This is only a Guide/Template for a Policy and Procedure for residents with Dementia that are on antipsychotic medications
(Please Delete the above before adding the facility logo)

You’re Facility Name/Information Here

Policy – Antipsychotic use in residents with dementia  Effective date:____________

Objective: To ensure the facility is in compliance with the CMS regulations for proper management of antipsychotic medication in residents with dementia, who have behavioral issues.

Procedure:
1. Upon admission of a resident who is ordered an antipsychotic medication and has a diagnosis of dementia, the nursing supervisor/staff will obtain from the physician an approved diagnosis for the antipsychotic medication and a specific behavior for its use.
   a. The physician in conjunction with the interdisciplinary team (IDT) will add resident specific non-pharmacological interventions; upon admission, routinely throughout therapy when needed (or if ineffective) and reviewed at every care plan update.
   b. The IDT will continue to follow the specific non-pharmacological interventions, to make sure they are the best fit for that resident. This will be done at each meeting (i.e. weekly, bi-weekly, or monthly) depending on when the resident is reviewed.
   c. The care plan committee will review the resident on admission (within a specific time frame, set up by each facility, within the first week of admission, first 10 days of admission, etc.) and then do a follow up quarterly or more often, as deemed necessary; to insure the resident has the best quality of care.
   d. The facility will obtain an informed consent, from the resident and/or power of attorney before an antipsychotic medication is started.
2. Upon the initiation of an antipsychotic medication for a resident with a diagnosis of dementia, the nursing supervisor/staff will obtain from the physician an approved diagnosis for the antipsychotic medication and a specific behavior for its use.
   a. The same procedure as in Number 1 will apply here as well
3. The nursing supervisor/staff will initiate a behavior sheet with the specific behavior(s) for which the antipsychotic medication was prescribed, in accordance with the physicians wishes when he reviews the medication orders/
4. The behavior sheet will include resident specific non-pharmacological interventions for the resident.
   a. These non-pharmacological interventions can be obtained from family members, physician/psychiatrist (he/she was seeing prior to admission to the facility), or attending physician.
5. The behavior sheet will be filled out at the end of each shift with the number of episodes
   the resident had for that shift, non-pharmacological interventions that were used and the
   result.
6. The resident’s medical record and behavior sheet will be reviewed at the monthly
   Behavioral IDT meeting.
7. The Behavior IDT will review and discuss the current care plan and as revise as needed.
   The DON (or other designated staff member) will discuss with physician any suggested
   change(s) in care plan with the physician.
   a. The family and/or POA will be advised of any changes that are deemed necessary
      for the best quality of care for the resident.
8. Upon monthly review of resident medical records, the Consultant Pharmacist will make
   recommendations for dosage reductions/ adjustment of antipsychotic medications for
   residents with dementia in accordance with the CMS regulations and guidelines.
   a. This review will also include any other psychotropic medication(s), which is due
      for review by the attending/psychiatrist at this time.
   b. Whenever there is a change in the resident’s medical condition or mental status,
      the consultant pharmacist, at the bequest of the facility; will due a review of all
      the resident’s current medications. The consultant Pharmacist will then
      recommend to the physician, any specific dose reductions, additions/changes,
      and/or discontinuations, based on need, labs and current dose.
9. The physician will review the dosage recommendations and determine at such time, if a
   dose adjustment is medically indicated or clinically contraindicated.
   a. The reason for the medication to continue to be medically indicated will be
      answered in the response section on the consultant’s recommendation or in the
      physician’s progress note.
   b. The note should demonstrate that the physician has carefully considered the
      risk/benefit for the current dose and for it to continue. The documentation should
      also include; that past gradual dose reduction failed or why any changes would
      aggravate the residents’ general medical condition, functional status, or
      psychiatric stability.
10. The physician will write an order for dosage adjustment if indicated.
11. Nursing staff will closely monitor the resident’s response to the medication adjustment
    and document the residents response in the clinical record/behavior sheet.
    a. The staff should continue to use any non-pharmacological interventions that have
       been helpful in the past, during the adjustment period if the dose is lowered.
12. Documentation of all gradual dose reductions attempts, failures, or usefulness of non-
    pharmacologic interventions, will be maintained by the facility and consultant pharmacist
    using the any of the best practices tracking tools available. (i.e. Pennsylvania Partnership
    to Improve Dementia Care website, etc.)