Psychotropic Medication Plan Review

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| NAME: |  | Plan Date: |  |

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| *Areas of Consideration* | *Present* | *Not*  *Present* | Comments |
| Psychotropic Medications |  |  |  |
| Prescribing physician |  |  |  |
| Psychiatric Diagnosis |  |  |  |
| Behaviors related to the diagnosis |  |  |  |
| Risks associated with the medications |  |  |  |
| Safeguards are in place to minimize risks |  |  |  |
| Benefits of the medication |  |  |  |
| Signs / Symptoms for staff to watch |  |  |  |
| Staff response to signs / symptoms |  |  |  |
| Methods of increasing coping skills |  |  |  |
| Evidence that environmental modifications were considered |  |  |  |
| Evidence that a plan for titration has been considered if appropriate |  |  |  |
| Evidence of review by a Behavior Management Committee |  |  |  |
| Consent of guardian/individual |  |  |  |

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| Reviewer Signature: |  | Date: |  |