

# Pharmaceutical Services



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**Pharmacy Alternatives**



# California Regulations

ICF/DD

ICF/DD-H

ICF/DD-N

“Arrangements shall be made to assure the pharmaceutical services are available to provide clients with prescribed drugs. The facility shall conform to state and federal laws regarding dispensing, labeling, storage and administration of drugs.”




**Federal Regulations**

**State Operations Manual - Appendix J**

**Condition of Participation –  
Health Care Services – Pharmacy Services**

**Regulations W 367 to W 384**





Facilities shall **retain a pharmacist** who devotes the number of hours necessary to **coordinate, supervise and review** the pharmaceutical services.

The pharmacist shall submit a written report of the status of the services and staff performance to the facility administrator or registered nurse at least quarterly.

There shall be a written agreement between the facility the pharmacist, which outlines qualifications, duties and responsibilities.

A pharmacist or the registered nurse shall review the drug regimen of each client at least monthly. If, the Drug Regimen Review (DRR) is reviewed by the registered nurse, the pharmacist must review the DRR (Client's condition relating to drug therapy, medication administration records, physician progress notes and laboratory tests) at least quarterly.

All irregularities shall be reported to the prescriber.



## Appendix J – State Operations Manual


The facility shall have an **organized system** for drug administration that identifies each drug up to the point of administration.

The system shall assure that all drugs are administered in compliance with the physician's orders; all drugs, including those that are self-administered, are administered without error;

The facility shall keep all drugs and biologicals **locked** except when being prepared for administration.

Only authorized persons may have access to the keys to the drug storage area. "Authorized persons" must be restricted to those who administer the drugs and nursing supervisors.

No other personnel shall have access to these keys.




The facility shall assure **labeling of drugs and biologicals** is based on currently accepted professional principles and practices; and include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.

The facility shall **remove from use any outdated drugs**; and drug containers with **worn, illegible, or missing labels**.

Drugs and biologicals packaged in containers designated for a particular client must be immediately **removed** from the client's current medication supply if **discontinued** by the physician.



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- ♥ W 367 - The facility must have an **organized system** for drug administration that identifies each drug up to the point of administration.
  - ♥ W 368 - The system must ensure that all drugs are administered in **compliance with Physicians' orders**.
  - ♥ W 369 - The facility must ensure all drugs are **administered without error**.
  - ♥ W 370 - **Unlicensed personnel** are allowed to administer drugs only if State (California – Allows) law allows.
  - ♥ W 371 - The facility must ensure that clients are **taught to self-administer** their own medications if the IDT determines that the objective is appropriate for the client(s) and the physician does not specify otherwise.
  - ♥ W 372 - The facility must inform the client's physician when the IDT decides self-administration is to be included in the IPP for the client.
  - ♥ W 373 - No client will self-administer medication until he/she has **demonstrated competency** to do so.
  - ♥ W 374 - Drugs used by the clients while not under direct care of the facility are **packaged and labeled** in accordance with **State Law**.
  - ♥ W 375 - The facility must ensure that all drugs administration **errors and adverse reactions are recorded**.
  - ♥ W 376 - The facility must ensure that all drug administration errors and adverse reactions are recorded and **reported to the physician**.



Drugs shall be **stored under appropriate conditions** of:

- ♥ W 377 – Sanitation
- ♥ W 378 – Temperature
- ♥ W 379 – Light
- ♥ W 380 – Humidity
- ♥ W 381 – Security
- ♥ W 382 - The facility must keep all drugs and biologicals **locked**, except while being prepared for administration.
- ♥ W 383 - Only **authorized persons may have access to the keys** to the drug storage area.
- ♥ W 384 - Clients who have been trained in self-administration may have access to keys to their individual drug supply.





## **FIVE RIGHTS OF MEDICATION ADMINISTRATION (Staff Training):**

Practice the rules for giving medications safely:

- Are you giving the medication to the **right person**?
- Are you giving the **right medication**? –  
Compare the pharmacy label, the order and the medication sheet.  
If there is a discrepancy, **DO NOT GIVE THE MEDICATION. CONTACT THE RN.**
- Are you giving the **right dosage**?
- Are you giving it at the **right time**?
- Are you giving by the **right route**?

### **PERFORM THREE CHECKS**

Prior to giving the client his/her medication:

Check the label **THREE** times:

- When removed from the cabinet.
- Before opening.
- As you put it away.



## Timing Errors:

If a drug is ordered before meals (AC) and administered after meals (PC) or vice versa, this is an error.

If the drug is administered more than 60 minutes later or earlier than its scheduled administration time, this as an error ONLY IF THAT WRONG TIME ERROR CAN CAUSE THE INDIVIDUAL DISCOMFORT OR JEOPARDIZE THE RESIDENT'S HEALTH AND SAFETY.

Counting a drug with a long half life (beyond 24 hours) as a wrong time error when it is 15 minutes late shall not be considered an error because there is no significant impact on the individual.

