## Tutorial for SETMA's Deployment of the Texas Department of Aging and Disability Services' Reduction of Antipsychotic Medications Toolkit

In an effort to decrease the inappropriate use of antipsychotic medications in Texas Nursing Homes, The Texas Medical Foundation and the Texas Department of Aging and Disability provided this toolkit. Because SETMA provides care to over 90% of the long-term care residents in Southeast Texas, which comprises a five county area, and because SETMA documents the care of those patients in our electronic patient record (EMR), we have taken this tool kit and created a Clinical Decision Support tool to improve the care of the patients for whom we have responsibility.

The following are the templates and functionalities which are now deployed in our EMR. First is the principle template which launches all of our electronic patient care. Outlined in green on this template is the hyperlink which launches the Nursing Home suite of templates.

Patien Patien Patien Patien Patien Patien Patien Patien Patien Patien Patien Patien Patien	t Larry QTest Home Phone (409)833-9797 Work Phone () - Cell Phone () - entive Screening	Sex M Age 55 Date of Birth 09/01/1959 Patient has one or more alerts!	Patient's Co Full Code <u>Click Here to Vie</u>	
Has the patient traveled to N Has the patient had any sus	pected contact with Ebola? essed for administrative use only.	C Yes C No C Yes C No	Tra	sive Behavioral Therapy anstheoretical Model ridges to Excellence <u>View</u>
Preventive Care <u>SETMA's LESS Initiative T</u> Last Updated 01/20/2015 <u>Preventing Diabetes T</u> Last Updated 1/1 <u>Preventing Hypertension T</u> <u>Smoking Cessation T</u> <u>Care Coordination Referral</u> <u>PC-MH Coordination Review</u> <u>Needs Attention!!</u> <u>HEDIS NOF PQRS ACO</u> <u>Elderly Medication Summary</u> <u>STARS Program Measures</u> <u>Exercise Exercise T</u> <u>Diabetic Exercise T</u>	Template Suites Master GP T Nursing Home T A. U. V.	Disease Management Diabetes I Hypertension I Lipids I Acute Coronary Syn I Angina I Asthma Cardiometabolic Risk Syn I CHF I Diabetes Education Headaches Renal Failure Weight Management I	Last Updated 01/20/2015 05/21/2013 03/08/2013 / / / / 09/23/2013 / / / / / / / / / / / / / /	Special Functions Lab Present I Lab Future I Lab Results I Hydration I Nutrition I Guidelines I Pain Management Immunizations Print Reportable Conditions Information Charge Posting Tutorial E&M Coding Recommendations Drug Interactions I Infusion Flowsheet Insulin Infusion

When the Nursing Home hyperlink is deployed the Nursing Home Master template is deployed. Outlined in **green** is the button which launches the Antipsychotics Toolkit. There are five sections to the tool kit:

- 1. Is the patient on one or more antipsychotic drugs?
- 2. Does the patient have one or more diagnoses for an antipsychotic drug?
- 3. The following are not adequate indications for treating behavioral or psych9ological symptoms of dementia with antipsychotics.
- 4. Start with the following general principles to reduce antipsychotic use.
- 5. What to do when...

