

Antipsychotic Monitoring Record

Antipsychotic initiation

NHS No: _____		Date of assessment: _____	
Surname: _____		Location of patient when medication commenced Hospital <input type="checkbox"/> Own home <input type="checkbox"/> Ward <input type="checkbox"/> Care home <input type="checkbox"/> Other _____	
First Name: _____			
Address: _____			
Date of birth: _____			
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)	
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	
Patient capacity		(Yes / No)	Initials
Capacity to consent to medication			
Discussion with person (if appropriate)			
Best Interest decision made (discussion with family/carers and staff)			
Patient/carers information leaflet given			
Antipsychotic prescribed (including dose)			
Drug name	Starting dose	Frequency & timings	
Antipsychotic review			
Date of next planned review			
Clinician responsible for next planned review		Signature (and designation)	

ANTIPSYCHOTIC MONITORING RECORD