Appendix: Approach to Medication Management of Problematic Behaviors Flow Chart

The following flow chart presents a systematic approach to managing problematic behavior where medication treatments may be involved. It is suggested as a companion to the Behavior Management and Antipsychotic Medication Prescribing Clinical Process Guidance Document.

Ordinarily, medications should be used to treat individuals with problematic behavior only after considering other plausible causes for those behaviors and only if they have conditions (primarily psychosis and mental illness) that are likely to respond to medications.

Please note: The flow chart was revised 11/03. Drug classes listed in the attached flow chart are intended to be referred to as examples only. They may or may not be indicated for a specific resident. Treatment selection for any resident should be based on considering their coexisting illnesses, specific risk factors, and other current medications, among other things. Use care process to determine whether and which treatment is indicated.

None of the medications or treatments listed in the following flow chart should be considered to be official recommendations.

Appendix: Behavior/Mood Symptom Tracking Tool

The Behavior/Mood Symptom Tracking Tool included in this appendix is provided as an example of a type of behavior tracking document. This two sided-form was developed at Iosco County Medical Care Facility and is based on MDS data. The accompanying Mood and Behavior Tracking Symptoms Sheet lists consistent vocabulary utilized by staff at the facility.
Approach to Medication Management of Problematic Behaviors

1. Rule out underlying treatable conditions
   - Yes
   - No

2. Does the patient have delirium?
   - Yes
     - Identify and manage underlying causes, including medications, fluid/electrolyte imbalances, infections
   - No

3. Review and adjust current medications that could cause these symptoms / Treat aggressively with antipsychotic, if indicated
   - Yes
   - Does the patient have psychosis?
     - Yes
       - Does the patient have exacerbation of mental illness?
         - Yes
           - Schizophrenia
             - Consider initiating or increasing antipsychotic medication
           - Bipolar disorder
             - Manic
               - Consider initiating or adjusting antimanic medication
           - Depressed
             - Consider initiating antidepressant or adjusting current antidepressant dose
         - No
         - Does the patient have Schizophrenia?
           - Yes
             - Consider initiating or increasing antipsychotic medication
           - No
             - Does the patient have Bipolar disorder?
               - Yes
                 - Manic
                   - Consider initiating or adjusting antimanic medication
               - No
                 - Depressed
                   - Consider initiating antidepressant or adjusting current antidepressant dose
       - No
       - Very agitated
         - Consider moderate dose of antipsychotic medication
   - No
   - Mildly to moderately agitated
     - Consider lower dose antipsychotic medication

NOTE: Drug classes mentioned in this algorithm are examples only, and may or may not be indicated for a specific patient. Use care process to determine whether and which treatment is indicated.
Does the patient have significant cognitive impairment or dementia?

- Yes
  - Is the patient exhibiting repeated aggressive / socially inappropriate behavior?
    - Yes
      - Review and adjust current medications that could cause these symptoms
      - Consider mood stabilizer
    - No
      - Review for significant signs and symptoms of depression

- No
  - Does the patient have significant symptoms of depression, unresponsive to non-medication interventions?
    - Yes
      - Review and adjust current medications that could cause these symptoms
      - Consider initiating or increasing antidepressant
    - No
      - Does the patient have marked anxiety / major anxiety disorder?
        - Yes
          - Consider short-term short half-life anti-anxiety agent or SSRI if symptoms of recent onset OR Possible psychiatric consultation for more chronic symptoms
        - No
          - Drugs are not likely to help / Consider alternative approaches such as behavior modification programs