Medications Reviewed/Ordered       04/10/2013       Reconcile       NOF Nursing Home Measures       Nursing Histories         Nursing Home       Patient       Larry       OTest       Histories         Room #       Age       55       years       Last Visit       / /         Source of Information       BP       /       Last H&P       / /       Questionne         Complaints       Pulse       /min       Last Flu Shot       20140113       System Rev         Complaints       Pulse       /min       Last Rectal Exam       / /       Radiolog         Veight       Ibs.       Last TB Skin test       / /       Radiolog       Procedur         Weight       Ibs.       Last Chest Xray       08/15/2006       Assessm         BMI       0.00       VRE status       Guidelines for       Guidelines for         BMR       cal/day       Hepatitis status       Guidelines for       Skin Lesid         O Compression fracture of spine       Visit Today       Fail Risi       Fail Risi         O Tourette's disease       O       Ordered ischemic heart disease, unspino       Dietary Review       Functional Assessment       Callibe Family         O Actool dependence       Other form Signed       Updated       0/1/1 </th <th>Nursing Home Patient</th> <th>ursing Ho</th> <th>me Mast</th> <th>Alert</th> <th>1</th> <th>Home</th>	Nursing Home Patient	ursing Ho	me Mast	Alert	1	Home
Nursing Home       Patient Larry       QTest       Historie         Nursing Home       Age       55       years       Last Visit       / /         Source of Information       BP       /       Last H&P       / /       Questionna         Source of Information       BP       /       Last H&P       / /       Questionna         Complaints       Pulse       //nin       Last Flu Shot       20140923       System Rei         Complaints       Pulse       //nin       Last Rectal Exam       / /       Radiolog         Pulse       //nin       Last Rectal Exam       / /       Radiolog       Physical Ei         Weight       Ibs.       Last TB Skin test       / /       Radiolog       Procedur         BMI       0.00       VRE status       Questionna       Assessm       Pian         Guidelines for       BMR       cal/day       Hepatitis status       Guidelines for       Nutrition         Add       Sort       File       Full Code       Skin Lesi       Nutrition         Ø       Discharge from ear       O       O       Consent       Full Code       Skin Lesi         Ø       Pellow mutant oculocutaneous albinisi       O       Pellow mutant oculocutan	and the second				tome Measures	Nursing
Current Unit       Age       55       years       Last Visit       / /       Internation	i Medications Reviewed/ordered )			indi indi sing i		Histories
Room #       Sex       M       Last Nak       1       Questions         Source of Information       BP       /       Last RAP       1/       HPI Chie         Source of Information       BP       /       Last Retal Exam       20140923       System Ret         Complaints       Pulse       //min       Last Retal Exam       1/       Radiolog         Complaints       Pulse       //min       Last Retal Exam       1/       Radiolog         Weight       Ibs.       Last TB Skin test       1/       Radiolog         Weight       Bs.       Last Chest Xray       08/15/2006       Assessme         BMI       0.00       VRE status       Procedur       Assessme         BMR       cal/day       Hepatitis status       Guidelines fo         Nutrition       Add       Sort       Mini Mental S       Mini Mental S         0       Discharge from ear       O       O       Visit Today       Fall Risi         0       Purple toe syndrome       O       Consent Form Signed       Oyl/Ja/2013       Lab Daa         0       Actool dependence       O       Discharge from ear       Script Review       Functional Assessment       Call/Nursing         0	lursing Home	Patient	Larry	QTest		Health
Room #       Sex       M       Last H&P       /         Source of Information       BP       /       Last Flu Shot       20140923       System Ref         Complaints       Pulse       /min       Last Flu Shot       20140923       System Ref         Complaints       Pulse       /min       Last Rectal Exam       /       Resp       Last Rectal Exam       /       Rediolog         Weight       Ibs.       Last TB Skin test       /       Rediolog       Procedur         Weight       Ibs.       Last Chest Xray       08/15/2006       Assessm         BMI       0.00       VRE status       Quidelines fo         BMI       0.00       VRE status       Guidelines fo         BMR       cal/day       Hepatitis status       Guidelines fo         Morresion fracture of spine       O       O       Nutrition         O Expression fracture of spine       Visit Today       Fal Ris         O Panceatic cancer       Consent       Pain Assessment       Antipsyche         O Parceatic cancer       O       Oscillaplasia       Oscillaplasia       Call/Nursing         O Achohol dependence       Dietary Review       Functional Assessment       Call to Fam         O Achohol de		Age 55	years	Last Visit	11	Questionnaires
Source or information       BP       /       Last Fill Shot       20140113       System Rei         Complaints       Pulse       /min       Last Tetanus       20140923       System Rei         Complaints       Pulse       /min       Last Retanus       20140923       System Rei         Complaints       Pulse       /min       Last Retanus       20140923       System Rei         Complaints       Pulse       /min       Last Retanus       20130419       Physical E         Resp       Last Retal Exam       //       Radiolog       Procedur         Weight       lbs.       Last Chest Xray       08/15/2006       Assessme         BMI       0.00       VRE status       Assessme       Procedur         BMR       cal/day       Hepatitis status       Guidelines fo       Subtribut         Compression fracture of spine        Visit Today       Nutrition         Consent form ear        Visit Today       Fall Risi       Antipsycho         O Discharge from ear        Consent Form Signed       Updated       09/13/2013       Last Pain Assessment         O Purple toe syndrome       Consent Form Signed       Updated       05/21/2013       Last Pain <t< td=""><td>loom #</td><td>Sex M</td><td></td><td>Last H&amp;P</td><td>11</td><td></td></t<>	loom #	Sex M		Last H&P	11	
Complaints       Pulse       /min       Last Petuemonvax 20130419       Physical E         Pulse       Resp       Last Rectal Exam       //       Radiolog         Weight       Ibs.       Last Retal Exam       //       Radiolog         Weight       Ibs.       Last Retal Exam       //       Radiolog         Weight       Ibs.       Last Retal Exam       //       Radiolog         Weight       Ibs.       Last Chest Xray       08/15/2006       Assessme         Body Fat       38.9       %       MRSA status       Plan         Body Fat       38.9       %       MRSA status       Guidelines fo         Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       DIR Status       Full Code       Skin Lesic         Winit Mental Status       Full Code       Skin Lesic       Mini Mental Status         O Tourette's disease       O       Pancreatic cancer       Visit Today       Fall Rision         O Purple toe syndrome       O       Consent       Pain Assessment       Lab Dea         O Alcohol dependence       Dietary Review       Functional Assessment       Lab Dea         O Chronic ischemic heart failure)       Dietary Review<	ource of Information	BP	1	Last Flu Shot	20140113	HPI Chief
Resp       Last Rectal Exam       // /       Radiolog         Weight       lbs.       Last TB Skin test       // /       Radiolog         Weight       lbs.       Last TB Skin test       // /       Procedur         BMI       0.00       VRE status       Assessm       Procedur         BMI       0.00       VRE status       Bill       Assessm         Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       Dillt Status       Full Code       Skin Lesic         Mini Mental Status       O Compression fracture of spine       Visit Today       Fall Rist         O       Discharge from ear       Visit Today       Fall Rist         O       Pancreatic cancer       Consent       Pain Assessment       Antipsycho         O       Purple toe syndrome       Consent Form Signed       Updated       09/13/2013       Lash Review         O       Alcohol dependence       Script Review       Functional Assessment       Call to Far         O       Chronic ischemic heart disease, unspinol       CHF (congestive heart failure)       Nutrition Assessment       Call to Far         O       Chronic disease present       O one chronic disease present       Comments       Admiss		Temp	F	Last Tetanus	20140923	System Review
Weight       lbs.       Last TB Skin test       / /       / /         Weight       Height       73.00       in.       Last Chest Xray       08/15/2006       Procedur         Add       Soft       0.00       VRE status       Plan       Guidelines for         Add       Soft       BMR       cal/day       Hepatitis status       Guidelines for         Add       Soft       Other Status       Full Code       Skin Lesic         Mini Mental Status       Full Code       Skin Lesic       Mini Mental Status         O       Discharge from ear       Visit Today       Fall Rist         O       Pancreatic cancer       Consent       Pain Assessment       Antipsycho         O       Alcohol dependence       Consent Form Signed       Updated       09/13/2013       Lab Rege         O       Chronic ischemic heart disease, unspinol       Cit/f (congestive heart failure)       Script Review       Functional Assessment       Call to Far         O       Chronic disease present       O       Nutrition Assessment       Call to Far         O       Chronic ischemic heart disease, unspinol       Chronic disease present       O       Call to Far         O       One chronic disease present       Comments       Admission O<	omplaints	Pulse	/min	Last Pneumonvax	20130419	Physical Exam
Weight       Ibs.       Last TB Skin test       / / /       Procedur         Height       73.00       in.       Last Chest Xray       08/15/2006       Assessm         BMI       0.00       VRE status       Procedur         BMR       cal/day       Hepatitis status       Guidelines for         Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       Dilft Status       Full Code       Skin Lesio         O       Compression fracture of spine       Ollft Status       Full Code       Skin Lesio         O       Discharge from ear       Ollft Status       Full Code       Skin Lesio         O       Pancreatic cancer       Consent       Pain Assessment       Antipsycho         O       Purple toe syndrome       Olitary Review       Functional Assessment       Call to Far         O       Alcohol dependence       Dietary Review       Functional Assessment       Call to Far         O       Cheronic ischemic heart disease, unspi       Dietary Review       Functional Assessment       Call to Far         O       Cheronic ischemic heart disease, unspi       One chronic ischease present       Comments       Admission O         O       One chronic ischease present       O		Resp		Last Rectal Exam	11	Radiology
