

# Quality Improvement Medication Monitoring Form for Mental Health

rev.1/09

Client Id: 1234567 Location Name: CMH Provider Name: Doe, Joe Timeframe for Audit:   
 Client Name: Doe, Jane Gender: F DOB: 1/1/1970 ScvStartDate: 10/2/2008 FY08-09   
 VMC Nbr: 123456789 MD Dx: MDD Agency:  County  Contract

## Current Medication List:

## Polypharmacy:

Drug Name	SIG
3 OLANZAPINE,10MG	hs

Yes  No

If yes, what type?

≥ 2 antipsychotics

Type  2 SGAs  SGA+FGA  >2 SGAs

≥ 2 anxiolytics  ≥ 2 mood stabilizers

≥ 2 antidepressants (same class)

Is there supportive documentation?  Yes  No

What type of justification

Cross Titration

Patient failed monotherapy

Other

## FDA-approved Indication: Yes No

## Consent Forms (within 2 years):

If no, What type?  Seroquel Subtherapeutic  Other

If other, list drug(s): Zyprexa

If no, is there supportive documentation?  Yes  No

Complete  Incomplete, Missing Elements Include:

Expired  Drug Name  Signature  Non-FDA use

No Consent  Max Daily Dose  Date  Wrong/Outdated Form

Drug(s) for follow-up:

## Required Vital Sign (VS)/AIMs/Labs:

**VITAL SIGNS**

Wt/BMI (Li,VPA,SGA,Stimulants)  Y  N  Decline  NA

Blood Pressure (SGA,Stimulants)  Y  N  Decline  NA

**TEST**

AIMS (FGA, SGA if sxs present)  Y  N  Decline  NA

**LABS**  Provide Patient Lab Slip  Yes  No

CBCw.Dif (CLZ,CBZ,VPA)  Y  N  Decline  NA

LFTs (CBZ,VPA)  Y  N  Decline  NA

Drug Level (CBZ,Li,VPA)  Y  N  Decline  NA

TSH (Li,thyroid med)  Y  N  Decline  NA

Baseline Preg Test (CBZ/Li/VPA)  Y  N  Decline  NA

Electrolytes (CBZ,Li)  Y  N  Decline  NA

Fasting Glucose (SGA)  Y  N  Decline  NA

Fasting Lipid Panel (SGA)  Y  N  Decline  NA

## Progress Notes: Example

Is there description of service (eg dx)?  Yes  No

Is there a description of Tx response?  Yes  No

Is there assessment of med compliance?  Yes  No

Is the dose constant w/ the Guideline?  Yes  No

If no, is there supportive documentation?  Yes  No

Are side effects assessed?  Yes  No

Did the patient have side effects?  Yes  No

If yes, identify tx for symptoms?

Decrease dose  Adjunct therapy  Change SIG

Change Med  Stop Med

Other

Is there a change in medication?  Yes  No

If yes, is there supportive documentation?  Yes  No

Audit Date: 1/15/2009

Follow Up Required:  Yes  No

F/U Items:  Polypharmacy  Consent Form  VS/Test/Lab  Progress Notes  non-FDA use

Reaudit Date:

Refer to Medical Director:  > 2 antipsychotics

Comments:

Reaudit  Complete  No Show  Incomplete  Discharged

Date:

Comment:

Final Audit  Complete  No Show  Incomplete  Discharged

Date:

Comment: