

Physician Psychoactive Documentation

(Includes: Antipsychotics, antidepressants, anxiolytics, depressants, anticonvulsants ordered for mood stabilization, antihistamines ordered for mood stabilization, hypnotics)

Resident Name: _____ Room Number: _____

Date: _____

Full order for psychoactive medication ordered (Name, dose, route, indication, duration):

Date of original order: _____ Indication for original order: _____

Date(s) of all Gradual Dose Reduction(s) (GDR):

Planned date for next GDR: _____

The diagnosis at present on the patient's psychoactive order is "_____". Please define those behaviors in the space below:

And, could you attest that other potential contributors - including, but not limited to unmet needs with regard to pain, bowel/bladder dysfunction, boredom - have been considered and/or addressed:

_____ (Attestation Signature) with location of supporting documentation

What non-pharmacologic methods have been attempted in this patient - and what efficacy those had, if any

Has the resident and/or representative signed an Informed Consent for administration of the ordered medication? Yes No

Provide an overall risk to benefit statement defending continued use of this high risk medication in an elder:

