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PSYCHOTROPIC DRUG USE

CAA Module

Resident_____ **Date**_____

Triggers:		**Check if applicable**
N04015A	Antipsychotic	
N04015B	Antianxiety agent	
N04015C	Antidepressant	
N04015D	Hypnotic	
Evaluate:		
C1300	Sign and symptoms of delirium	
C1600	Acute onset mental status change	
D	Mood problem	
E	Behavior problem, Hallucinations, Change in behavioral symptoms	
GG	Decline in ADL performance, Balance problem	
H0600	Constipation	
I0800	Orthostatic hypotension	
I5700-I6100	Psychiatric diagnosis	
J1550C	Dehydration	
J1700-J1900	Fell in the last 180 days	
K	Nutritional problem, Swallowing problem, Weight loss	
Abnormal movements		
Complete medication review		
Last date of medication review / decrease		
Evaluation for unnecessary medications, side effects, decrease		
Dizziness		
Fecal impaction, Diarrhea		
Urinary retention		
Insomnia		
Proceed with care-planning		
Do not proceed with care-planning		

Underlying Causes / Complicating factors / Risks / Referrals

Comments:

Skilled Charting Guidelines

Date_____ Resident_____

This resident has been assigned to skilled charting related to: Tracheostomy Care

Address the following care topics in nurses notes:

Times suctioned

Results: amount, color, consistency

Monitoring for signs and symptoms of aspiration

Temperature

Treatments and medications given

Respiratory rate, depth, effort

Oxygen

Lung sounds

Cough, character of sputum

Site assessment

Dressing change

Cannula cleaning and change

Level of consciousness

Activity tolerance

Labs