

# A BSO Success

## Story:

### Antipsychotic Medication Review Tool & Personalized Music

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## Antipsychotic Medication Review

**Resident's Name:** \_\_\_\_\_

Addressograph

**1. Indication for Review**

- a. Newly admitted resident on antipsychotic medication
- b. Newly prescribed antipsychotic medication
- c. Quarterly review

**2. Antipsychotic Medications, dosage, frequency and time of administration**

Medication	Dosage	Frequency and Time of Administration

**3. Indication for use- Indicators per Ministry**

Psychosis	Hallucinations / Delusions	Huntington's	Schizophrenia		
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**Other Appropriate Uses**

BPSD	Paranoia / Suspicion	Agitation	Bipolar Disorder		
Neurological conditions	Palliative Care	Other:			

**4. Alternatives that have been trialed or considered prior to introduction of antipsychotic medication and in conjunction with antipsychotic medication.**

Assessment/Intervention	Yes/No	
Pain (list pain score and medication)	Pain Score / date:	
Depression (list GDS, CSDD and medication if applicable)	GDS / date:	
	CSDD Score / date:	
Blood work		
Urinalysis		
Review of Toileting Plan		
Montessori Programming		
Music Therapy		
Restorative Care/PT/OT		
Social Work/BSO Involvement		
Review of Current Medications		

Resident Name \_\_\_\_\_

1. Have there been recent changes to antipsychotic medication (dosing, time of administration increase or decrease in PRN use) in the past quarter? What were the effects noted?
2. Gradual Dose Reduction (GDR) - Has it been attempted in the past quarter? What was the effect? Is GDR appropriate at this time?
3. Has the resident experienced any adverse effects from the antipsychotic medication?

Potential adverse effect	Yes/No		Yes/No
Arrhythmias (last EKG)		EPS (including rigidity, tremors, changes to gait)	
Change to blood pressure		Sedation	
Increase in confusion		Changes to swallowing abilities	
Increase in falls		Weight changes	
Dizziness		Hyperglycemia/Hypoglycemia	
Insomnia		Other	

4. What was the action taken if adverse effects noted?
5. Has the care plan been updated accordingly with safe guards in place?

Registered Staff completing Review: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacist Signature(if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Review and Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed to iPharm \_\_\_\_\_

# Music and Memory; Personalized Music Success Story

- <https://www.youtube.com/watch?v=pke1kf0WcJQ&feature=youtu.be>