Height       73.00       in.       Last Chest Xray       08/15/2006       Assessm         Understand       BMI       0.00       VRE status       Plan         Body Fat       38.9       %       MRSA status       Plan         Guidelines for       BMR       cal/day       Hepatitis status       Guidelines for         Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       Dits Charge from ear       Nutrition         0       Dougression fracture of spine       O       O       Visit Today         0       Both parents smoke       History and Physical Today       Fall Rist         0       Pain Assessment       Updated       09/13/2013       Link Degr         0       Purple toe syndrome       Dietary Review       Functional Assessment       Call to Far         0       Cheronic ischemic heart disease, unspinol       City Review       Functional Assessment       Call to Far         0       Cheronic disease present       O       One chronic disease present       Comments       Admission O         0       Tow chambered right ventricle       Comments       Admission O		Weight	lbs.	Last TB Skin test	11	
Body Fat       0.00       Vict satus       Plan         Body Fat       38.9       MRSA status       Image: Chronic Conditions       Plan         BMR       cal/day       Hepatitis status       Guidelines for         Add       Sort       Protein Req       grams/day       Hydratio         Add       Sort       Nutrition       Nutrition         #       Problem Description       Image: Chronic Scharge from ear       Image: Chronic Scharge from ear       Nutrition         0       Discharge from ear       Image: Chronic Scharge from ear       Image: Chronic Scharge from ear       Image: Chronic Scharge from ear       Nutrition         0       Both parents smoke       Image: Chronic Scharge from ear       Image: Chronic Schar		Height 73	.00 in.	Last Chest Xray	08/15/2006	
BMR       cal/day       Hepatitis status       Guidelines for         Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       Sort       Nutrition         #       Problem Description       Image: Consent for the status       Full Code       Skin Lesion         0       Discharge from ear       Visit Today       Mini Mental Status       Fall Rist         0       Double Status       History and Physical Today       Fall Rist         0       Pancreatic cancer       Consent       Pain Assessment       Antipsyche         0       Purple toe syndrome       Dietary Review       Functional Assessment       Call to Far         0       Cheronic ischemic heart disease, unspinol       Octoratic sease       Outer Status       Call to Far         0       Cheronic ischemic heart disease, unspinol       Cheronic disease present       Outer Status       Call Nursing         0       Cheronic disease present       Outer cheart disease present       Comments       Admission Outer formal Assessment       Call Nursing         0       Two chambered right ventricle       Comments       Admission Outer formal Assessment       Call Nursing		BMI 0.0	10	VRE status		Assessment
Chronic Conditions       Protein Req       grams/day       Hydratio         Add       Sort       Nutrition       Nutrition         #       Problem Description       Image: Compression fracture of spine       Nutrition         0       Compression fracture of spine       Image: Compression fracture of spine       Nutrition         0       Discharge from ear       Image: Compression fracture of spine       Image: Compression fracture of spine       Nutrition         0       Both parents smoke       Image: Compression fracture of spine       Image: Compression fracture of spine       Image: Compression fracture of spine       Nutrition         0       Both parents smoke       Image: Compression fracture of spine       Image: Compression fracture of spine       Image: Compression fracture of spine       Nutrition         0       Tourette's disease       Image: Compression fracture of spine         0       Pancreatic cancer       Consent       Pain Assessment       Image: Compression fracture of paine       Image: Compression fractu		Body Fat 38	.9 %	MRSA status		Plan
Add       Sort       Nyadad         #       Problem Description       Nutrition         0       Compression fracture of spine       Nutrition         0       Discharge from ear       Nutrition         0       Discharge from ear       Nutrition         0       Both parents smoke       Visit Today       Fall Risi         0       Tourette's disease       Consent       Pain Assessment       Antipsychol         0       Purple toe syndrome       Consent Form Signed       Updated       09/13/2013       Antipsychol         0       Red cell aplasia       Dietary Review       Functional Assessment       Call to Far         0       Chronic ischemic heart failure)       Dietary Review       Functional Assessment       Call to Far         0       One chronic disease present       Updated       0/21/2013       Call to Far         0       One chronic disease present       Comments       Admission O		BMR	cal/day	Hepatitis status		Guidelines for Care
#       Problem Description       Industry         0       Compression fracture of spine       Industry         0       Discharge from ear       Visit Today       Skin Lesic         0       Both parents smoke       Industry       Full Code       Skin Lesic         0       Both parents smoke       Industry       Fall Rist       Fall Rist         0       Pancreatic cancer       Consent       Pain Assessment       Antipsychol         0       Purple toe syndrome       Consent Form Signed       Updated       09/13/2013       Antipsychol         0       Red cell aplasia       Dietary Review       Functional Assessment       Call to Far         0       Cheronic ischemic heart disease, unspine       Dietary Review       Updated       05/21/2013       Call to Far         0       Cheronic disease present       One chronic disease present       Updated       1/1       Chartno         0       Two chambered right ventricle       Comments       Admission O	Chronic Conditions	Protein Req	grams/day			Hydration
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0       Discharge from ear       Mini Mental S         0       Both parents smoke       History and Physical Today       Fall Rist         0       Tourette's disease       Consent       Pain Assessment       Antipsycho         0       Yellow mutant oculocutaneous albinist       Consent       Dain Assessment       Antipsycho         0       Purple toe syndrome       Dietary Review       Functional Assessment       Call to Far         0       Alcohol dependence       Dietary Review       Functional Assessment       Call to Far         0       Chronic ischemic heart disease, unspi       Nutrition Assessment       Call/Nursing         0       Green monkey disease       Nutrition Assessment       Email         0       One chronic disease present       O       Comments       Admission O						Skin Lesions
0       Both parents smoke       Fall Rist         0       Tourette's disease       Fall Rist         0       Pancreatic cancer       Consent       Pain Assessment         0       Yellow mutant oculocutaneous albinisi       Consent       Pain Assessment       Antipsycho         0       Purple toe syndrome       Consent Form Signed       Updated       09/13/2013       Antipsycho         0       Red cell aplasia       Dietary Review       Functional Assessment       Call to Far         0       Alcohol dependence       Script Review       Updated       05/21/2013       Call to Far         0       CHF (congestive heart failure)       Nutrition Assessment       Updated       Image: Comments       Call/Nursing         0       One chronic disease present       One chronic disease present       Comments       Admission O			/isit Today			Mini Mental Status
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0       Purple toe syndrome         0       Purple toe syndrome         0       Red cell aplasia         0       Alcohol dependence         0       Chronic ischemic heart disease, unspector         0       CHF (congestive heart failure)         0       Green monkey disease         0       One chronic disease present         0       Two chambered right ventricle	0 Pancreatic cancer		Consent	Pain	Assessment	
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0       Alcohol dependence       Script Review       Updated       05/21/2013       Call to Far         0       Chronic ischemic heart disease, unspinol       Nutrition Assessment       Call/Nursing       Call/Nursing         0       Green monkey disease       Updated       1/1       Call/Nursing         0       One chronic disease present       Updated       1/1       Chartno         0       Two chambered right ventricle       Comments       Admission O		_	-			Lob Booutto
0     Alcolid dependence     Script Review     Updated     05/21/2013     Call/Nursing       0     CHF (congestive heart failure)     Nutrition Assessment     Email       0     Green monkey disease     Updated     / /     Chronic disease present       0     One chronic disease present     Comments     Admission O				Function	nalAssessment	Call to Family
0     CHF (congestive heart failure)     Nutrition Assessment     Email       0     Green monkey disease     Updated     / /       0     One chronic disease present     Comments     Admission O       0     Two chambered right ventricle     Comments     Admission O			Script Review	Updated	05/21/2013	
O     Cini (congestive hear handle)       0     Green monkey disease       0     One chronic disease present       0     Two chambered right ventricle       Comments     Admission O		spi		Nutritio	Assessment	Call/Nursing Home
0         One chronic disease present         Chartno           0         Two chambered right ventricle         Comments         Admission 0		- 1				Email
0 Two chambered right ventricle Comments Admission 0		-		opuated		Chartnote
Admission of		Con	oments			Admission Orders
0 HIV (numan immunodenciency virus in	0 HIV (human immunodeficiency viru		intenta			
0 Dementia	0 Dementia					
1 Controlled type 2 diabetes with renal r	1 Controlled type 2 diabetes with re	aln				
2 Chronic kidney disease, stage II (mild)	2 Chronic kidney disease, stage II (r	ld)				
3 Chronic diastolic congestive heart failu	3 Chronic diastolic congestive heart	ailt				
4 Chronic kidney disease, stage II (mild)	4 Chronic kidney disease, stage II (r	ld)				
5 Hypertension	5 Hypertension	-				
	•	•				

