**RESIDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ROOM:** \_\_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSESSMENT DATE:** \_\_\_\_\_\_\_\_\_ □ Initial assessment □ Continuation assessment
 PHQ-9 Score/date: \_\_\_\_\_\_\_\_\_\_\_\_ BIMS/CPS Score/date: \_\_\_\_\_\_\_\_\_\_

1. **ANTIPSYCHOTIC** (name/dosage/directions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Start Date: \_\_\_\_\_\_\_\_\_\_ Last Dosage Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Decrease/Increase)
1. **OTHER CONCURRENT CLINICAL CONCERNS:**

|  |  |  |  |
| --- | --- | --- | --- |
| * *Pain*
 | * *Infection*
 | * *Constipation*
 | * *Weight loss*
 |
| * *Falls*
 | * *Parkinson’s*
 | * *Depression*
 | * *Insomnia*
 |
| * *Other:*
 |  |  |  |

1. **REASON FOR ANTIPSYCHOTIC INITIATION:**
* *Dementing Illness with associated behavioral symptoms*
* *Dementia alone*
* *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *No Indication Identified*

1. **TARGETED SYMPTOMS OR BEHAVIORS (why was it started):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **NONPHARMACOLOGICAL INTERVENTIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **BEHAVIORAL TRENDS SINCE LAST ASSESSMENT** (In Documentation**):**

|  |  |
| --- | --- |
| * Behavioral symptoms Decreased
 | * Behavioral symptoms Increased
 |
| * No Change in Behavioral symptoms
 |  |

***SUMMARY*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ADVERSE EFFECT MONITORING** (changes from baseline functioning)[**AIMS=** \_\_\_\_date\_\_\_\_\_\_ ]

|  |  |  |  |
| --- | --- | --- | --- |
| * *Drowsiness, sedation or confusion*
 | * *Dizziness or loss of balance*
 | * *Falls*
 | * *Constipation*
 |
| * *Muscle spasm, tremor, shaking*
 | * *Uncontrolled movements*
 | * *Tardive dyskinesia*
 | * *Vision changes*
 |
| * *Swallowing difficulty*
 | * *Speech difficulty*
 | * *Headache*
 | * *Weight gain*
 |
| * *Dry mouth*
 | * *Drooling*
 | * *Increased skin sensitivity*
 | * *Restlessness or anxiety*
 |
|  *Other:* | *Other:* | * *NO Apparent ADR’s reported*
 |  |

 ***M3 COMMITTEE SUMMARY OF BEHAVIORAL TRENDS & ANTIPSYCHOTIC USAGE:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **M3 COMMITTEE RECOMMENDATION** (Date:)**:**

[*Always consider a dose reduction even if it may have failed in the past*]

* + ***Gradual Dosage Reduction at this Time:***
* Recommended dose reduction (write new orders): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

	+ ***Gradual Dosage Reduction NOT indicated due to (BOTH requirements must be met):***
* Previous attempt at GDR resulted in reoccurrence of behavioral symptoms (documented date: \_\_\_\_\_\_\_\_\_) ; **AND**
* Clinical rationale why an attempt at GDR would likely impair this resident’s function or increase their distressed behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

	+ ***Recent Dosage Change*** *(<60 days)****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
	+ ***Will Consider GDR when Resident is Clinically Stable:***
* Clinical Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ***Recommend Additional Clinician Assessment of Behavioral Symptoms with Follow-up Report at Next Scheduled Meeting***

***M3 Committee Members:***

Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.N.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant Pharmacist: \_\_\_\_\_\_\_\_\_\_\_\_ Social Services: \_\_\_\_\_\_\_\_\_\_\_\_ Nurse Manager: \_\_\_\_\_\_\_\_\_\_\_

1. **ATTENDING PHYSICIAN ASSESSMENT** (Date: \_\_\_ ):
	* ***I Agree with M3 Committee’s recommendation (follow recommendation above)***
	* ***I Agree with M3 Committee’s recommendations*, but with these orders:**
		+ ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
	* ***I Disagree with M3 Committee’s recommendations because (specific clinical rationale for this resident required):***
		+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**ORDERS CONFIRMED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_