

DIRECTIONS FOR USE:

To provide the best dementia care possible, it is important to use PRN antipsychotic meds appropriately, and only as the last option when a resident is demonstrating behaviors outside of their norm.

When you are considering the administration of one of these meds, you must complete the ***PRN Antipsychotic Med Review Flowsheet***. This flowsheet is to be completed EACH time you want to use one of these meds.

Meds included in this category include:

- Abilify
- Thorazine
- Clozaril
- Prolixin
- Haldol
- Zyprexa
- Seroquel
- Risperdal
- Mellaril
- Geodon



Resident Name: _____

Date: _____ Time: _____

PRN antipsychotic med you want to administer (name, dosage, frequency): _____

Behaviors exhibited (please be specific):

Please address all of the common causes for problem behaviors below PRIOR to administering a PRN antipsychotic medication (check in the box after you have considered each of these factors):

<p>PHYSICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Hunger/thirst <input type="checkbox"/> Constipation/urinary retention <input type="checkbox"/> Fatigue/insomnia/poor sleep <input type="checkbox"/> Too hot/too cold 	<p>PSYCHOLOGICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Boredom <input type="checkbox"/> Lack of privacy <input type="checkbox"/> Anxiety/fear/depression <input type="checkbox"/> Impaired speech/frustration <input type="checkbox"/> Interpersonal relationships/miscommunication
<p>ENVIRONMENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistent staff assignment <input type="checkbox"/> Staff approach <input type="checkbox"/> Institutional routines/expectations/demands <input type="checkbox"/> Over or under-stimulation <input type="checkbox"/> Changes from normal routine <input type="checkbox"/> Change in environment: clothing, housekeeping, maintenance 	<p>MEDICAL ISSUES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Dehydration <input type="checkbox"/> Oxygen Saturation <input type="checkbox"/> Temperature

Put this form in Dementia Team Binder when you are finished completing. This form does not take the place of documenting in the nurses notes, behavior monitoring flowsheets or MARS.



Is this a “so what behavior”? (So what behavior is a behavior that we could expect from a dementia resident, or that poses no harm to themselves or others):

SO WHAT BEHAVIORS

- | | |
|--|--|
| <input type="checkbox"/> Wandering | <input type="checkbox"/> Sitting on floor |
| <input type="checkbox"/> Fidgeting | <input type="checkbox"/> Rummaging through items |
| <input type="checkbox"/> Following people around | <input type="checkbox"/> Trying to open doors |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Loss of reality |
| <input type="checkbox"/> Picking things up off the floor | |

Is PRN antipsychotic med still needed? YES NO

Nurse completing this form: _____