or rationale documented if not attempted? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question*****(Check the “Y” and/or “NI” box(es) to designate*** ***Yes and if the area Needs Improvement)*** | **Y** | **NI** | **Comments** |
| Do staff implement non-pharmacological approaches and interdisciplinary management of the condition that the medication targets? |  |  |  |
| Are residents or their representatives involved in decisions related to medication use? |  |  |  |

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