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| PSYCHOTROPIC DRUGS -- ANTIPSYCHOTIC DRUG USE | | | | NO. 222b | |
| Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the following conditions:  1. Schizophrenia  2. Schizo-affective disorder  3. Delusional disorder  4. Psychotic mood disorders (including mania and depression with psychotic features)  *5.* Acute psychotic episodes  6. Brief reactive psychosis  7. Schizophreniform disorder  8. Atypical psychosis  9. Tourette's disorder  10. Huntington's disease  11. Organic mental syndromes (now called dementia, delirium, and amnestic and other cognitive disorders by the DSM IV) with associated psychotic and/or agitated behaviors which have been quantitatively (number of episodes) and objectively (e.g. biting, kicking, scratching) documented.  This documentation is necessary to assist in:   1. assessing whether the resident's behavioral symptom is in need of some form of intervention 2. ruling out medical causes such as pain, constipation, fever, infection   Which are persistent; Which are not caused by preventable reasons; Which are causing the resident to:  -Present a danger to him/herself or to others,  -Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or  -Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or | | | | | |
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| 12. Short term (seven days) treatment includes symptomatic treatment of hiccups, nausea, vomiting or puritis. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time. Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contradicted, in an effort to discontinue these drugs. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether. Clinically contradicted means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels, was necessary. The resident's physician provides a justification that should include:   1. a diagnosis, but not simply a diagnostic label or code, but the description of symptom, 2. a discussion of the differential psychiatric and medical diagnosis (e.g. why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), 3. a description of the justification for the choice of a particular treatment, or treatments, and      1. a discussion of why the present dose is necessary to manage the symptoms of the resident.   Antipsychotic drug means a neuroleptic drug that is helpful in the treatment of psychosis and has the capacity to ameliorate thought disorders. | | | | | |
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