**All medication errors shall be reported to the registered nurse immediately for notification to the physician. All medication errors shall be reviewed and additional training may be provided, as needed.**

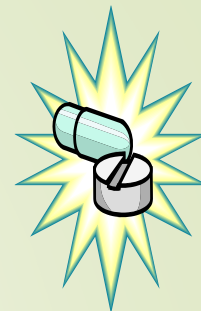


## PREPARATION AND ADMINISTRATION (Staff Training)

When giving a medication, the following should occur regardless of the type of medication given.

1. Assure privacy and confidentiality of client.
2. Give this task your full attention.
3. Assure the work area is clear and well lit.
4. Prepare medications for one client at a time.
5. Ask the client their name and what medication he/she is to be getting, if possible.
6. Check the client's medication record and check the client's picture on the medication record.
7. Review the health/medication record for medication to be given.
8. Wash hands.
9. Explain the procedure to the client.
10. Retrieve medication from secured storage area, checking label for name, medication, time, route, and dose.
11. Check the expiration date. Alert the RN if it is expired and do not give.
12. Double-check the label and compare with the medication record. Read label for instructions.
13. Remove the medication lid-place it top down so as not to contaminate the inside of the lid.
14. Do not give the medication if it is contaminated.
15. Do not leave the medication unattended.
16. When finished giving the medication, store appropriately in a locked storage area.
17. Wash hands.
18. Record immediately, the time, medication, dose, route, person administering the medication, and any unusual observations.





## ORAL MEDICATIONS (Staff Training)

1. Follow the directions on the medication label before removing the lid (ex. shake well).
2. For tablet or capsule, hold lid or medicine cup in your hand, putting the correct dose in the lid/cup. (Do not pour out tablets or capsules into your hand.)
3. Provide a small glass of water/juice unless directed not to.
4. For liquid medicine, pour into a medicine cup from the side of the bottle opposite the label. Wipe the bottle with clean wipe when finished.
5. Give to the client and observe them taking medication.
6. Observe the client for any unusual signs.

# READING PRESCRIPTIONS (Staff Training)

- ♥ Medication should not be given unless it is in its original container.
- ♥ Do not give a medication if you cannot read and understand the label.

Generic drugs and brand name drugs.

- ♥ Generic drugs have the same medication as brand names though different companies may make them.

Example: Acetaminophen as generic and Tylenol as brand name.

Medication label:

- ♥ Name,
- ♥ Name of medication,
- ♥ Directions for use, and
- ♥ Expiration date.

Look for your name near the top of the label. It sounds like a basic step, but you'll want to make sure that you haven't picked up a prescription for someone else with a similar name. Double-check that this information is correct on the label. If you are approved to receive a generic drug substitute, ask your doctor what medicine name you might see on the label.

Check the refill section, usually located near the bottom of the label. Make sure that this information is correct.

Find the date filled section of the label. Note if there is a time limit for obtaining prescription refills. In some cases, you may only be able to get refills for up to one year after the date that the initial prescription was filled.

Read the description of the pills and compare the description with the pills in the prescription bottle. If the description doesn't match the contents of the bottle, don't take any of the pills. Speak with your pharmacist immediately.

Pay attention to warnings and special advice. You may find this information printed on colored labels that are affixed to the side of the prescription bottle. These special labels often advise patients to take drugs with food or avoid driving when taking the medication.





## Medications to the Ear (Staff Training)

1. Warm the medication in your hands a few minutes.
2. Follow the directions on the label (ex. shake).
3. Ask the client to tip head sideways or to lie down with affected ear up.
4. Pull earlobe down and back for small individuals.
5. Hold dropper ½ inch from ear, not touching the ear with the dropper. Squeeze in prescribed dose.
6. Ask the client to stay in the same position for a minute or two to assure the medication is dispersed in the canal. May put cotton ball in the ear.







## TOPICAL MEDICATIONS (Staff Training)

Administer a thin coat of the medication with gloved hand or with a tongue depressor.

## Nasal Medications (Staff Training)

1. For drops, tip their head back or lie down with pillow under their shoulders with head back.
2. Place the dropper slightly in the nostril and administer the correct number of drops. Do not touch the dropper to the nostril.
3. For nasal spray, insert nozzle about a half inch into the nose and spray as directed.
4. Have client remain in this position for a few minutes to assure that the medication reaches the upper nasal passages.



# Verbal Orders

will be given only by qualified physicians and physician extenders, dentists, or other persons licensed or authorized to prescribe by the State of California.

Physicians are routinely responsible for the written entry of physician orders in the patient's chart. Verbal orders, including telephone orders, may be taken and written by a registered nurse or other authorized individual when a physician is unable to personally write the order due to (1) medical emergency, (2) interruption of physician involvement in another patient care function, (3) or when phone orders are necessary when the physician must call from an off-site location.

Verbal orders must be co-signed by the responsible physician within 24 hours. A verbally communicated order must contain all components of a valid written order. It must also contain the name of the person who issued it as well as the name and title of the person who received the order.