When this button is deployed, the EMR is searched for Antipsychotic Drugs in these Classifications:

- Antipsychotic
- Anxiolytic
- Hypnotic
- Antidepressant
- Anticonvulsant/Manic

This is a partial list of psychotropic drugs commonly used in the long-term care setting. Some of these drugs are listed under their official classifications, but may be seen with the intended use of the above classifications to alter/change mood or behavior. Any drugs which are found are automatically listed under its category.

	Reduction of	of Psychotrop	ic Medications	S		Return	
Yes 1.1	s the patient on one or	more antipsychotic dr	uas?	-			
				Antid	epressant	Anticonvulsant/Manic	
	ARIPIPRAZOLE						
_							
Yes 2.D		one or more adequate i	ndications for an antips	ycho	tic drug?		_
-	Schizophrenia						
	Delusional disorder						
	Mood disorders						
-			y to other therapies and/or	with	psychotic features	6	
-	Psychosis in the abser Medical illness with psy						
			ent related psychosis or ma	ania (	e.a. high steroids)		
	Tourette's disorder						
	Hungtington's disease						
	Hiccups						
	not induced by other m	edications ssociated with cancer or (	chamotherapy				
	Nausca and vomiting a	sociated with carleer of	Inchiotherapy				
3. The followi	ing are NOT adequate i	ndications for treating	behavioral or psycholog	gical	symptoms of de	mentia with antipsy	chotics.
F	Wandering	Inattention or	indifference to surroundin	as			
Ē			crying alone that is not relat	-	depression or othe	er psychiatric disorder:	3
Г	Restlessness	Fidgeting					
	Imparied memory	Nervousness					
	Mild anxiety	Uncooperativ	e e.g. refusal of or diffici	ulty r	eceiving care		
	Insomnia						
4. Start with t	he following general p	principles to reduce ant	ipsychotic use.				
	Start with a pain asses	and the second	• •	V	Involve the family t	by giving them a task to	support the resident
	Provide for a sense of						ssure non-verbal pain is
	Apply the 5 Magic Tool	s (Knowing what the resid	lent likes to See, Smell,		addressed.		
	Touch, Taste, Hear).			and the second second	Provide consistent		
		nt, including their history a				sion and possible inter	
		d. Learn the resident's life	story. Help the resident		Reduce noise (pag Be calm and self-a	ging, alarms, TV's, etc.)	
	Play to the resident's s	trenothe		and the second second		triggering events that s	timulate behaviors.
	Encourage indepdende					methods based upon t	
	Use pets, children and			~	Offer choices.		
5. V	Vhat to do when			1			
	The resident tries to re	sist care.	Click for Plan	1			
	The resident is verbally	/physically abusive.	Click for Plan				
		wandering/at risk for elope	Click for Plan				
	The resident is disrupti	-	Click for Plan				
			Click for Plan				
	The resident has sudde	en mood changes or depre	ssion.				

In section 2 of this template, the computer automatically denotes: "Does the patient have one or more adequate indications for an antipsychotic drug?" See below for details.

Reduction	of Psychotropic M	ledications		Return
Yes 1. Is the patient on one of	or more antipsychotic drugs?			
Antipsychotic	Anxiolytic Hypnot	ic Ai	ntidepressant	Anticonvulsant/Manic
ARIPIPRAZOLE				
Schizophrenia Schizo-affective diso Schizophreniform dis Delusional disorder Mood disorders e.g. bipolar disorder, Psychosis in the abs Medical illness with p e.g. neoplastic diseas Tourette's disorder Hungtington's diseas Hiccups not induced by other	order sever depression refractory to oth ence of dementia sychotic symptoms se or delirium and/or treatment relat e	er therapies and/or w ed psychosis or man	vith psychotic features	
3. The following are NOT adequate		ioral or psychologie rence to surrounding		mentia with antipsychotics.
Poor self care Restlessness Imparied memory ✓ Mild anxiety Insomnia	Sadness or crying a Fidgeting Nervousness		d to depression or oth	er psychiatric disorders
4. Start with the following general	principles to reduce antipsych	notic use.		
Touch, Taste, Hear). ✓ Get to know the resid they previously enjoy create a memory box ✓ Play to the resident's	of security ols (Knowing what the resident like lent, including their history and fam ved. Learn the resident's life story. strengths.	is to See, Smell, ily life, and what Help the resident	<ul> <li>V Use a validated pa addressed.</li> <li>Provide consistent</li> <li>Screen for depress</li> <li>Reduce noise (pag</li> <li>Be calm and self-reference</li> <li>Attempt to identify</li> </ul>	ision and possible interventions. ging, alarms, TV's, etc.). assured. triggering events that stimulate behaviors.
<ul> <li>Encourage indepdend</li> <li>Use pets, children an</li> </ul>			<ul> <li>Contraction</li> <li>Offer choices.</li> </ul>	methods based upon their work and career.
5. What to do when				
The resident tries to r	esist care.	Click for Plan		
The resident is verba	lly/physically abusive.	Click for Plan		
The resident is pacing	g/wandering/at risk for elopement.	Click for Plan		
The resident is disrup	tive in group functions.	Click for Plan		
The resident has sud	den mood changes or depression.	Click for Plan		

If there is no appropriate diagnosis for the use of an antipsychotic medication, consideration should be given for discontinuing the medication and/or for employing one of more of the therapeutic or environment interventions provided below.

Section 3 of the tool kit lists the indications for which antipsychotics are often used but which are inadequate indications for such use.

