Treatment Record Review Clinical Practice Guidelines Scoring Tool

ADHD

CPG - ADHD Tool
DOMAIN 1: DIAGNOSTIC ASSESSMENT
1) Screened for presence and duration of symptoms meeting DSM-5 criteria for ADHD and persisting for at least six months, including predominantly inattentive presentation, predominantly hyperactive/impulsive presentation, or combined presentation (Note: children and adolescents must meet six or more of the DSM-5 symptoms and older adolescents and adults age 17 and older must meet at least five of the DSM-5 symptoms)
2) Screened for presence of several inattentive or hyperactive-impulsive symptoms present prior to age 12 years
3) Screened for presence of several inattentive or hyperactive-impulsive symptoms present in two or more settings (home, work, school)
4) Confirmed symptoms across settings received from multiple informants, e.g., parents, guardians, teachers, clinicians involved in care of individual (including results of symptom-focused rating scales from self, parents, teachers, clinicians)
5) Noted clear evidence that the symptoms result in clinically significant impairment in social, academic or occupational functioning
6) Noted clear evidence that symptoms of older adolescents and adults (age 17 and older) reflect inattention causing problems with executive functions
7) Considered whether fewer than full criteria have been met for the past 6 months when full criteria were previously met (partial remission)
8) Considered whether few or many symptoms are in excess of those required to make diagnosis of ADHD (based on DSM-5) specifying level of severity (mild, moderate or severe) with the use of screening tools
9) Assessed whether symptoms are not better explained by another mental disorder (e.g., substance use disorder, personality disorder, mood disorder, anxiety disorder, dissociative disorder)
10) Assessed whether symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions
11) Coordinated care with medical provider and medical evaluation during diagnostic process ruled out medical causes of symptoms of ADHD and assessed cardiovascular functioning (if treatment with stimulants considered)
12) Assessed for suicidal thoughts or behaviors with potential for injury to self or others , especially if atomoxetine treatment is considered
13) If suicidal thoughts or behaviors were present, appropriate actions were taken to intervene
14) If provider is not a physician, reviewed findings from consultation with psychiatrist or primary care physician
DOMAIN 2: THERAPEUTIC INTERVENTIONS
15) If referral for a medical/psychiatric evaluation, provider included the results of the evaluation in the treatment planning.
16) Conducted education about ADHD and its treatment including behavioral intervention, pharmacological intervention, family therapy delivered to parents, guardian, and if applicable, to the patient
17) Discussed diagnostic findings, treatment options and goals and treatment plan with parents, guardians, and if applicable, with patient

18) Evidence that provider actively involved parent, guardian, teacher(s), and patient in treatment planning
19) Comorbid medical and psychiatric conditions discussed with parents, guardians, and if applicable patient
20) Provider assessed if psychotherapy is indicated
21) Provider rx'd a stimulant (methylphenidates and amphetamines), atomoxetine, extended release guanfacine or extended release clonidine, bupropion or tricyclic antidepressants or other agents deemed appropriate or explained why medication was not prescribed
22) If provider is a physician, treatment plan explains the rationale of the selection of pharmacological intervention including risks, benefits, and side effects
23) Education delivered to parents, guardian, and if applicable, patient, about pharmacological treatment, including risks, benefits, side effects of medicine
24) Parents and guardians were educated about follow up within 30 days of initial prescription and two more times within 270 days (HEDIS)
25) Evidence of ongoing/continued assessment of patient response to medication, side effects, adverse effects, and any laboratory monitoring that is necessary
26) Rationale for any changes in medication, if any changes or augmentation
27) If any evidence of a comorbid substance use disorder, provider developed plan to support sobriety
28) If antidepressants prescribed, provider delivered education about a possible increased risk of suicidal behavior, including early warning signs
29) If patient is preschool-aged (4-5 years), provider prescribed parent-and/or teacher-administered behavior therapy as first line of treatment or explained why this was not prescribed
30) If patient is elementary-aged (6-11 years), provider prescribed FDA-approved medication and/or parent-and/or teacher administered behavior therapy or explained why this was not prescribed
31) If patient is adolescent (12-18 years), provider prescribed FDA-approved medication for ADHD with assent of the adolescent or explained why this was not prescribed
32) If patient is adolescent, provider gave special consideration to provide medication coverage for symptom control while driving
33) If behavior therapy is prescribed, ongoing assessment of treatment progress using clinical observation, interviews, and/or rating scales from parent, guardian, teacher, and if applicable, self
34) If behavior therapy is prescribed, training provided to parents in specific techniques to improve their abilities to modify and shape child's behavior while improving the child's ability to regulate own behavior