

Ache Questionnaire

ID _____

DEMOGRAPHIC INFORMATION

Account _____

MRN _____

Patient Name _____

Date of Birth _____

Admit Date _____

Discharge Date _____

LOS _____

Discharge Status _____

PAC Agency _____

Gender Female Male

Chart reviewer Melissa Loh Sheryl Ramdass

Service Medical Surgical

ANTIPSYCHOTICS USAGE Indications

- Indications for antipsychotics initiation during hospitalization
- Delirium
 - Hallucinations
 - Insomnia
 - Anxiety
 - Alcohol withdrawal
 - Not documented
 - Others

TYPES OF ATYPICAL ANTIPSYCHOTICS

Types of atypical antipsychotics

- Quetiapine (Seroquel)
 Aripiprazole (Abilify)
 Olanzapine (Zyprexa)
 Risperidone (Risperdal)
 Ziprasidone (Geodon, Zeldox)
 Amisulpride (Solian)
 Asenapine (Saphris)
 Caripramine (Prazinil)
 Clozapine (Clozaril)
 Clotiapine (Entumine)
 Clozapine (Clozaril)
 Iloperidone (Fanapt)
 Lurasidone (Latuda)
 Mosapramine (Cremin)
 Paliperidone (Invega)
 Perospirone (Lullan)
 Remoxipride (Roxiam)
 Sertindole (Serdolect)
 Sulpiride (Sulpirid, Eglonyl)
 Blonanserin (Lonasen)
 Zotepine (Nipolept)

ATYPICAL ANTIPSYCHOTICS 1

Route of administration for atypicals

-
- Parenteral
-
- Enteral

Time during hospitalization antipsychotics were started (day after admission)

Time during hospitalization antipsychotics were discontinued (day after admission)

Duration of antipsychotics use (days)

Was antipsychotics continued on discharge

-
- Yes
-
- No

Was antipsychotics on discharge scheduled or as needed

-
- Scheduled
-
- As needed

ATYPICAL ANTIPSYCHOTICS 2

Route of administration for atypicals

-
- Parenteral
-
- Enteral

Time during hospitalization antipsychotics were started (day after admission)

Time during hospitalization antipsychotics were discontinued (day after admission)

Duration of antipsychotics use (days)

Was antipsychotics continued on discharge

-
- Yes
-
- No

Was antipsychotics on discharge scheduled or as needed

-
- Scheduled
-
- As needed

TYPES OF TYPICAL ANTIPSYCHOTICS

Types of typical antipsychotics

- Haloperidol (Haldol, Serenace)
 Chlorpromazine (Largactil, Thorazine)
 Chlorprothixene (Truxal)
 Droperidol
 Flupentixol (Depixol)
 Fluphenazine (Prolixin)
 Levomepromazine
 Loxapine (Loxapac, Loxitane)
 Mesoridazine
 Molindone (Moban)
 Thioridazine (Mellaril)
 Thiothixene (Navane)
 Trifluoperazine (Stelazine)
 Perphenazine (Trilafon)
 Zuclopenthixol (Clopixol)

TYPICAL ANTIPSYCHOTIC

Route of administration for typicals

-
- Parenteral
-
- Enteral

Time during hospitalization antipsychotics were started (day after admission)

Time during hospitalization antipsychotics were discontinued (day after admission)

Duration of antipsychotics use (days)

Was antipsychotics continued on discharge

-
- Yes
-
- No

Was antipsychotics on discharge scheduled or as needed

-
- Scheduled
-
- As needed

AMOUNT OF ANTIPSYCHOTICS

Number of different typical antipsychotics use

Number of different atypical antipsychotics use

MONITORING

Was EKG performed before drug administration?

-
- Yes
-
- No

Was QTc > 500?

-
- Yes
-
- No

Presence of QTc prolongation (QTc>450 ms in male, >470ms in female)

-
- Yes
-
- No

Was EKG performed after drug administration?

-
- Yes
-
- No

Was QTc > 500?

-
- Yes
-
- No

Presence of QTc prolongation (QTc>450 ms in male, >470ms in female)

-
- Yes
-
- No

DELIRIUMDocumented delirium Yes NoEvidence of tool to assess delirium (CAM) Yes No

DEMENTIAPresence of dementia Yes No

ALTERNATIVE RESTRAINT METHODSPhysical restraints during hospitalization (including ICU) Yes No

GERIATRICS INVOLVEMENTPresence of geriatrics consult Yes NoPresence of geriatrics recommendation Yes No

GEROPSYCHIATRY INVOLVEMENTPresence of geropsychiatric consult Yes NoPresence of geropsychiatry recommendation Yes No

ADMISSION CIRCUMSTANCESAdmission from SNF Yes No

DISCHARGE CIRCUMSTANCESDischarge disposition Home
 Short-term rehab
 Long-term rehab
 Nursing home (SNF)Expired Yes NoPlan to discharge to skilled nursing facility Yes NoReasons for exclusion On antipsychotics prior to admission
 Only received 1 dose of oral AP
 Only received intravenous AP
 Psychiatric admission

Other reasons for exclusion _____

Comments _____