	Reduction	of Psychotropi	c Medications	5	Return
Yes	1. Is the patient on one	or more antipsychotic dru	lgs?		
	Antipsychotic		The second second second second	Antidepressant	Anticonvulsant/Manic
	ARIPIPRAZOLE			•	
Yes	Schizophrenia Schizo-affective dis Schizo-affective dis Schizophreniform di Delusional disorder Mood disorders e.g. bipolar disorder Psychosis in the abs Medical illness with e.g. neoplastic disea Tourette's disorder Hungtington's diseas Hiccups not induced by other	sorder sever depression refractory ence of dementia osychotic symptoms ise or delirium and/or treatment e	to other therapies and/or nt related psychosis or ma	with psychotic featur	
3. The folk	Wandering Poor self care Restlessness Imparied memory Mild anxiety Insomnia	☐ Inattention or ☐ Sadness or c ☐ Fidgeting ☑ Nervousness	indifference to surroundin rying alone that is not rela	gs ted to depression or o	dementia with antipsychotics.
4. Start wit	th the following genera	I principles to reduce anti	psychotic use.		
	Touch, Taste, Hear).	of security iols (Knowing what the resid- dent, including their history ar yed. Learn the resident's life x. strengths. dence.	nd family life, and what	<ul> <li>Use a validated addressed.</li> <li>Provide consist</li> <li>Screen for depi</li> <li>Reduce noise (j</li> <li>Be calm and se</li> <li>Attempt to ident</li> </ul>	ression and possible interventions. paging, alarms, TV's, etc.).
4	5. What to do when				
	The resident tries to	resist care.	Click for Plan		
	The resident is verba	ally/physically abusive.	Click for Plan		
	The resident is pacin	g/wandering/at risk for elope		_	
	The resident is disru	ptive in group functions.	Click for Plan		
	The resident has suc	Iden mood changes or depre	ssion. Click for Plan		

Section 4 lists alternatives for antipsychotic medications when there is not an indication for their use. This section lists 16 actions which can be instituted to decrease the use of antipsychotic medications. The example shows all of the actions checked off but generally you would only began a few a time.

Those which you check off will appear on the chart note to be placed on the nursing home chart or on the chart of a patient in the clinic.

	Reduction	n of Psychotrop	ic Medications	5	Return
Yes	1. Is the patient on on	e or more antipsychotic d	rugs?		
	Antipsychotic	Anxiolytic		Antidepressant	Anticonvulsant/Manic
	ARIPIPRAZOLE				
Yes	2. Does the patient ha	ve one or more adequate	indications for an antips	sychotic drug?	
	Schizophrenia Schizo-affective d	isorder			
	Schizophreniform	disorder			
	Delusional disorder Mood disorders				
		er, sever depression refractor bsence of dementia	ry to other therapies and/or	with psychotic featur	es
	Medical illness with		ant related payehopin or m	ania (a a hish ataraida	
	Tourette's disorder	ease or delirium and/or treatm	ent related psychosis of ma	ama (e.g. nign steroids	\$)
	Hungtington's dise	ase			
	not induced by oth	er medications ng associated with cancer or	a barrathanana		
	i Nausea and vomin	ng associated with cancer or	chemotherapy		
3. The fo				-	dementia with antipsychotics.
	Wandering Poor self care		r indifference to surroundir crying alone that is not rela		ther psychiatric disorders
	Restlessness	Fidgeting			
	Mild anxiety	Nervousnes	s ve e.g. refusal of or diffic	ulty receiving care	
_	Insomnia				
4. Start v	with the following gene	ral principles to reduce an	tipsychotic use.		
	Start with a pain as				ly by giving them a task to support the resident. pain assessment tool to assure non-verbal pain is
	Apply the 5 Magic	Tools (Knowing what the resi	dent likes to See, Smell,	addressed.	•
	Touch, Taste, Hear	'). sident, including their history (	and family life, and what	Provide consiste	ent caregivers. ression and possible interventions.
	they previously en	joyed. Learn the resident's life		Reduce noise (p	baging, alarms, TV's, etc.).
	create a memory b Play to the residen			<ul> <li>Be calm and sel</li> <li>Attempt to identi</li> </ul>	f-assured. ify triggering events that stimulate behaviors.
	Encourage indepde	endence.		<ul> <li>Employ distracti</li> <li>Offer choices.</li> </ul>	on methods based upon their work and career.
	Use pets, children	and volunteers.		I♥ Offer choices.	
	5. What to do when		12		
	The resident tries t	o resist care.	Click for Plan	1	
	The resident is ver	bally/physically abusive.	Click for Plan	1	
			Click for Plan		
	The resident is pac	ing/wandering/at risk for elop	ement.		
	The resident is disr	ruptive in group functions.	Click for Plan	1	
	The resident has s	udden mood changes or depr	ession. Click for Plan	1	

The above principles are used for the reduction of the use of physical restraints. The most important actions are to start with a pain assessment and a screen for depression. These assessments can be done with tools provided by SETMA: see

http://www.jameslhollymd.com/epm-tools/Patient-Centered-Medical-Home-Annual-Questionnaires for:

Fall Risk, Pain Assessment, Functional Assessment, Wellness and Stress; see <u>http://www.jameslhollymd.com/epm-tools/Tutorial-Depression</u> for depression evaluation.

Fear is created by disorientation and confusion. The "5 Magic Tools" are helpful in enhancing orientation and decreasing confusion. These "Magic Tools" involving "knowing what the resident likes to See, Smell, Touch, Taste, Hear." Remember that new and/or strange environments can disorient and confuse patients. Using these five sensory perceptions to create a familiar and pleasant environment can help patients regain their sense of security and safety.

Section five is entitled "What can be done when..." Each of the five "What Can Be Done" recommendations give specific guides for helping patients cope with their new surroundings and with their decreasing menial acuity.

	Reduction	n of Psychotropic	Medications	6	Return
Yes	1. Is the patient on one	e or more antipsychotic drug	s?		
	Antipsychotic	Anxiolytic Hy	pnotic /	Antidepressant	Anticonvulsant/Manic
	ARIPIPRAZOLE				
Yes		ve one or more adequate ind	ications for an antips	ychotic drug?	
	Schizophrenia Schizo-affective di	sorder			
	Schizophreniform d	disorder			
	Delusional disorder Mood disorders				
	e.g. bipolar disorde	er, sever depression refractory to	other therapies and/or	with psychotic feat	tures
	Psychosis in the ab				
	Medical illness with e.g. neoplastic dise	ease or delirium and/or treatment	related psychosis or ma	inia (e.o. high stero	ids)
	Tourette's disorder				,
	Hungtington's disea	ase			
	Hiccups not induced by other	er medications			
		ng associated with cancer or che	emotherapy		
3. The	following are NOT adequa	te indications for treating be	havioral or psycholog	jical symptoms o	f dementia with antipsychotics.
	Wandering	Inattention or inc	difference to surroundin	gs	
	Poor self care		ing alone that is not rela	ted to depression o	r other psychiatric disorders
	Restlessness Imparied memory	Fidgeting Vervousness			
	Mild anxiety		e.g. refusal of or diffic	ulty receiving care	
	lnsomnia				
4. Start	t with the following gener	ral principles to reduce antips	sychotic use.		
	Start with a pain as				mily by giving them a task to support the resident.
	Provide for a sense	e of security Tools (Knowing what the residen	t likas to Sas Small	<ul> <li>Use a validate addressed.</li> </ul>	ed pain assessment tool to assure non-verbal pain is
	Touch, Taste, Hear		Linkes to See, Shiell,	Provide consi	stent caregivers.
		sident, including their history and			pression and possible interventions.
	they previously enj create a memory b	joyed. Learn the resident's life sto	ory. Help the resident	Reduce noise Be calm and s	(paging, alarms, TV's, etc.).
	Play to the resident				entify triggering events that stimulate behaviors.
	Encourage indepde				ction methods based upon their work and career.
	Use pets, children a	and volunteers.		Offer choices	
1	5. What to do when				
	The resident tries to	n rapist care	Click for Plan		
			Click for Plan		
	The resident is vert	bally/physically abusive.		_	
	The resident is pac	ing/wandering/at risk for elopeme	ent. Click for Plan		
	The resident is disr	uptive in group functions.	Click for Plan		
	The resident has su	udden mood changes or depress	ion. Click for Plan		

The five categories of "What to do when..." are:

- 1. The resident tries to resist care
- 2. The resident is verbally/physically abusive
- 3. The resident is pacing/wandering/at risk for elopement
- 4. The resident is disruptive in group functions
- 5. The resident has sudden mood changes or depression

The first is "what to do when the patient resists care."

