

1. Patient Demographics

Quality Improvement Medication Monitoring Form Narrative

8. Polypharmacy

This section looks for polypharmacy in the patient's medication regimen. If there is polypharmacy, then the pharmacist will go to the Physician's Order Sheet and the Progress Note to track back to when the 2nd medication was started and identify the justification. If "No" justification is identified, the chart will be reaudited.

2. Current Medications

3. Annual Consent Form: This section looks for current Consent Forms. The drug(s) with incomplete or no Consent Form is listed under "Drugs", and will be reaudited.

4. Required Labs

This section specifies the drugs that require specific labs per the Medication Practice Guidelines. If a patient is on a drug that does not require any lab, then NA (not applicable) is selected. If "No" is selected, the chart will be reaudited.

5. Follow Up Required & Re-audit Date

This section informs the psychiatrist if the chart will be reaudited by the pharmacist. If "Yes" is selected, there will be a date in the Re-audit date, three months from the original review.

7. Auditing Pharmacist & Date

11. Follow Up Items

This section identifies for the psychiatrist which section to go back and fulfill the requirements of the Medication Practice Guideline. Examples: (1) If lab is selected, then go back to the section, for any "No", that lab will need to be completed. (2) If Consent Form is selected, then go back to the section, and complete a consent form for the identified drug. (3) If Polypharmacy is selected, then go back to identify or state the justification.

9. FDA-approved Indication

This section focuses on the drugs in the Medication Practice Guideline and their FDA-approved indication. If the drug falls outside of its FDA indication, the pharmacist would then follow the same process as #8 to identify the justification.

10. Progress Notes

This section looks for documentation requirements related to medication per the Medication Practice Guideline. The timeframe for review is 12 months. The "Example" identifies a sample date in which the item is missing.

Quality Improvement Medication Monitoring Form for Mental Health

Client Id: 123456789 Location Name: Central Mental Health ProviderName: Smith, Jane
 Client Name: Doe, John Gender: m DOB: 3/8/1969 ScvStartDate: 8/26/2005
 VMC Nbr: 987654321 Diagnosis: schizoaffect disorder Timeframe for Audit: FY2006

Current Medication List:

Drug Name	SIG
95 HALOPERIDOL DECANOATE, 100	q2wks
95 ARIPIPRAZOLE, 10MG	qam
95	

Polypharmacy: Yes No
 If yes, what type?
 ≥ 2 antipsychotic
 ≥ 2 antidepressant (same class)
 ≥ 2 anxiolytic
 ≥ 2 mood stabilizer
 Is there justification? Yes No
 What type of justification?
 Cross Titration
 Patient failed monotherapy
 Other

Annual Consent Form:
 Complete Incomplete Consent Form
 Incomplete No Consent
 Incomplete: Haldol
 No consent: Abilify
 Signature
 Drug Name
 Date
 Max Daily Dose
 non-FDA Approved

Required Laboratory:
 Drug Level (CBZ/Li/VPA) Yes No NA
 Pregnancy Test (CBZ/Li/VPA) Yes No NA
 CBC_Dif (Cloz/CBZ/VPA/Mthp/Lam) Yes No NA
 LFTs (CBZ/Pemoline/VPA) Yes No NA
 Wt/BMI (Li/VPA/atyp/Top) Yes No NA
 TSH (Li/thyroid med) Yes No NA
 BUN (Li/Top) Yes No NA
 Electrolytes (CBZ/Li/oxcarb) Yes No NA
 Fasting Glu/HgA1C (atyp) Yes No NA
 Fasting Lipid Panel (atyp) Yes No NA

FDA-approved Indication: Yes No
 Drug(s):
 If no, is there justification for non FDA Use? Yes No

Progress Notes:

Question	Yes	No	Example
Is there a f/u plan for medication?	<input checked="" type="radio"/>	<input type="radio"/>	
Is there a description of Tx response?	<input checked="" type="radio"/>	<input type="radio"/>	
Is there assessment of med compliance?	<input type="radio"/>	<input checked="" type="radio"/>	9/28/06
Is the dose consistent w/ the Guideline?	<input checked="" type="radio"/>	<input type="radio"/>	
If no, is there justification?	<input type="radio"/>	<input type="radio"/>	
If yes, _____			
Did the patient have side effects?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Not Doc'd
9/28/06			
If yes, identify tx for symptoms?			
<input type="radio"/> Decrease dose			
<input type="radio"/> Change Med			
<input type="radio"/> Adjunct therapy			
<input type="radio"/> Other _____			

Follow Up Required: Yes No
Follow Up Items: Polypharmacy Consent Form Lab
 Other
Reaudit Date: 2/16/2007
Pharmacist: Xuan Cung, Pharm.D 11/16/2006
Comments: