

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: September 25, 1990

BHRS POLICY: 90-07

SUBJECT: Abnormal Involuntary Movement Screening

AUTHORITY: Division

AMENDED: December 31, 1997, September 23, 1998, November 14, 2012

This policy is intended to facilitate early detection of tardive dyskinesia and other movement disorders. When abnormal movements are observed, documentation of efforts to reduce or discontinue neuroleptic medications is required.

Who Must Be Screened

- o All clients diagnosed with schizophrenia, schizo-affective disorder, psychotic depression, or bi-polar disorder, whether or not currently receiving neuroleptic medications.
- o All clients currently receiving antipsychotic medications, lithium or SSRI's, regardless of diagnosis.

Baseline Screenings

- o At initial evaluation.
- o Once yearly if no signs of abnormal movement disorder are observed (birthday or admission months provide convenient screening schedules).
- o Prior to institution of antipsychotic, lithium, or SSRI drug therapy; when switching to different antipsychotic or SSRI.

Follow-up Screenings

- o Immediately when new abnormal movements are observed.
- o As clinically indicated thereafter, if movements persist.
- o At six months after discontinuance of therapy with a referenced medication that lasted three months or longer.

Screening Tool

- o AIMS Scale – Directions and copy of form is provided in the attachment to this policy.

Documentation

- o Complete the AIMS form in the electronic record (Avatar/CWS/progress notes).
- o If you need to use the paper form, scan the completed form into the electronic record.
- o Write a progress note to document that you did this screening.
- o Abnormal findings should trigger a note that benefits and risks of ongoing neuroleptic treatment were discussed with client and/or conservator.
- o Abnormal findings require note describing ongoing evaluative and treatment directions.
- o It is essential that informed consent be obtained from client or conservator upon initiation or change of neuroleptic therapy, and that consents are updated annually.

Who Performs Screenings

In addition to physicians, registered nurses may screen clients for tardive dyskinesia. In this case, abnormal findings, or an intensification of symptoms previously observed, require immediate consultation with a physician. This consultation must be documented in the client's Avatar record.

Approved: Signature on File
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Attachment: Abnormal Involuntary Movement Scale (AIMS)