Re	duction of I	Psychotrop	oic Medic	ations	i.	Return		
Yes 1. is the pat	ient on one or mo	re antipsychotic d	lrugs?					
Antipsych	otic Anxi	olytic	Hypnotic	A	ntidepressant	Anticonvuls	ant/Manic	
ARIPIPRA	ZOLE							
Schizo Schizo Color Delusi Mood o e.g. bij Psychn Medice e.g. ne Tourett Hungtij Hiccup not ind	volar disorder, sever usis in the absence of lillness with psycho oplastic disease or of e's disorder ogton's disease s uced by other medic a and vomiting assoc	depression refracto f dementia tic symptoms elirium and/or treatm ations tions tated with cancer or	ry to other therap nent related psyc r chemotherapy	pies and/or v hosis or mar	with psychotic fea nia (e.g. high stero	ids)	antio puch o tion	
Vande Poors Restle: Imparie ✓ Mild an	ring elf care isness d memory xiety ia	☐ Inattention of Sadness or Fidgeting ✔ Nervousnes Uncooperat	or indifference to crying alone tha ss ive e.g. refusal	surrounding t is not relate of or difficu	S	r other psychiatric		
4. Start with the follow		Charles and a second second	ntipsychotic us	e.				
	ith a pain assessme for a sense of secu					mily by giving them ed pain assessmer		
	he 5 Magic Tools (Kr	owing what the res	ident likes to See	, Smell,	addressed.			
	Taste, Hear). know the resident, in	cluding their history	and family life a	nd what	Provide cons	istent caregivers. epression and pose	sible interventions	
they p	eviously enjoyed. Le				Reduce noise	(paging, alarms, T		
	a memory box.	46-2			Be calm and a	self-assured. entify triggering eve	ante that etimulate	hehaviore
	the resident's streng age indepdendence.	ins.				ction methods bas		
	ts, children and volu	nteers.			Offer choices	s.		
5. What to d	o when							
			C	lick for Plan				
The res	ident tries to resist o	are.						
The re:	ident is verbally/phy	sically abusive.	c	lick for Plan				
The res	ident is pacing/wan	dering/at risk for elop	pement. C	lick for Plan				
The res	ident is disruptive in	group functions.	C	lick for Plan				
The res	ident has sudden m	ood changes or dep	ression. C	lick for Plan				

When the patient resists care, the following suggests may be helpful. There are two categories:

- Therapeutic Interventions
   Environmental and Equipment Intervention

	a resident resists care
Therapeutic Intervention         Evaluate recent medication changes, especially if the behavior is new.         Determine if the resident is in pain, and if so, why? Treat the pain.         Evaluate whether the care can be performed at a different time.         Determine if the resident is trying to communicate a specific need.         Evaluate the resident's sleep patterns.         Place the resident in bed when he or she is fatigued.         Evaluate if there has been a change in the resident's routine.         Provide a positive distraction, or something the resident enjoys.	Is the resident hungry? Offer the resident a snack prior to providing care. Provide a periodic exercise program throughout the day (e.g. A walk to dine program. Encourage wheelchair/chair pushups, or assist the resident to stand periodically. Provide activities to assess and provide entertainment. Encourage repositioning frequently.
<ul> <li>Environmental and Equipment Intervention</li> <li>Use assistive devices (wedge cushion, solid seat for wheelchair, side or trunk bolsters, pommel cushion, Dycem, etc.).</li> <li>Evaluate the resident for an appropriate size chair and proper fit.</li> <li>Evaluate alternative seating to relieve routine seating pressure/pain.</li> <li>Use an overstuffed chair, reclining wheelchair, non-wheeled chairs, or wingback chair.</li> <li>Place a call bell in reach of the resident.</li> <li>Provide an over-bed table for to allow for diversional activities.</li> <li>Place a water pitcher in reach of the resident.</li> </ul>	Place the resident's favorite items in their room to provide them comfort. Allow access to personal items that remind the resident of their family, especially photos. Encourage routine family visits with pets. Provide consistent caregivers. Evaluate if the resident's environment can be modified to better meet their needs. (i.e. Determine if the resident's environment can be more personalized.)

10

Reduction	of Psychotropic Me	edications		Return	
Yes 1. Is the patient on one	or more antipsychotic drugs?				
Antipsychotic	Anxiolytic Hypnotic	Anti	idepressant	Anticonvulsant/Manic	
ARIPIPRAZOLE			•		
Schizophrenia Schizo-affective disc Schizophreniform dis Delusional disorder Mood disorders e.g. bipolar disorder, Psychosis in the abs Medical illness with p	sever depression refractory to other ence of dementia psychotic symptoms se or delirium and/or treatment relater e	therapies and/or wit	h psychotic features		
	associated with cancer or chemothe	ral or psychologica	al symptoms of der	nentia with antipsych	otics.
Poor self care Restlessness Imparied memory ✓ Mild anxiety Insomnia		ne that is not related		r psychiatric disorders	
4. Start with the following genera	I principles to reduce antipsycho	tic use.			
Touch, Taste, Hear).	of security ols (Knowing what the resident likes dent, including their history and family yed. Learn the resident's life story. He c. strengths. dence.	to See, Smell, life, and what elp the resident	Use a validated pai addressed. Provide consistent Screen for depress Reduce noise (pagi Be calm and self-as Attempt to identify t	sion and possible interve ing, alarms, TV's, etc.).	ntions. nulate behaviors.
5. What to do when		Click for Plan	1		
		CIICK TOT PIBIT			
The resident is verba	lly/physically abusive.	Click for Plan			
The resident is pacin	g/wandering/at risk for elopement.	CIICK TOT PIAIT			
The resident is disrup	otive in group functions.	Click for Plan			
The resident has sud	den mood changes or depression.	Click for Plan			

The second category is "What to do when the resident is verbally/physically abusive."

