

Quick Data Collection Form for Antipsychotic (AP) Medications

Resident name and chart number:	
Admitting diagnosis:	
Resident on AP meds at time of admission, and are they still warranted?	
Reason(s) resident is given AP medication:	
Name of AP medication:	
Date and time of AP medication administration:	
Last RX review:	
Alternatives tried before medication?	
Are AP meds used instead of restraints?	
Who is recommending or requesting AP meds?	
Does staff, resident or family need education on AP use?	