

## Figure 4. Psychoactive Medication Quality Assurance Rating Survey (PQRS)

Person's Full Name	
Person's Case Number	

### INSTRUCTIONS TO RATER:

- These guidelines apply to all items unless indicated otherwise.
- After reviewing the person's chart for the twelve (12) months before the rating date, circle Y if the stated item is true. For example, if the response to the item is NO, NOT APPLICABLE, NONE, DON'T KNOW, OTHER, or any response other than YES for an item, leave it blank.
- You may write any additional information on the backs of the pages.
- Key:

\*This criterion is required prior to treatment with psychoactive medications.

+This criterion indicates that further investigation is required prior to treatment with psychoactive medication.

<b>IDENTIFYING PERSONAL INFORMATION</b>	
1. Case number	
2. Form number	
3. Time number	
4. Rater code number	
5. Subject number	
6. Rating date	
7. Today's date	
8. Person's sex is male.	Y
9. Person's date of birth	
10. Person's age in years	
11. Person's street address	
12. Person's apartment number	
13. Person's city	
14. Person's state, province, or region	
15. Person's postal code	

16. Person's telephone number

17. a. Person's racial/ethnic origin

1 African American, Black, or Negro

2 Alaska Native, Aleut, American Indian, Eskimo, or Native American

3 Asian, Asian Indian, Chamorro, Chinese, Filipino, Guamanian, Japanese, Korean, Native Hawaiian, Pacific Islander, Samoan, or Vietnamese

4 Caucasian, European, or White

5 Other

Please write all other ethnicities.

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9 Don't know

17. b. Person's Spanish/Hispanic/Latino origin

The person is Chicano, Cuban, Hispanic, Latino, Mexican, Mexican American, Puerto Rican, or Spanish.

0 No

1 Yes

9 Don't know

17. c. Person's multiracial status

The person is multiracial.

0 No

1 Yes

9 Don't know

18. Person's living unit

19. Person's date of admission to this institution

20. Level of mental retardation

1	Profound (IQ below 20 or 25)
2	Severe (IQ 20-25 to 35-40)
3	Moderate (IQ 35-40 to 50-55)
4	Mild (IQ 50-55 to approximately 70)
5	Borderline (IQ 71 to 84)
6	Not retarded
9	Don't know

21. Full scale IQ, as measured by standard individual test

22. Person is deceased.

Y

**CAREGIVERS**

23. Primary clinician

24. Physician 1 managed medications for person

25. Physician 2 managed medications for person

26. Physician 3 managed medications for person

**PAST HISTORY**

27. Record of previous diagnostic evaluation requested.\*

Y

28. Record of previous diagnostic evaluation obtained.\*

Y

**CURRENT MEDICAL EVALUATION**

29. Comprehensive nonpsychiatric medical evaluation is initiated.\*

Y

30. Comprehensive nonpsychiatric medical evaluation is completed.\*

Y

31. Relevant nonpsychiatric medical assessment components are completed.\*

Y

**CURRENT PSYCHIATRIC EVALUATION**

32. Comprehensive psychiatric evaluation is initiated.\*

Y

33. Comprehensive psychiatric evaluation is completed.\*

Y

34. Relevant psychiatric assessment components are completed.\*

Y

35. Psychiatric diagnoses other than mental retardation, if applicable, by <i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)</i> (American Psychiatric Association, Washington, DC, 2000) classification.*	Y
36. Psychiatric diagnoses other than mental retardation, if applicable, by <i>1998 ICD-9-CM (1998 International Classification of Diseases, Ninth Revision, Clinical Modification, Fifth Edition.</i> (Medicode Publications, Salt Lake City, Utah, 1997) classification.*	Y
<b>CURRENT INTELLECTUAL EVALUATION</b>	
37. Level of mental retardation is documented by IQ derived from individual formal testing.*	Y
38. Level of retardation is documented by adaptive functioning.*	Y
<b>CURRENT BEHAVIORAL EVALUATION</b>	
39. Focused behavioral evaluation is initiated.*	Y
40. Focused behavioral evaluation is adequate for initiating treatment.*	Y
41. Behavioral symptoms related to any psychiatric diagnoses are specified.*	Y
42. Behavioral symptoms related to any medical diagnoses are specified.*	Y
43. Baseline behavioral symptoms similar to treatment side effects are specified.*	Y
<b>SPECIFIC MEDICAL DIAGNOSES</b>	
44. Pulmonary disease is diagnosed.	Y
45. Cardiovascular disease is diagnosed.	Y
46. Cataracts are diagnosed.	Y
47. The person is hepatitis A antigen positive.	Y
48. The person is hepatitis B antigen positive.	Y
49. Constipation is diagnosed.	Y

50. Toe infection is diagnosed.	Y
51. Ear/nose/throat disease is diagnosed.	Y
52. Respiratory infection is diagnosed.	Y
53. Central nervous system disease is diagnosed.	Y
54. Seizures are diagnosed.	Y
55. Endocrine disease is diagnosed.	Y
56. Person ambulates with assistance.	Y
57. Mental retardation due to disorders of metabolism and nutrition is diagnosed.	Y
58.  Mental retardation due to infection (e.g., rubella) or head trauma is diagnosed.	Y
59. Cerebral malformations are diagnosed.	Y
60. Down syndrome is diagnosed.	Y
61. Fragile X syndrome is diagnosed.	Y
62. Other chromosomal disorders are diagnosed.	Y
63. One or more seizures are recorded during the past twelve months.	Y
64. Stereotypies are diagnosed.	Y
65. Neuroleptic-related tardive or withdrawal dyskinesias are diagnosed.	Y
66. Additional medical diagnoses are given.	Y
67. It is specified if medical diagnoses contribute to target symptoms.	Y
68. Another nonpsychiatric medical condition, other than mental retardation, is diagnosed. If yes, please list:	Y
69. Other informal clinical symptom diagnoses, eg, self-injurious behavior, are given.	Y
70. Hierarchy of severity of medical diagnoses is evident.	Y

