

Antipsychotic Monitoring Record

Antipsychotic monitoring and review

NHS No: _____ First name: _____ Surname: _____ Date of birth: _____	Date of review: _____ <div style="background-color: #0070C0; color: white; padding: 2px; text-align: center;">Location of patient when reviewed</div> <table style="width: 100%;"> <tr> <td style="width: 50%;">Hospital <input type="checkbox"/></td> <td style="width: 50%;">Own home <input type="checkbox"/></td> </tr> <tr> <td>Ward <input type="checkbox"/></td> <td>Primary care <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other _____</td> </tr> </table>	Hospital <input type="checkbox"/>	Own home <input type="checkbox"/>	Ward <input type="checkbox"/>	Primary care <input type="checkbox"/>	Other _____	
Hospital <input type="checkbox"/>	Own home <input type="checkbox"/>						
Ward <input type="checkbox"/>	Primary care <input type="checkbox"/>						
Other _____							
Patient seen? Yes / No							

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 as the antipsychotic been prescribed? (in weeks or months)

Has discontinuation been previously attempted?	
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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 <input type="checkbox"/>	Stop <input type="checkbox"/>	Trial off <input type="checkbox"/>
Restart <input type="checkbox"/>	Change dose <input type="checkbox"/>	Change drug <input type="checkbox"/>
With whom has the outcome been discussed?		
Next planned review (in weeks or months)		
Clinician responsible for next planned review	Signature and designation	