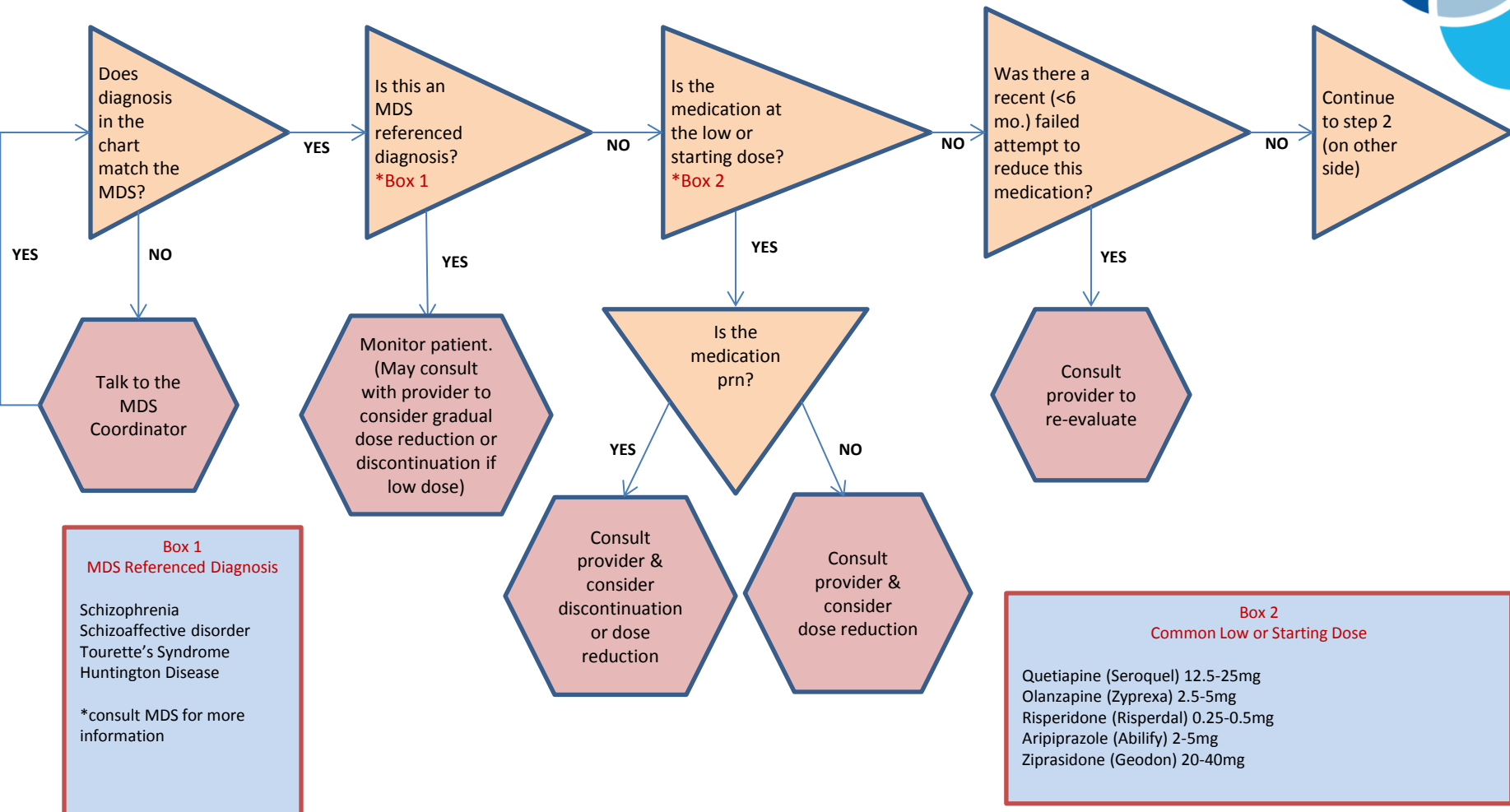


Antipsychotic Reduction; Resident Prioritization Tool *Part 1

The Residents in the pink hexagons are intended to be addressed before moving to Step 2



