

Adult Antipsychotic Monitoring Record: Antipsychotic initiation

NHS No: _____	Date of assessment: _____
Surname: _____	Location of patient when medication commenced
First Name: _____	
Address: _____	
_____	
Date of birth: _____	
Hospital <input type="checkbox"/> Own home <input type="checkbox"/> Ward <input type="checkbox"/> Care home <input type="checkbox"/> Other _____	

Reason for prescribing an antipsychotic

Target symptoms, severity & risk of harm to self/others (Cohen-Mansfield / NPIQ score)	Other approaches tried (include non-drug interventions and medications)
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Risks considered
Cardiovascular assessment
Co-morbidities / other medication
Physical health review.
Has treatment for pain / infection / depression been optimised?

Baseline physical health	Mobility/Gait/Posture	
	Sleep	
	Cognition	
	Bowels	
	Appetite/Fluids	
	Other notable (please state)	

Current psychotropic medication

Drug name	Dose	Frequency
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Patient capacity	(Yes / No)	Initials
Capacity to consent to medication		
Discussion with person (if appropriate)		
Best Interest decision made (discussion with family/carer and staff)		
Patient/carer information leaflet given		

Antipsychotic prescribed (including dose)

Drug name	Starting dose	Frequency & timings
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Antipsychotic review

Date of next planned review	
Clinician responsible for next planned review	Signature (and designation)

A  
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