BEHAVIOR/INTERVENTION/OUTCOME – Antidepressant Medication Monitor Form

Month/Year: _____

INSTRUCTIONS: Identify each behavior in the space provided. For each shift, chart the number of events (behavior occurrences). Identify intervention(s) used, outcome and any possible medication side effects observed, using codes provided. All entries must be initialed. Use the comment sheet on the reverse to explain possible changes in behavior, to identify the location of additional documentation, etc. Behaviors include: cries frequently, insomnia, nervous, irritable, fearful, tense, isolates self, etc. Identify all initials in the space provided on the reverse.

DIAGNOSIS:

SAFETY CONCERNS: ☐ Threat to Self ☐ Threat to Others ☐ Interferes with Care ☐ Other

ROUTINE MEDICATION:

INTERVENTION OUTCOME/ SIDE EFFECT CODES		**1** BEHAVIOR:															**2** BEHAVIOR:															**3** BEHAVIOR:														
	D A T E	**DAY**					**EVENING**					**NIGHT**					**DAY**					**EVENING**					**NIGHT**					**DAY**					**EVENING**					**NIGHT**				
		# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials

BEHAVIOR MANAGEMENT INTERVENTION

A. Engage in Physical Activity/Bathroom
B. Utilize "Memory Book"
C. Reality Orientation Board/Redirection
D. One-to-One or Small Group Activity Offered
E. Scheduled Activity
F. Food/Fluids Offered
G. Medication Offered
H. _____

OUTCOME

N = Not Observed/ Unchanged
E = Effective/Improved
I = Ineffective/Worsened
__ = _____

MEDICATION SIDE EFFECTS

A. Fatigue
B. Headache
C. Tremor
D. Somnolence
E. Dizziness
F. Insomnia
G. Agitation
H. Palpitations/ Tachycardia
I. GI-Nausea/Vomiting, Diarrhea/Constipation
J. Anorexia
K. Dry Mouth/Thirst
L. Increased Appetite
M. Confusion/Delirium - ↓ Sodium Level
N. Pain
O. Skin Rash
P. _____

DATE rows: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31

Right margin: Room/Bed — Record No. — Attending Physician — Middle — First — NAME–Last

BRIGGS Healthcare®

BEHAVIOR/INTERVENTION/OUTCOME – Antidepressant Medication Monitor Form ☐ Continued on Reverse

COMMENTS

Identify situations that may explain a change in behavior (i.e., medication reduced, room/roommate change, family problem, etc.) or location of additional relevant documentation. NOTE: All entries must be dated and signed with name and title.

IDENTIFYING SIGNATURES FOR ALL INITIALS ENTERED ON FRONT

Initials	SIGNATURE/TITLE	Initials	SIGNATURE/TITLE	Initials	SIGNATURE/TITLE