

Antipsychotic Medication Tip Sheet

This tip sheet is designed to help nursing home teams use a consistent process to review whether antipsychotic medications are clinically appropriate, safe, and aligned with each resident's needs. Use it during chart review, care planning, medication reassessment, and quality improvement activities to identify strengths, address gaps, and support safe medication practices.

Focus Area	Suggested Tip
Appropriate clinical indication	Ensure each antipsychotic medication has a clearly documented diagnosis, target symptoms, and clinical rationale for use.
Gradual dose reduction/medication reassessment	Review the ongoing need routinely and evaluate opportunities for tapering when clinically appropriate.
Non-pharmacologic interventions first	Document non-pharmacologic interventions attempted before initiating or continuing antipsychotic medication, when clinically appropriate.
Monitoring for side effects	Track sedation, extrapyramidal symptoms, weight gain, metabolic changes, movement disorders, and other adverse effects.
Informed consent and guardian involvement	Verify that the resident and/or resident representative were notified, provided consent, and received education regarding the risks, benefits, and expected outcomes.
Interdisciplinary oversight	Include psychiatry, nursing, pharmacy, social services, and therapy teams in medication review and care planning.
Behavior tracking and response to treatment	Document measurable target behaviors and assess whether the medication is producing meaningful benefit.
Avoidance of use for convenience or discipline	Ensure medication is clinically justified and not used for staff convenience, discipline, or as a chemical restraint.
Regulatory and documentation compliance	Maintain complete documentation supporting indication, monitoring, consent, care plan integration, and follow-up.

Resources for Further Review

The following resources may support additional review, staff education, and ongoing quality improvement efforts related to antipsychotic medication use.

- Centers for Medicare & Medicaid Services (CMS). *QSO-25-07-NH: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process*. Nov. 18, 2024. Available at <https://www.cms.gov/files/document/revised-long-term-care-ltc-surveyor-guidance-significant-revisions-enhance-quality-and-oversight-ltc.pdf>. Accessed on July 21, 2026.
- CMS. State Operations Manual, Appendix PP, F605. *Right to be Free from Chemical Restraints*. Rev 225; Aug. 8, 2024. Available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>. Accessed on July 20, 2026.
- CMS. 20082, *Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review*. Critical Element Pathway. 2025. Available at <https://docshepherd.com/wp-content/uploads/2025/12/CMS-crit-element-path-unnecessary-meds-2025.pdf>. Accessed on July 20, 2026.
- American Psychiatric Association. *Clinical Practice Guidelines*. Available at <https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>. Accessed on July 21, 2026.
- University of Washington. Psychiatry Consultation Line. *Second-Generation Antipsychotic Metabolic Monitoring*. May 2025. Available at <https://pcl.psychiatry.uw.edu/wp-content/uploads/2025/05/Metabolic-Monitoring-2025.pdf>. Accessed on July 21, 2026.

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