What to when the resident is ve	erbally or physically abusive
Therapeutic Intervention	
<ul> <li>Begin with medical evaluation to rule out physical or medication problems.</li> <li>Evaluate the resident for acute medical conditions such as urinary tract infections, upper respiratory infections, ear infections or other infections.</li> <li>Evaluate the resident for pain, comfort and/or other physical needs such as hunger, thirst, position changes, bowel and bladder urges.</li> <li>Attempt to identify triggering events or issues that stimulate the behavior.</li> <li>Consider using a behavior tracking form to assist in identification of triggers</li> </ul>	Set limits.  Develop trust by assigning consistent caregivers whenever possible.  Avoid confrontation. Decrease you voice level.  Provide a sense of safety by approaching in a calm/quiet demeanor.  Provide rest periods.  Provide social services referral if needed.  Provide a psychologist/psychiatrist referral if needed.
and trending patterns. Consult with the resident's family regarding past coping mechanisms that proved effective during times of increased stress levels. Provide companionship.	Provide touch therapy and/or massage therapy on the hands or back.     Reduce external stimuli (overhead paging, TV, radio noise, etc.).     Evaluate staffing patterns and trends.     Evaluate sleep/wake patterns.
<ul> <li>Validate feelings such as saying, You sound like you are angry.</li> <li>Redirect.</li> <li>Employ active listening skills and address potential issues identified.</li> </ul>	Maintain a regular schedule. Limit caffeine. Avoid sensory overload.
invironmental and Equipment Intervention Use relaxation techniques (i.e. tapes, videos, music etc.). Help the resident create theme/memory/reminiscence boxes/books. Help the resident create a magnification box to create awareness of the resident's voice level and provide feedback. Use a lava lamp, soothe sounders, and active mobile. Play tapes and videos of family and/or familiar relatives or friends.	<ul> <li>Move to a quiet area, possibly a more familiar area, if needed.</li> <li>Decrease external stimuli.</li> <li>Use fish tanks.</li> <li>Encourage family visits, and visits from favorite pets.</li> <li>Identify if another resident is a trigger for this behavior.</li> </ul>
Сок	Cancel

The second category is "What to do when the resident is verbally/physically abusive."

Antipsychotic	Anxiolytic	Hypnotic	Ar	ntidepressant	Anticonvulsant/Manic
ARIPIPRAZOLE					
Schizophrenia Schizo-affective c Schizophreniform Delusional disorder e.g. bipolar disord Psychosis in the a Medical diness wit e.g. neoplastic dis Tourette's disorde Hungtington's dise Hungtington's dise	isorder disorder r er, sever depression re bsence of dementia h psychotic symptoms ease or delirium and/or ase	quate indications for an fractory to other therapies treatment related psychos ncer or chemotherapy	s and/or w	ith psychotic featu	
owing are NOT adequ	ate indications for tr	eating behavioral or ps	ychologic	al symptoms of	dementia with antipsychotics.
Wandering Poor self care Restlessness Imparied memory Mild anxiety Insomnia	☐ Sadn ☐ Fidge ☑ Nerve	ting	not related	d to depression or	other psychiatric disorders
th the following gene	ral principles to red	uce antipsychotic use.			
Touch, Taste, Hea	e of security Tools (Knowing what t r). sident, including their h joyed. Learn the reside 10x. t's strengths. endence.	he resident likes to See, Si istory and family life, and i ant's life story. Help the res	mell, what sident	<ul> <li>Use a validated addressed.</li> <li>Provide consist</li> <li>Screen for dep</li> <li>Reduce noise (</li> <li>Be calm and se</li> <li>Attempt to idem</li> </ul>	ression and possible interventions. paging, alarms, TV's, etc.).
5. What to do when					
The resident tries	o resist care.	Click	for Plan		
_		Click	for Plan		
The resident is par	cing/wandering/at risk t	for elopement.	for Plan		
The resident is dis	ruptive in group functio	ns. Click	тог мал	-	

When specific boxes are checked, they will appear on the chart note, which then can be placed on the chart as a plan of care and treatment plan.

The third category is "What to do when the resident is pacing/wandering/at risk for elopement."

What to when the resident is pacing or at risk for elopement				
Therapeutic Intervention				
Find ways to meet a resident's needs to be needed, loved and busy while being sensitive to their personal space.	Provide structured, high-energy activities and subsequent relaxation activities.			
<ul> <li>Provide diverse activities that correspond with past lifestyles/preferences.</li> <li>Consider how medications, diagnoses, Activites of Daily Living schedule, weather or how other residents affect wandering.</li> <li>Evaluate the need for a Day Treatment Program for targeted residents.</li> <li>Help resident create theme/memory/reminiscence boxes.</li> <li>Provide companionship.</li> <li>Provide opportunities for exercise particularly when waiting.</li> <li>Pre-meal activities.</li> <li>Singing, rhythmic movements, dancing, etc.</li> <li>Identify customary routines and allow for preferences.</li> <li>Help the resident create a photo collage or album of memorable events.</li> </ul>	<ul> <li>Avoid confrontation. Decrease you voice level.</li> <li>Provide distraction and redirection.</li> <li>Provide written/verbal reassurance about where he/she is and why.</li> <li>Alleviate fears.</li> <li>Ask permission before you touch, hug etc.</li> <li>Assess/evaluate if there is a pattern in the pacing or wandering.</li> <li>Assess for resident' personal agenda and validate behaviors.</li> <li>Ask family to record reassuring messages on tape.</li> <li>Evaluate for a restorative program.</li> <li>Perform a physical workup.</li> </ul>			
Environmental and Equipment Intervention				
<ul> <li>Remove objects that remind the patient/resident of going home (hats, coats, etc.)</li> <li>Individualize the environment. Make the environment like the</li> </ul>	<ul> <li>Evaluate camouflaging of doors.</li> <li>Evaluate visual cues to identify safe areas.</li> <li>Play a favorite movie or video.</li> </ul>			
resident's home. Place objects within the environment that are familiar to the resident.	Put unbreakable or plastic mirrors at exits. Place Stop and Go signs.			
Place a large numerical clock at the resident's bedside to provide orientation to time of day as it relates to customary routines.	Evaluate the WanderGuard system.			
<ul> <li>Ensure the courtyard is safe for the resident.</li> <li>Decrease noise level (especially overhead paging).</li> <li>Evaluate floor patterns.</li> <li>Evaluate rest areas in halls.</li> </ul>	<ul> <li>Evaluate and use, as necessary, visual barriers and murals.</li> <li>Evaluate wandering paths.</li> <li>Evaluate room identifiers.</li> </ul>			
<u> </u>	Cancel			

The fourth category is "What to do when the resident is disruptive in group functions."

