Antipsychotic Medication Use

Policy Statement

Antipsychotic medication therapy shall be used only when it is necessary to treat a specific condition.

Policy Interpretation and Implementation

1. **Antipsychotic Medication Use**: Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective.

2. **Assessment Data**: The Attending Physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, symptoms, and risks.

3. **Documentation of Target Symptoms**: Nursing staff will document an individual's target symptom(s).

4. The Attending Physician will identify, evaluate and document, with input from other disciplines and consultants as needed, symptoms that may warrant the use of antipsychotic medications.

5. **Reporting Effectiveness of Interventions**: The staff will observe, document, and report to the Attending Physician information regarding the effectiveness of any interventions, including antipsychotic medications.

6. **Continuing, Stopping or Adjusting Antipsychotic Medications**: Based on assessing the resident's symptoms and overall situation, the Physician will determine whether to continue, adjust, or stop existing antipsychotic medication.

7. Antipsychotic medications shall only be used for the following conditions/diagnoses as documented in the record, consistent with the definition(s) in the Diagnostic and Statistical Manual of Mental Disorders (current or subsequent editions):

   Specific Conditions for Which the Use of Antipsychotic Medications Are Indicated

   a. Schizo-affective disorder; mood disorders (e.g. mania, bipolar disorder);
   b. Depression with psychotic features, and treatment refractory major depression;
   c. Psychosis NOS;
   d. Brief psychotic disorder;
   e. Schizophrenia;
   f. Delusional disorder;
   g. Schizophreniform disorder;
   h. Atypical psychosis;
   i. Medical illnesses or delirium with manic or psychotic symptoms and/or treatment-related psychosis or mania (e.g., thyrotoxicosis, neoplasms, high dose steroids) AND where these meet the following criteria:
      (1) The symptoms (such as auditory, visual, or other hallucinations; delusions (such as paranoia or grandiosity) are identified;
      (2) The symptoms are severe enough that the individual is experiencing one or more of the following: inconsolable or persistent distress (e.g., fear, continuously yelling, screaming, distress associated with end-of-life, or crying); a significant decline in function; and/or substantial difficulty receiving needed care (e.g., not eating resulting in weight loss, fear and not bathing leading to skin breakdown or infection).
      (3) The symptoms are not due to preventable or treatable underlying causes.

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Criteria for Acute Psychiatric Situations

8. For acute psychiatric situations, antipsychotic medication use shall meet the following criteria:

   a. The acute treatment period is limited to seven days or less;
   b. Interdisciplinary team must evaluate and document the situation, to identify and address any contributing and underlying causes of the acute psychiatric condition and verify the continuing need for antipsychotic medication; and
   c. Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.

Criteria for Enduring Psychiatric Conditions

9. For enduring psychiatric conditions, antipsychotic medications will not be used unless behavioral symptoms are:

   a. Not due to a medical condition or problem (e.g., headache or joint pain, fluid or electrolyte imbalance, pneumonia, hypoxia, unrecognized hearing or visual impairment) that can be expected to improve or resolve as the underlying condition is treated; and
   b. Persistent or likely to reoccur without continued treatment; and
   c. Not sufficiently relieved by non-pharmacological interventions; and
   d. Not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the psychotic symptoms or maintain safety; and
   e. Not due to psychological stressors (e.g., loneliness, taunting, abuse), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses) that can be expected to improve or resolve as the situation is addressed.

Situations or Conditions that do not Warrant Antipsychotic Medication Use

10. Antipsychotic medications will not be used if the only symptoms are one or more of the following:

    a. Wandering;
    b. Poor self-care;
    c. Restlessness;
    d. Impaired memory;
    e. Mild anxiety;
    f. Insomnia;
    g. Unsociability;
    h. Inattention or indifference to surroundings;
    i. Fidgeting;
    j. Nervousness;
    k. Uncooperativeness; or
    l. Verbal expressions or behavior that are not due to conditions listed above under "Indications" and do not represent a danger to the resident or others.

Listed Dosage Guidelines

11. All antipsychotic medications will be used within the dosage guidelines listed in F329, or clinical justification will be documented for dosages that exceed the listed guidelines for more than 48 hours.

PRN Antipsychotic Drug Use

12. If antipsychotic medications are administered as PRN dosages repeatedly over several days, the Physician should discuss the situation with staff and evaluate the resident as needed to determine whether the use is appropriate and the symptoms are responding to the medication.

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Monitoring and Reporting Side Effects

13. Nursing staff shall monitor and report any of the following side effects to the Attending Physician:

    a. Sedation;
    b. Orthostatic hypotension;
    c. Lightheadedness;
    d. Dry mouth;
    e. Blurred vision;
    f. Constipation;
    g. Urinary retention;
    h. Increased psychotic symptoms (atropine psychosis);
    i. Extrapyramidal effects;
    j. Akathisia;
    k. Dystonia;
    l. Tremor;
    m. Rigidity;
    n. Akinesia; or
    o. Tardive dyskinesia.

Physician Follow-Up and Documentation

14. The Physician shall respond appropriately by changing or stopping problematic doses or medications, or clearly documenting (based on assessing the situation) why the benefits of the medication outweigh the risks or suspected or confirmed adverse consequences.

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