

## BASIC GUIDELINES FOR BEHAVIOR AND SIDE EFFECT MONITORING

1. Initiate behavior/side effect monitoring and documentation with the start of a psychotropic medication or upon admission with psychotropic agents.
2. A drug specific behavior/side effect monitoring system is used for each psychotropic category of medication ordered (including PRN medications listed in the drug regimen).
3. Behavior monitoring occurs with antipsychotics, antianxiety medications, sedative hypnotics, and other psychotropic medications used to alter mood or behaviors (e.g., Depakote for behaviors, Provera in men, etc.).
4. Side effect monitoring is necessary for each of the four most common psychotropic categories (i.e., antipsychotics, antianxiety medications, sedative hypnotics, and antidepressants).
5. At least one individualized behavior will be clearly linked with each antipsychotic, antianxiety medication, sedative hypnotic, and other psychotropic medications used to alter mood or behaviors. These targeted behaviors are linked within the behavior monitoring system in such a way that all (staff, physicians, medical consultants, family members, regulatory, and etc.) can clearly see the specific targeted behavior(s) treated with each medication prescribed.
6. Combining all medications together without separate distinction in the behavior monitoring system is not considered a best practice. This type of system can make it difficult to determine the necessity and/or continued need of each psychotropic ordered.
7. Targeted behaviors are not the diagnosis for using the medication, but the actual undesirable/unwanted behavior that occurs as a result of the medical condition. Undesirable behavior(s) may change, and new target behaviors may need to be linked with the treatment of specific drugs within the monitoring system.
8. At least daily (or preferably shift-by-shift) monitoring of the specific targeted behaviors and side effects is documented within this system, and not solely noted within the nurse's notes. Staff observations must be documented within this monitoring system so that data can be easily reviewed and determinations (i.e. benefit versus risk) made as to the continued need of each psychotropic drug (including PRN doses).
9. Non-pharmacological behavioral interventions and therapeutic approaches are listed within the monitoring system with additional space provided to note person-centered approaches when applicable. The staff will note the attempted interventions used when behavioral disturbances occur to individualize the techniques that work best.
10. The absence of behaviors and side effects is indicated with a zero in the appropriate row and column of the monitoring system. Don't leave these spaces blank, as this fails to indicate that monitoring occurred. Additionally, monitoring by exception only (i.e., noting behaviors or side effects only when they occur) is not a best practice since it can lead to underreporting and a lack of trust in the monitoring system.
11. Common side effects that are appropriate to each category of psychotropic medication ordered is listed within the side effect monitoring system. The staff have a list of the most common side effects pertaining to each class of drug (i.e., antipsychotics, antianxiety, hypnotics, and antidepressants) used by the individual clearly listed. Class specific listings can provide better recognition of adverse reactions, especially when multiple psychotropic drug classes are being administered to an individual. Less common side effects can be added to the monitoring list if they are observed with an individual.
12. All side effects seen with medications are be recorded in the monitoring system, regardless of whether they occur regularly or infrequently with included documentation of the specific adverse reaction(s) observed.