

Adult Antipsychotic Monitoring Record: Antipsychotic monitoring and review

| | |
|---|---|
| NHS No: _____ | Date of review: _____ |
| First name: _____ | Location of patient when reviewed |
| Surname: _____ | |
| Date of birth: _____ | Hospital <input type="checkbox"/> Own home <input type="checkbox"/> |
| Patient seen? Yes / No | Ward <input type="checkbox"/> Primary care <input type="checkbox"/> |
| | Other _____ |

Current psychotropic medication (especially benzodiazepines)

| Drug name | Dose | Frequency |
|-----------|------|-----------|
| | | |

Changes from baseline physical health or any new side effects?

| | |
|---|--|
| Sleep / Sedation (Sleeping more during the day) | |
| Parkinsonian (Drooling, tremor, rigidity) | |
| Physical (Poor posture, less mobile, higher falls risk) | |
| Cognition (Confusion, communication skills) | |
| Appetite / Fluid intake | |
| Bowels (Bristol stool chart) | |
| Other notable (please state): | |

For how long has the antipsychotic been prescribed? (in weeks or months)

Has discontinuation been previously attempted?

Any changes in or benefit to target symptoms?

Description of current presentation. Use objective measures (Cohen-Mansfield / NPIQ)

Antipsychotic review

Outcome of review for (name and dose of drug):

Continue Stop Trial off

Restart Change dose Change drug

With whom has the outcome been discussed?

Next planned review (in weeks or months)

Clinician responsible for next planned review Signature and designation

ANTI PSYCHOTIC MONITORING RECORD