Box 1
MDS Referenced Diagnosis

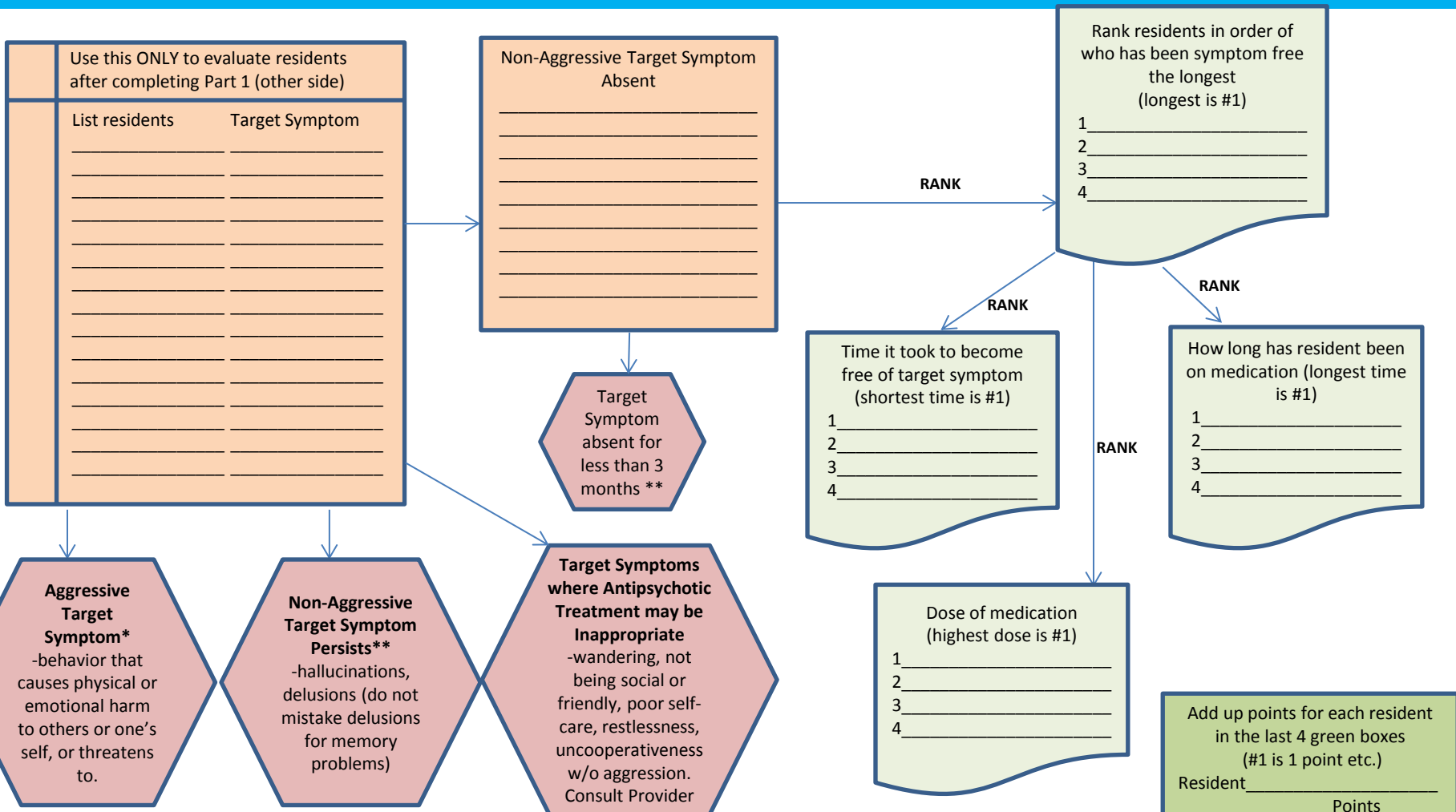
- Schizophrenia
- Schizoaffective disorder
- Tourette's Syndrome
- Huntington Disease

*consult MDS for more information

Box 2
Common Low or Starting Dose

- Quetiapine (Seroquel) 12.5-25mg
- Olanzapine (Zyprexa) 2.5-5mg
- Risperidone (Risperdal) 0.25-0.5mg
- Aripiprazole (Abilify) 2-5mg
- Ziprasidone (Geodon) 20-40mg

Antipsychotic Reduction; Resident Prioritization Tool *Part 2



These lists are not comprehensive and are intended to be used only as guidance.

-This flowchart was developed in part utilizing documentation with permission from Dr. Thomas Magnuson of the University of Nebraska Medical Center published article "Reductions in Antipsychotics in Long Term Care"

-Always consult the provider
-Dose reductions should be approached with awareness and caution for symptoms of withdrawal
-Documentation is key for target symptom management and outcomes tracking

*In aggressive residents six months of stability may be needed
**In non-aggressive residents three months of stability is reasonable before a reduction is attempted

***The resident with the LOWEST point total should be considered first for dose reduction**