

Antipsychotic Medication Assessment

Long-term care facilities should have consistent and effective processes in place to ensure compliance with federal, state and facility requirements related to the use and management of antipsychotic medications. This assessment can help evaluate the effectiveness of a facility's quality management program and identify opportunities for improvement.

For each assessment item, answer **Yes** or **No** and use the **Comments** section to document evidence reviewed, identified gaps, responsible parties, action plans and next steps.

In addition to maintaining oversight, interdisciplinary review, appropriate documentation and ongoing monitoring, facilities should develop and implement follow-up action steps to address any gaps or risks identified through the assessment process.

1. Leadership and QAPI Oversight

Assessment Item	Yes/No	Comments
The Administrator, Director of Nursing, Medical Director, consultant pharmacist, Quality Management Director and interdisciplinary team routinely review antipsychotic medication use.	☐	
Antipsychotic use, gradual dose reduction efforts (including behavior management plans), adverse drug events and related quality measures are reviewed through QAPI at least quarterly.	☐	
The facility has a process to track residents receiving routine and PRN antipsychotic medications.	☐	
The facility has an ongoing process to identify schizophrenia and related diagnoses that warrant additional clinical review, including: • Diagnoses first documented after nursing home admission • Diagnoses with insufficient or inconsistent supporting documentation • Diagnoses associated with antipsychotic medication use. Identified trends or systemic concerns are addressed through the facility's QAPI process.	☐	

2. Clinical Indication, Documentation and Care Planning

Assessment Item	Yes/No	Comments
The medical record clearly documents resident-specific diagnosis(es), target symptoms, clinical indications, non-pharmaceutical interventions and therapeutic goals for each antipsychotic medication.	☐	
Physician/provider notes, consultant pharmacist recommendations, medication administration records, behavior tracking and the care plan are consistent with one another.	☐	
The care plan includes individualized, person-centered approaches based on assessments or change(s) in status, and measurable goals related to the condition or behavior being addressed.	☐	
Residents and/or representatives are involved in decisions about antipsychotic medication use, risks, benefits, alternatives, and reduction efforts or reasons preventing involvement are documented.	☐	

3. Medication Review, Monitoring and Reduction Actions

Assessment Item	Yes/No	Comments
The interdisciplinary team reviews each resident receiving an antipsychotic for continued need, dose, duration, effectiveness and adverse consequences at regulatory and facility required intervals.	☐	
Gradual dose reductions are attempted when clinically appropriate, or a clear clinical contraindication is documented when not attempted.	☐	
PRN antipsychotic use is monitored according to regulatory requirements for frequency, indication, effectiveness and continued need, including follow-up after administration.	☐	

Staff monitor and document actual/potential side effects, including sedation, falls, constipation, changes in cognition, involuntary movements, tremors, muscle stiffness, restlessness, weight gain, dry mouth, blurred vision and changes in blood glucose, weight or cholesterol.	☐	
As part of an overall medication management program, the facility has a written policy/process to ensure antipsychotics are prescribed and monitored in accordance with regulatory and policy requirements.	☐	

4. Person-Centered Alternatives and Staff Response

Assessment Item	Yes/No	Comments
Non-pharmacologic approaches are attempted, person-centered, documented and evaluated prior to use of psychotropic medications, unless an urgent/emergent clinical presentation requires delay, after which such approaches will be built into treatment planning as part of gradual dose reduction efforts. Consideration of use and/or rationale for delay are thoroughly documented in the medical record.	☐	
Staff gather and document information about resident preferences, routines, communication patterns, triggers, unmet needs and effective calming or redirection strategies.	☐	
Direct care staff participate in huddles, behavioral management meetings or at-risk reviews to discuss residents receiving antipsychotics and identify alternatives.	☐	
The facility has timely access to appropriate clinical support, such as the attending practitioner, consultant pharmacist, mental health professional or telehealth support.	☐	

5. Schizophrenia and Related Diagnosis Validation

Assessment Item	Yes/No	Comments
The interdisciplinary team verifies that each schizophrenia-spectrum diagnosis is supported by current diagnostic criteria and professional standards.	☐	
For schizophrenia diagnosed after admission, the record documents symptoms, onset, duration, severity and functional impact.	☐	
Documentation identifies the symptoms supporting the diagnosis, such as delusions, hallucinations, disorganized speech or behavior, catatonia or negative symptoms.	☐	
The record documents symptom chronology, duration and related functional impairment.	☐	
The assessment documents relevant medical, medication, substance-related, mood, delirium and other differential diagnoses.	☐	
Nonspecific behaviors are evaluated in context and not used alone to support a schizophrenia diagnosis.	☐	
A practitioner documents support for new or questioned diagnoses with psychiatric consultation when clarification is needed.	☐	
Prior records, collateral information and other clinical evidence are reviewed as needed to confirm diagnostic and symptom history.	☐	
The diagnosis, clinical documentation, monitoring, medication indication, goals, orders, care plan and MDS coding are consistent.	☐	
Antipsychotic use is supported by a resident-specific rationale, treatment goals, effectiveness, continued need and GDR efforts or contraindications.	☐	

The team addresses applicable PASARR requirements for serious mental illness identified after admission.		
Unsupported diagnoses or MDS coding prompt interdisciplinary follow-up and correction of documentation, coding, medication or system gaps.		

Results

Priority Gap	Action Step	Owner	Target Date