

TREATMENT OPTIMIZATION of PSYCHOSIS SCREEN & MANAGE TOOL



CLIENT INFORMATION

Client Name: _____

Date (dd/mm/yy): _____

Date of Birth: _____

Completed By: _____

PARIS ID: _____

Other People Involved: _____

TOP SCREENING CRITERIA

1. Does the client have a DSM V Diagnosis of Psychosis? Indicate below:

Schizophrenia Schizoaffective Disorder Psychosis NOS

Note: If a client has a diagnosis of Psychosis NOS, review with team to rule out Schizophrenia or Schizoaffective Disorder. If there is no possibility of Schizophrenia or Schizoaffective Disorder, you do not need to complete this TOP screener at this time.

2. Is the client on Clozapine? Yes No

If No to Question 2, the client is not on Clozapine at present, continue to Question 4.

3. If Yes to Question 2, the client is on Clozapine, is the client's dosage optimized?

Yes No

If Yes to Question 3, the client is optimized on Clozapine. End Screening.

If No to Question 3, the client is not optimized, consult a Subject Matter Expert or clinical pharmacist if you have difficulties achieving therapeutic range in an effort to optimize Clozapine. End Screening.

4. Has the client failed 2 adequate trials of antipsychotics (including depot) at least mid-dose range for 6 weeks for each antipsychotic trial? Yes No

Medication #1: _____

Medication #2: _____

If Yes to Question 4, continue to Question 9.

If No to Question 4, continue to optimize current antipsychotic medication and see if it results in adequate response, continue to Question 5.

5. Has optimizing current medication resulted in an adequate response? Yes No

If Yes to Question 5, current antipsychotic medication has achieved adequate response, treatment is optimized. End Screening.

If No to Question 5, adequate response is not optimized with current antipsychotic medication, continue to Question 6.

6. Is the client adherent to treatment? Yes No

If **Yes to Question 6** client is adherent to treatment and not on Clozapine continue to **Question 9**.

If **No to Question 6**, client is not adherent and you have utilized adherence aids (smart packs, daily dispensing etc.) without success, continue to **Question 7**.

If client is not adherent, provide reason: _____

7. Has the client been offered a depot antipsychotic? Yes No

If **Yes to Question 7**, continue to **Question 8**.

If **No to Question 7**, offer a depot antipsychotic medication and continue to monitor for adequate response. **End Screening**.

8. Did this depot injection result in an adequate response? Yes No

If **Yes to Question 8**, treatment is optimized. **End Screening**.

If **No to Question 8**, rule out other causes like substance use and then continue to **Questions 9-13**.

9. Has the client been on Clozapine in the past? Yes No

If Yes, reason it was discontinued: _____

10. Has the client been offered Clozapine? Yes No

Reason it was not offered: _____

If **No to Question 10**, offer Clozapine and continue to **Question 11**.

11. Has the client started Clozapine? Yes No

If **Yes to Question 11**, where was the Clozapine started? Community Inpatient Venture
 Other (specify _____)

If **Yes to Question 11**, was the client suitable for community start? Yes No

If Clozapine was *not* initiated in the community, and the client was suitable for a community start, what is the reason it was not initiated in the community? _____

If **No to Question 11**,

Reason it was not initiated: _____

Reason it was not initiated in community: _____

12. Has the client responded to Clozapine? Yes No

13. If No to Question 12, have you optimized Clozapine dosage? Yes No

If there is still not an adequate response after Clozapine dosage is optimized, consult subject matter expert and advice from pharmacist.

Comments: *(Note: Treatment Initializing and monitoring to be completed on flow sheet)*

TREATMENT INITIALIZATION/OPTIMIZATION FLOW SHEET

Medication Optimization Type:

Depot Date started (dd/mm/yy): _____

Clozapine Date started (dd/mm/yy): _____ Trial # _____
 Brand: _____
 Registration Identifier: _____

Does the client use nicotine? Yes No

If Yes, provide amount per day: _____

Does the client have any current medical concerns? Yes No

Comment: _____

Is the client on Extended Leave? Yes No

BASELINE ASSESSMENT TOOLS

Complete before medication initialization/changes and after 6 weeks of optimal dosage or stable plasma level.

HoNOS:

Date (dd/mm/yy): _____ at the time of start

1	2	3	4	5	6	7	8	9	10	11	12

Date (dd/mm/yy): _____ at 6 weeks at optimal dosage or plasma level

1	2	3	4	5	6	7	8	9	10	11	12

PANSS-SV:

Date (dd/mm/yy): _____ at the time of start

		Absent	Minimal	Mild	Moderate	Mod Severe	Severe	Extreme
P1	Delusions	1	2	3	4	5	6	7
P2	Conceptual disorganisation	1	2	3	4	5	6	7
P3	Hallucinatory behaviour	1	2	3	4	5	6	7
P5	Grandiosity	1	2	3	4	5	6	7
P6	Suspiciousness/ persecution	1	2	3	4	5	6	7
G9	Unusual thought content	1	2	3	4	5	6	7

Date (dd/mm/yy): _____ at 6 weeks at optimal dosage or plasma level

		Absent	Minimal	Mild	Moderate	Mod Severe	Severe	Extreme
P1	Delusions	1	2	3	4	5	6	7
P2	Conceptual disorganisation	1	2	3	4	5	6	7
P3	Hallucinatory behaviour	1	2	3	4	5	6	7
P5	Grandiosity	1	2	3	4	5	6	7
P6	Suspiciousness/ persecution	1	2	3	4	5	6	7
G9	Unusual thought content	1	2	3	4	5	6	7

CGI-Severity:

Date (dd/mm/yy): _____ at the time of start

Clinical Global Impression of Illness Severity	Normal	Borderline	Mild	Moderate	Marked	Severe	Extreme
Severity compared to all others with the same diagnosis	1	2	3	4	5	6	7

Date (dd/mm/yy): _____ at 6 weeks at optimal dosage or plasma level

Clinical Global Impression of Illness Severity	Normal	Borderline	Mild	Moderate	Marked	Severe	Extreme
Severity compared to all others with the same diagnosis	1	2	3	4	5	6	7

CGI-Improvement:

Date (dd/mm/yy): _____ at the time of start

Clinical Global Impression of Improvement	Improved			No Change	Worse		
	Very much	Much	Minimal		Minimal	Much	Very Much
Improvement from the last time this rating was made	1	2	3	4	5	6	7

Date (dd/mm/yy): _____ at 6 weeks at optimal dosage or plasma level

Clinical Global Impression of Improvement	Improved			No Change	Worse		
	Very much	Much	Minimal		Minimal	Much	Very Much
Improvement from the last time this rating was made	1	2	3	4	5	6	7

FOR CLOZAPINE INITIALIZATION: VITALS AND METABOLIC MONITORINGPlease use the **Vitals and Adverse Effects Monitoring Sheet For Clozapine Initiation** for this portion.

Notes: