**Problem:** List diagnosis and how it was made. Look at DSM/ICD criteria if possible. Indicate if there is a comorbidity of head injury, or dementia. Indicate the duration, age of onset, and life problems related to the diagnosis. Particular risks should also be noted, e.g., “command hallucinations to harm self,” “paranoia may cause Pt to become aggressive to ‘protect self.’”

 **Goal:**

* To assure that psychosis does not result in any distress to the resident or harm to self or others.
* Avoid acute psychiatric hospitalization for 90 days.
* Avoid metabolic complications of antipsychotics.

**Interventions:**

* PASRR on admission and with change in diagnosis—review recommendations and document those which can and cannot be accommodated, accepted or refused by the patient.
* Obtain informed consent for psychotropic medications and notification of dosage changes from the resident/representative and any individual/s they designate (see physician orders for notification requests (MD to notify)).
* When possible, MD to notify the interested family member/ responsible party of the use or increase of dosage of antipsychotic medication/s per HSC 1418.9 within 48 hours.
* Maintain/establish conservatorship as appropriate.
* Monitor for risks such as: Elopement, psychiatric exacerbation, aggression, non-compliance, medication side effects.
* Document triggers, non-pharmacological interventions and outcomes of use of psychotropic medications.
* Do not challenge delusions or argue with them (like with dementia, validate the feeling behind it) -e.g. “that sounds scary!”
* Monitor signs of psychosis that the individual exhibits (delusions, responding to internal stimuli, irritability, aggression, misperceptions, auditory hallucinations. Report any withdrawal or refusal of care, poor impulse control, low frustration tolerance, unable to think clearly, difficulty communicating needs.
* Assure that medications are swallowed/ingested and not pocketed.
* Provide music or television viewing to drown out auditory hallucinations.
* Provide a structured environment with consistent staff.
* Activities of interest - encourage participation.
* Interdisciplinary psychotropic reviews quarterly and as needed.
* Weight, lipid and glucose values to be measured periodically to evaluate for side effects of antipsychotics. (exception: comfort care status; monitor for SX only)
* Routine measurements of levels of lithium and anticonvulsants used for diagnoses. (exception: comfort care status; monitor for SX only)
* Drug reductions as indicated if patient is stable over a period of time and benefits outweigh risks, but not mandated for those with schizophrenia, Tourette’s, HD and schizoaffective disorder.
* Monitor behaviors (CNA), Ln to assess and document new behavior with triggers
* Assess daily routine of resident and based from it, develop/create a structured environment/routine with consistent staffing that the resident can easily adapt to himself/ herself without forcing him/ her.

Reference: [Care Plan Guideline 3250](https://sdcountyphn.policytech.com/docview/?docid=16006&app=pt&source=unspecified); [Care Plan Resident 1055](https://sdcountyphn.policytech.com/docview/?docid=25336&app=pt&source=unspecified)