



ANTIPSYCHOTIC MEDICATION MANAGEMENT PLAN DEMENTIA

Insert Resident Label

Date of admission:

Taking antipsychotic at admission: Y / N

Type of Dementia:
When Diagnosed:

Date first prescribed	Medication Name	Name of Prescriber	Why Medication Prescribed <i>(Describe symptoms or behaviour)</i>	Expected Outcome	
Date reviewed <i>(Weekly if new prescription, Monthly for all existing)</i>	Has expected outcome been met? <i>(yes /no and comment)</i>	Describe any current behaviour or psychological symptoms or drug side effects		Rationale for dose change GP to reduce dose by 25% at each review if symptoms stable or if not - state reason why <i>(see flow charts)</i>	Nurse Signature

Note:

- If the resident has a mental health condition such as schizophrenia as the primary indication then the GP should still review the dose, side effects as per the flow chart and policy.
- Antipsychotics commonly used in dementia are- haloperidol, quetiapine, risperidone, olanzapine, clozapine. Others more likely to be used for schizophrenia -aripiprazole, amisulpride, chlorpromazine, flupenthixol, fluphenazine, methotrimeprazine (levomepromazine), pericyazine, pimozide, pipothiazine, trifluoperazine, ziprasidone, zuclopenthix