



Antipsychotic Appropriateness Assessment

Are you planning to give an as needed (PRN) dose of an antipsychotic for the management of Behavioural & Psychological Symptoms of Dementia (BPSD)?

YES



Are the resident, care-staff, or other residents at immediate risk due to the resident's behaviours or actions?

—YES→

- Give dose of antipsychotic
- Follow site Code White protocol if necessary

NO

Three common underlying causes of BPSD to be evaluated first before giving PRN dose of an antipsychotic

Pain

Could this behaviour be a response to pain?
This can be evaluated using the PAINAD scale (on back of page)

- This scale is useful when a verbal evaluation of pain is not possible
- Is pharmacological intervention needed?
- Standing PRN analgesic order OR
- Acetaminophen on admission order set

(Pain should be re-evaluated for resolution 30 minutes to 1 hour after dose given)

How often are PRN analgesic's being used?

- Should pharmacy/physician be consulted for pain management

Constipation

When was the resident's last bowel movement?
Is pharmacological intervention needed?

- Follow Adult Bowel Care Orders

Monitor bowel movements to prevent future episodes of constipation

Environment

Could this behaviour be a response to surrounding environment?
Such as:

- Noise
- Other residents
- Staff
- Lights
- Too hot/cold
- Boredom

Pain Assessment in Advanced Dementia (PAIN AD) Scale¹

Behaviour	0	1	2	Score
Breathing (independent of vocalization)	• Normal	• Occasional labored breathing • Short period of hyperventilation	• Noisy labored breathing • Long period of hyperventilation • Cheyne-Stokes respirations	
Negative vocalization	• None	• Occasional moan or groan • Low-level speech with a negative or disapproving quality	• Repeated troubled calling out • Loud moaning or groaning • Crying	
Facial expression	• Smiling or inexpressive	• Sad • Frightened • Frown	• Facial grimacing	
Body language	• Relaxed	• Tense • Distressed pacing • Fidgeting	• Rigid • Fists clenched • Knees pulled up • Pulling or pushing away • Striking out	
Consolability	• No need to console	• Distracted or reassured by voice or touch	• Unable to console, distract or reassure	
Total Score				

For definitions of table contents Refer to [10-513-5009 Pain Assessment in Advanced Dementia Scale Tool \(PAINAD\)](#)

Scoring

The total score ranges from 0 - 10 points. A possible interpretation of the scores is 1 - 3 (mild pain), 4 - 6 (moderate pain) and 7 - 10 (severe pain).

Behaviours where Antipsychotics are NOT appropriate to treat or may worsen²

- Pacing, restless, fearful/upset, wandering
- Sleep disturbance, sundowning
- Shouting/calling out/cursing
- Repetitive questions
- Socially or sexually inappropriate behaviours (e.g. masturbation, spitting)
- Aggression during personal care
- Hoarding/protective of territory

Other Resources/Tools

- [10-500-5013 Dementia Observational System \(DOS\) Tool](#)
- [10-315-2023 Violent Behaviour Assessment of Underlying/Contributing Factors](#)

More Questions? Ask Your LTC Pharmacist

References

1. Bueckert V, Cole M, Robertson D. *When Psychosis Isn't The Diagnosis: A Toolkit For Reducing Inappropriate Use of Antipsychotics in Long Term Care. Choosing Wisely Canada: 2019.*
2. Warden V, Hurley AC, Volicer L. *Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale.* J AM Med Dir Assoc. 2003;4(1): 9-15.