**SPECIFIC PSYCHIATRIC DIAGNOSES**

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71. Autistic disorder is diagnosed.	Y
72. Other pervasive developmental disorder is diagnosed.	Y
73. Schizophrenia is diagnosed.	Y
74. Depression is diagnosed.	Y
75. Mania is diagnosed.	Y
76. Self-injurious behavior has been recorded.	Y
77. Aggression towards others has been recorded.	Y
78. Suicide has been attempted in the past year.	Y
79. Hyperactivity has been recorded in the past year.	Y
80. Another nonmedical psychiatric diagnosis, other than mental retardation is diagnosed. If yes, please list:	Y
81. Hierarchy of severity of psychiatric diagnoses is evident.	Y

### TARGET SYMPTOMS

82. More than one staff member has recorded each significant symptom.*	Y
83. There is an obvious environmental cause for each symptom.+	Y
84. There is an obvious bias by the observer; others do not agree.+	Y
85. More than one significant symptom is observed.	Y
86. A hierarchy of symptom priorities for treatment is listed.*	Y
87. Target symptom(s) for treatment are established.*	Y
88. Baseline ratings of symptoms are obtained by rating scales.	Y
89. Baseline ratings of symptoms are obtained by informal observation.*	Y
90. Other target behavioral symptoms are identified. If yes, please list:	Y
91. There is hierarchy of target behavioral symptoms.*	Y

### TREATMENT SELECTION

92. Only one available psychoactive treatment is considered and reviewed.+	Y
93. More than one available psychoactive treatment is considered and reviewed.*	Y
94. Beneficial and side effects of each psychoactive treatment are reviewed.*	Y
95. Sequence of psychoactive treatments is established.*	Y
96. Caution to do no harm to person in treatment selection.*	Y
97. Informed consent is obtained prior to starting psychoactive medication.*	Y
98. Class of psychoactive medication selected in relation to psychiatric diagnoses.*	Y
99. Class of psychoactive medication selected in relation to target behavioral symptom(s).*	Y
100. Class of psychoactive medication selected in relation to concurrent medical illnesses.*	Y
101. Class of psychoactive medication selected in relation to drug interactions.*	Y
102. Contraindicated and ineffective psychoactive medications were excluded.	Y
103. Alternative psychoactive medication(s) are recorded.*	Y
<b>TREATMENT MONITORING PROTOCOLS</b>	
104. A behavioral treatment plan is specified.*	Y
105. A pharmacological treatment plan is specified.*	Y
106. The duration of psychoactive treatments specified, other than monthly renewals.*	Y
107. After the monthly review of the symptoms of the person, medication renewals are completed.*	Y
108. Outcome criteria are specified to determine continuation of therapy.*	Y
109. The time and the method to determine long-term side effects are recorded.	Y
110. Psychoactive medication review by preset schedule, other than monthly medication renewals.	Y

111. Psychoactive medication review by original protocol schedule.	Y
112. Psychoactive medication review by number of drugs.*	Y
113. Psychoactive medication review by long-term side effects.*	Y
114. Nonmedication influences reviewed: baseline variation.*	Y
115. Nonmedication influences reviewed: environmental.*	Y
116. Nonmedication influences reviewed: concurrent treatments.*	Y

### **MEDICATION DOSAGE RANGE**

117. Psychoactive drug dosage in usual range according to  <i>2004 Physicians' Desk Reference</i> (PDR) (58th ed, Thomson Healthcare, Montvale, New Jersey, 2003; <a href="http://www.PDR.net">www.PDR.net</a> ).*	Y
118. Psychoactive drug dosage in usual range according to state manual.*	Y
119. Psychoactive drug dosage in usual range according to standard texts.*	Y
120. Psychoactive drug dosage in usual range according to scientific journals.*	Y

### **MONITORING MEDICATION DOSAGE AND TREATMENT EFFECTS**

121. Psychoactive drug dosage is monitored by formal protocol schedule.	Y
122. Psychoactive drug dosage is monitored by open drug trial.	Y
123. Psychoactive drug dosage is monitored by plasma drug levels.	Y
124. Psychoactive drug dosage is monitored by consideration of other drugs currently taken.*	Y
125. Appropriate beneficial behavioral effects are monitored.*	Y
126. Appropriate medication side effects are monitored.*	Y
127. Monitoring by staff observation, with chart notes, at one site (day program or living unit).*	Y
128. Monitoring by staff observation, with chart notes, at two or more sites (including both day program and living unit).	Y

129. Monitoring by appropriate specific rating scales filled out by assigned raters.	Y
130. Monitoring by appropriate specific rating scales, with raters by convenience.	Y
131. Monitoring by open format.	Y
132. Monitoring by single blind format.	Y
133. Monitoring by double blind format.	Y
134. Monitoring includes use of placebo.	Y
135. Monitoring includes crossover of treatment components.	Y
<b>DRUG HOLIDAYS</b>	
136. Drug holiday of at least four weeks each year planned.	Y
137. Drug holiday of at least four weeks this year attempted.	Y
138. Drug holiday of at least four weeks this year completed.	Y
139. No drug holiday, with documentation supporting this decision.	Y
140. Attempt at drug holiday was discontinued, with justification.	Y
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