**ANTIPSYCHOTIC DRUGS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT ARE THEY?**

Thorazine, Sparine, Vesprin, Mellaril, Serantil, Tindal, Trilafor, Prolixin, Permitil, Stelazine, Taractan, Navane, Haldol, Noban, Loxitane, Clozaril, Compazine, Risperdal, Zyprexa, Seroquel.

**WHEN CAN YOU USE?**

Drugs in this category should only be used when the resident has one or more of the following “specific 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 delirium, dementia, and amnestic and other cognitive disorders) with associated psychotic and/or agitated behaviors.
    1. Which have been quantitatively and objectively documented
    2. Which are persistent
    3. Which are not caused by preventable reasons
    4. Which are causing the resident to: Present danger to self or others; continuously scream, yell, or pace if these behaviors cause an impairment in functional capacity; experience psychotic symptoms which cause the resident distress or impairment in functional capacity.
12. Short term (7 day) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Treatment of nausea and vomiting secondary to cancer or chemotherapy may be longer.

**ANTIPSYCHOTICS SHOUYLD NOT BE USED IF ONE OR MORE OF THE FOLLOWING IS/ARE THE ONLY INDICATION FOR USE:**

Wandering, Poor self care, Restlessness, Impaired memory, Anxiety, Depression (without psychotic features), Insomnia, Unsociability, Indifference to surroundings, Fidgeting, Nervousness, Uncooperativeness, Agitated behaviors which do not represent danger to the residents or others.

**ANTIPYSCHOTIC DRUGS**

* Residents receiving antipsychotic drugs must, unless clinically contraindicated, have GRADUAL dose reductions
* Resident should be under close supervision while GDR is occurring
* If GDR causes an adverse effect, and is discontinued, document this decision and reasons in the clinical record
* Facility must provide behavioral interventions to accommodate behavioral symptoms

**ANTIPSYCHOTIC DURGS CLINICALLY CONTRAINDICATED MEANS**

* Resident has one or more the “specific conditions”.
* Resident has organic mental syndrome and has had a gradual dose reduction attempted TWICE in one year with documentation of failure in the clinical record.
* The Resident’s physician provides justification why the continued use of the drug and the dose is clinically appropriate.