

Treatment Record Review Clinical Practice Guidelines Scoring Tool Schizophrenia

CPG - Schizophrenia Tool
Domain 1: Diagnostic Assessment
1A) POSITIVE and NEGATIVE SYMPTOMS (symptom presence and duration that meet DSM-IV-TR criteria)
1B) A CO-MORBID SUBSTANCE -INDUCED DISORDER
1C) OTHER PSYCHIATRIC DISORDERS that could account for the symptoms or complicate treatment
1D) PSYCHOSOCIAL STRESSORS
1E) MEDICAL CONDITIONS that may cause depression and/or complicate treatment, eg, brain tumor, complex partial seizure disorder, diabetes, morbid obesity, coronary artery disease, HIV or other infectious diseases
1F) MEDICATIONS (past and current medications and response)
1G) COMPLIANCE (potential barriers to treatment compliance, eg. History of noncompliance, unsupportive home environment)
1H) DANGEROUSNESS TO OTHERS (history of and current potential)
1I) REASON FOR RECURRENCE (if not first episode)
2) PSYCHIATRIC REFERRAL: If provider is a non-M.D., and there is no evidence of a recent psychiatric evaluation, there is documentation of a referral for a psychiatric evaluation)
Domain 3: Schizophrenia Therapeutic Interventions
5A) APPROPRIATE PSYCHOSOCIAL INTERVENTIONS (consistent with the phase of illness, eg. Diminishing arousal in the acute phase, increasing social skills and community functioning in the stable phase)
5B) Measurable targets for each intervention
6) The provider delivered education about Schizophrenia, its treatment, signs of relapse, and community resources, to the patient and family/caregivers
7) If the provider is a non-MD., and a psychiatric referral had been made, the provider documented the results of that evaluation and any relevant adjustments to the treatment plan
8) If evidence was found of a co morbid substance use disorder, the provider developed a plan to support sobriety.
9) If evidence of a co morbid mental health disorder was found , the provider developed a plan to address the co morbid disorder
10A) The provider selected a first- or second-generation antipsychotic, implemented it as soon as feasible, or documented why not.
10B) If initiating treatment with a second-generation antipsychotic, the provider documented baseline physical and lab results, including height, weight, lipid profile and fasting blood glucose, and documented periodic monitoring of these parameters.
10C) If there have been several medication trials that were unsuccessful, or the patient presented with severe suicide risk, the provider considered clozapine or ECT
10D) If clozapine is prescribed, evidence of weekly laboratory monitoring for first 6 months and then every other week thereafter
11) If the provider finds there is evidence of potential patient non-compliance with treatment, provider plans interventions to address non-compliance (eg. Depot meds, outpatient commitment, medication groups, family support, self-help groups)