

PSYCHOTROPIC MEDICATIONS PROCEDURE

ACTIONS	Provider	Individual Receiving Services	Residential Program Director	Nurse	Program Manager	Comments
1. Train in monitoring side effects and adverse reactions of psychotropic medications	X		X	X	X	
2. Monitor individuals taking psychotropic medications for side effects and adverse reactions during each contact	X		X	X	X	
3. Report noted side effects, adverse reactions or changes to the agency nurse and psychiatrist	X	X	X	X	X	
4. Daily: Track side effects of psychotropic medications and targeted behaviors to be checked by program staff and MSS nurse during monthly home visits.	X			X	X	
5. Count controlled medications and record on a Narcotic Count Sheet to be checked by MSS nurse at monthly home visits	X			X		
6. Every 90 Days: Update Psychiatric Review form and present to psychiatrist for review of psychotropic medications, progress, side effects of medications, etc.			X	X	X	

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7. Request that psychiatrist review and complete an Abnormal Involuntary Movement Scale (AIMS) annually			X	X	X	
8. Annually: Review Informed Consent to use Psychotropic Medications with the individual and/or guardian			X	X	X	
9. In the event a psychotropic medication is started or changed: Obtain an Informed Consent from individual or guardian prior to starting medication			X	X	X	
10 Inform individual's Resource Coordinator at NMCS			X	X	X	