	Reduction	of Psychotrop	pic Medications	5	Retu	m	
Yes	1. Is the patient on one	or more antipsychotic o	irugs?				
	Antipsychotic	Anxiolytic	Hypnotic	Antidepressa	ant Anticon	vulsant/Manic	
	ARIPIPRAZOLE						
Yes 3. The fo	Schizophrenia Schizo-affective dist Schizo-affective dist Delusional disorders e.g. bipolar disorders e.g. pioplar disorder, Psychosis in the abs Medical illness with p e.g. neoplastic disea Tourette's disorder Hungtington's diseas Hiccups not induced by other	order sorder ence of dementia syschotic symptoms se or delirium and/or treatr e medications associated with cancer o		with psycho ania (e.g. higi	tic features	vith antipsychotic	S.
	Wandering       Poor self care       Restlessness       Imparied memory       ✓ Mid anxiety       Insomnia	☐ Inattention ☐ Sadness of ☐ Fidgeting ✔ Nervousne	or indifference to surroundin r crying alone that is not rela	igs ted to depres	ssion or other psychia		
4. Start w	with the following genera	I principles to reduce a	ntipsychotic use.				
	Touch, Taste, Hear).	of security ols (Knowing what the res dent, including their history yed. Learn the resident's li c. strengths. dence.	and family life, and what	Vuse av address Provide Screen Reduce Be calr Attemp	e consistent caregive for depression and e noise (paging, alarn n and self-assured. t to identify triggering distraction methods	ment tool to assure rs. possible intervention ns, TV's, etc.). events that stimula	non-verbal pain is ns. te behaviors.
	5. What to do when						
	The resident tries to	resist care.	Click for Plan	1			
	The resident is verba	lly/physically abusive.	Click for Plan	1			
			Demont.				
	The resident is disrup	otive in group functions.	Click for Plan	1			
	The resident has sud	lden mood changes or dep	ression.				

These are the therapeutic and environmental recommendations for residents who are disruptive in a group.

What to do when the patient is	s disruptive in group functions
Therapeutic Intervention	
<ul> <li>Evaluate new medications, antibiotics especially, and asses pain.</li> <li>Remove resident from group, evaluate for group stress.</li> <li>Determine if resident requires toileting.</li> <li>Determine if resident is hungry, and if so, provide them with a small snack. If the resident is thirsty, provide the resident a beverage.</li> </ul>	<ul> <li>If this is a new behavior in a group, evaluate what is different this time.</li> <li>Assure resident has had a rest period prior to group activity.</li> <li>Assure there are no medical complications (low/high blood sugar).</li> <li>Assure resident is not in pain.</li> <li>Return resident to group function, if possible.</li> </ul>
Environmental and Equipment Intervention	
<ul> <li>Determine whether clothing is appropriate for a particular function.</li> <li>Evaluate is the resident has well-fitting shoes, and ensure they do not rub the resident's feet.</li> <li>Evaluate ambulation devices (wheelchair, walker) that are in good working condition.</li> <li>Ensure there is adequate lighting, especially at night.</li> </ul>	<ul> <li>Ensure room/function is not overly crowded.</li> <li>Ensure room is not too warm or cold.</li> <li>Consider providing snacks and refreshments for all group functions.</li> <li>Ensure sound in group functions is loud enough so the resident can hear</li> <li>Provide consistent caregivers.</li> <li>Evaluate if this program fits into the resident's area of interest.</li> </ul>

OK Cancel

The fifth and last section of "What to do when..." relates to when "The resident has sudden mood changes or depression."

Reduction of	of Psychotropic Me	edications		Return	
Yes 1. Is the patient on one or	more antipsychotic drugs?				
	Anxiolytic Hypnotic	Ar	ntidepressant	Anticonvulsant/Manic	
ARIPIPRAZOLE					
Schizophrenia Schizo-affective disord Schizophreniform disor Delusional disorders e.g. bipolar disorders Modod disorders e.g. neoplastic disease Tourette's disorder Hungtington's disease Hiccups not induced by other m Nausea and vomiting a	rder ever depression refractory to other vehotic symptoms e or delirium and/or treatment relate redications ssociated with cancer or chemothe	r therapies and/or w d psychosis or man erapy	rith psychotic features ia (e.g. high steroids)		
3. The following are NOT adequate i Wandering Poor self care Restlessness Imparied memory Wild anxiety Insomnia	Inattention or indiffere	ence to surroundinge one that is not relate	s d to depression or oth	mentia with antipsycho er psychiatric disorders	tics.
4. Start with the following general p	principles to reduce antipsycho	tic use.			
Touch, Taste, Hear).	security s (Knowing what the resident likes nt, including their history and family d. Learn the resident's life story. He trengths. nce.	to See, Smell, / life, and what elp the resident	<ul> <li>Use a validated pa addressed.</li> <li>Provide consistent</li> <li>Screen for depres</li> <li>Reduce noise (page Be calm and self- 4</li> <li>Attempt to identify</li> </ul>	ssion and possible interven ging, alarms, TV's, etc.).	ire non-verbal pain is tions. ulate behaviors.
5. What to do when					
The resident tries to re-	sist care.	Click for Plan			
The resident is verbally	/physically abusive.	Click for Plan			
The resident is pacing/	wandering/at risk for elopement.	Click for Plan			
	re in group tuttotione.	Click for Disp			
The resident has sudde	en mood changes or depression.	Click for Plan			

The following are the therapeutic and environmental recommendations for residents who have sudden mood changes and/or depression.

What to consider with a sudden n	nood change, such as depression
Therapeutic Intervention	
<ul> <li>Evaluate any new medications and assess pain.</li> <li>Evaluate for orthostatic hypotension and change positions slowly.</li> <li>Reevaluate physical needs such as toileting, comfort, pain, thirst and timing of needs.</li> <li>Rule out medical problem (high/low blood sugar changes).</li> <li>Engage resident in conversation about their favorite activity, positive experiences, pets, etc.</li> <li>Touch if appropriate while recognizing personal body space.</li> </ul>	<ul> <li>Anticipate customary schedules and accommodate personal preferences.</li> <li>Evaluate balance for sub-clinical disturbances such as inner ear infections.</li> <li>Validate feelings and mobilize the resident. For instance, if the resident states, I want to get up, reply, You want to get up? to confirm you heard them correctly. If so, act on the resident's request.</li> <li>Evaluate hearing and vision.</li> <li>Discern if talk therapy is possible.</li> <li>Assess sleep patterns.</li> </ul>
Environmental and Equipment Intervention	
<ul> <li>Assess for changes in the resident's environment.</li> <li>Assess for changes in the resident's equipment.</li> <li>Involve family members to assure them that there have been no changes within the family, without the facility's knowledge.</li> <li>Provide routines for consistency.</li> <li>Provide consistent caregivers.</li> </ul>	<ul> <li>Provide nightlights for security.</li> <li>Employ the use of a memory box.</li> <li>Employ functional maintenance / 24-hour plan.</li> <li>Encourage the resident, if able, to verbalize his or her feelings.</li> <li>Eliminate noise and disruption.</li> <li>Employ the use of a sensory room or tranquility room.</li> </ul>
(OK	Cancel

As with all clinical decision supports, this tool kit is evaluational for the resident and it is also educational for the provider. The more familiar caregivers become with these interventions both therapeutic and environmental, and the more frequently the caregivers use this tool kit, the more effective the facility and caregivers will become in appropriately using antipsychotics for the benefit of the resident.

Once the tool kit is reviewed in the care of a resident with the checking off of the intended interventions, the chart note will be completed and will be placed on the resident's chart. The result of the resident's evaluation with this tool kit will be reviewed by the team caring for the resident. The recommendations and interventions will be incorporated into the care plan for the resident.