

Clinician Communication Sheet (Psychoactive Medicines)

Remember: before use, have you ruled out delirium?

Resident Details	Date	Situation and Background	Evidence
<p>Name:</p> <p>DOB:</p> <p>Room Number & Unit</p> <p>Name of care service nurse/carer referring:</p> <p>Clinician Name/ Contact:</p>		<p><u>Situation:</u> I want to discuss stress and distress or/and a medication Increase/ Decrease /Discontinue</p> <p>WHY? Eg change in behaviour, medication concerns</p> <p><u>Background:</u> Stress Distress: How is this behaviour displayed?</p> <p>Triggers: if known</p> <p>Medical information: History, delirium, GP assessments, current medication (including pain control)</p>	<p>Documentation behaviour charts, falls diary, weight loss, MARs sheet, non-pharmacological approaches tested e.g., doll, pet therapy, activities</p> <p>Clinician Outcome:</p> <p>Care plan update Family Update</p> <p>Version</p>