

Psychopharmacologic Interdisciplinary Medication Review

Shared with Permission of Karyn Leible, RN, MD, CMD

Resident: _____ Date of review: _____

Reason for Review: ___ Initiation ___ Dose reduction consideration
 ___ Dose reduction review ___ Change in condition

Diagnosis for psychopharmacologic medication use: _____

Other diagnosis: _____

Medication to be reviewed: _____

Date started _____ Last review _____ Last GDR attempt _____

Other Medications: _____

Target behavior/symptom _____

 ___ Decline in frequency ___ No longer present ___ No change

Target symptom/behavior non-pharm interventions present in care plan _____

Documentation of effectiveness _____

Evidence of adverse effects or functional decline: ___ Falls ___ Increased assistance for ADLs
 ___ Weight loss ___ Decreased oral intake (fluids) ___ Somnolence
 ___ Insomnia ___ Restlessness ___ Decreased mobility

Other: _____

Recent Pain Assessment _____

Recent sleep study (if indicated) _____

AIMS ___ Date ___ Score **BIMS** ___ Date ___ Score **PHQ 9** ___ Date ___ Score

Pertinent laboratory studies: _____

Risk/ benefit discussion with resident or MDPOA documented at initiation of medication _____
Date _____

Committee Recommendations:

Response:

Practitioner Signature and date:

Committee Members: