

Continuing Professional Development Program

Audit of practice in the monitoring of patients who are experiencing metabolic side effects related to antipsychotic therapy



The Royal Australian & New Zealand College of Psychiatrists



The RANZCP clinical practice guidelines for the management of schizophrenia and related disorders are available at www.ranzcp.org/guidelines

| Audit of a patient who is experiencing metabolic side effects due to antipsychotic therapy | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Audit Number (e.g. 1 of 5) | | / | Date |
| Current antipsychotic medication | | | |
| Medication name | Dose (mg) | Frequency | Duration of treatment |
| | | | |
| | | | |
| Monitoring metabolic side effects | | | |
| Did you monitor for metabolic changes due to antipsychotic therapy from prescription of the medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| At the most recent appointment did you review: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Weight | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - BMI | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Lipid profile | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Fasting glucose | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Waist circumference | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Blood Pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If your management differed from guideline recommendations: | | | |
| - Why? (E.g. access to services, patient treatment preference, variation in individual response etc.) | | | |
| - Were these reasons clearly documented in the clinical notes? | | | |
| <i>Please continue overleaf if required</i> | | | |
| | | | |
| Monitoring physical health in patients with schizophrenia and related disorders | | | |
| On initial assessment did you review: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Alcohol and smoking history | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Levels of physical activity | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Oral health | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Diet | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| - Non-modifiable, sociodemographic factors (e.g. source of income, accommodation) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did you continue to monitor the individual's physical health throughout your contact? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Areas for improvement | | | |
| | | | |
| Plan for implementation of areas for improvement | | | |
| | | | |

Comments / Recommendations

Additional notes if required

The development of this audit tool is an iterative process and the RANZCP Committee for Evidence-Based Practice welcomes feedback on any aspect of this tool via policy@ranzcp.org

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