McLaren FLINT

TRANSITIONAL CARE UNIT

# PSYCHOTROPIC DRUG MONITORING

| | HOUR | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Anti-Depressant**<br>**MEDICATION**_____<br>Observe the patient closely for significant side effects and report to the Physician.<br>**SIDE EFFECTS:** Common - Sedation, Drowsiness, Dry Mouth, Blurred Vision, Tremor, Agitation, Headache, Skin Rash, Photosensitivity (skin), Excessive Weight Gain.<br>**SPECIAL ATTENTION FOR:** Heart Disease, Glaucoma, Chronic Constipation, Seizure Disorder, Edema. | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HYPNOTICS/BENZODIAZEPINES**<br>**MEDICATION**_____<br>Observe the patient closely for significant side effects and report to the Physician.<br>**SIDE EFFECTS:** Dry mouth, Constipation, Blurred Vision, Retention of Urine, Headaches, Vertigo, Nausea, Fall in Blood Pressure, Rapid Heart Beat, Weakness, Sedation, Lethargy, Confusion, Memory Loss, Allergic Reactions, and Depression.<br>**NURSING ALERT:** Observe for decrease in mental and physical functioning. | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anti-Anxiety**<br>**MEDICATION**_____<br>Observe the patient closely for significant side effects and report to the Physician.<br>**SIDE EFFECTS:** Sedation, Drowsiness, Ataxia (drunk walk), Dizziness, Nausea, Vomiting, Confusion, Headache, Blurred Vision, Skin Rash.<br>**NURSING ALERT:** If given with other sedatives or hypnotics, and alcohol. Monitor behavior on medication sheet. | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anti-Psychotic**<br>**MEDICATION**_____<br>Observe the patient closely for significant side effects and report to the Physician.<br>**SIDE EFFECTS:** Sedation, Drowsiness, Dry Mouth, Constipation, Blurred vision, EXTRAPYRAMIDAL REACTION, Weight Gain, Edema, POSTURAL HYPOTENSION, Sweating, Loss of Appetite, Urinary Retention.<br>**NURSING ALERT:** Tardive Dyskinesia, Seizure Disorder, Chronic Constipation, Glaucoma, Diabetes, Skin Pigmentation, Jaundice. Monitor behavior on medication sheet. | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NURSE SIGNATURE/ INITIALS

0 = NO SIDE EFFECTS
+ = SEE NURSING NOTES

PT.

MR.#/RM.

DR.