Process for accepting verbally communicated orders:

- The listener will concurrently transcribe the complete order on an approved form that includes the patient's name and one other patient identifier (birth date, medical record number, social security number)
- Read the transcribed order back to the provider to ensure the listener has properly heard and understood the communication.
- Enunciate what is being said as clearly as possible. Use aids such as "B as in Ball" or "F as in Frank" to eliminate spelling errors. Articulate numbers as "sixteen or one-six" to avoid errors
- Document "read back completed" next to the transcribed order. Place the order in the medical chart as soon as possible. Flag the verbal order for authentication.

Due to the risk for medication errors associated with verbal/telephone communication of orders, it is expected that the following components of the order will be verbalized and transcribed:

- 1.Date and time of order
- 2.Generic and brand name of drug
- 3.Drug dosage (strength and concentration, formulation – tabs, pills, solution mg/cc)
- 4.Quantity and duration
- 5.Route of administration
- 6.Frequency of administration
- 7.Age and weight of patient (required for Pediatric patients and in clinical circumstances where appropriate)
- 8.Known allergies
- 9.Reason drug is ordered for PRN orders
- 10.Specific indications for use, as appropriate.

It must be the policy of the facility for all verbal orders for medications to be obtained, documented and ordered by the Registered Nurse.




# STOP ORDERS

When the physician's order for medication does not include a specific time limit or a specific number of dosages, the facility shall notify the physician that the medication will be stopped at a date certain unless the medication is ordered continued by the physician. The facility shall so notify the physician every thirty days.


Automatic Stop/Review Orders (ASO) will apply as follows, unless otherwise specified by the attending physician, up to thirty days. When the duration of therapy has not been specified, then the physician must be contacted within the specified time frames to determine the length of therapy.

**If duration of therapy is not specified, physician must be contacted within the following time frames:**



Three (3) Days	<ul style="list-style-type: none"><li>• Vasoconstrictors (ophthalmic, nasal)</li></ul>
Five (5) Days	<ul style="list-style-type: none"><li>• Heparin and Low Molecular Weight Heparins</li><li>• Injectable electrolytes (e.g. potassium, sodium, calcium, phosphate, magnesium chloride) and oral potassium</li></ul>
Ten (10) Days	<ul style="list-style-type: none"><li>• Anti-infectives:<ul style="list-style-type: none"><li>○ oral, topical and ophthalmic</li><li>○ antiviral agents except amantadine and oseltamivir given according to current protocol</li><li>○ Anti-fungals, oral</li></ul></li><li>• Warfarin – the next business day after the INR order date or 10 days (INR order date or an anticoagulant protocol supersedes the 10 day Automatic Stop/Review Order)</li><li>• NSAIDs and COX II inhibitors</li><li>• Corticosteroids, ophthalmic and oral</li></ul>
Thirty (30) Days	<ul style="list-style-type: none"><li>• All psychotropic (e.g. anti-psychotics, CNS stimulants, sedatives, anti-depressants and hypnotics used for HS sedation)</li><li>• Antifungals, topical</li><li>• Narcotics</li><li>• Corticosteroids, topical</li></ul>





# Equipment and Supplies

The facility shall provide a refrigerator with accurate thermometer, lockable drug cabinets, drawers, closets or rooms, drug service trays/carts, drug preparation counter area and convenient water sources and reference materials for all drugs in use at the facility.


The facility shall maintain a supply of emergency drugs:

- No more than three (3) single doses in ampules/vials or one multi-use vial in sealed unused containers. Sublingual or inhalation emergency drugs shall be limited to single, sealed containers of the smallest available size.
- Not more than six (6) anti-infective, anti-diarrhea, anti-nausea or analgesia drugs in oral or suppository form, shall be stored.
- Not more than four (4) doses of any one drug may be stored.

The drugs shall be maintained in a portable container with a tamper proof seal. Drugs used from the kit shall be replaced within seventy-two (72) hours. The pharmacist shall inspect the drug supply at least quarterly. The contents of the supply shall be listed on the outside of the container.

A separate record of use shall be maintained which includes the name and dose of each drug, the name of the client, the date and time of administration and the signature of the person administering the drug.





## Pharmacy Alternatives - Do Not Crush Medications (I/DD Population)

### Product



Accutane (isotretinoin)  
Aciphex (rabeprazole)  
Actonel (risedronate)  
Adalat CC (nifedipine)  
Adderall XR (amphetamine)  
Allegra-D (combination)  
Amitiza (lubiprostone)  
Aricept 23mg (donepezil)  
Asacol (mesalamine)

### Comments

Irritant  
Slow release  
Irritant  
Slow release  
Slow release  
Slow release  
slow release  
Affects absorption  
Slow release



Boniva (ibandronate)	Irritant
Calan SR (verapamil)	Slow release
Carbatrol (carbamazepine)	Slow release
Cardene SR (nicardipine)	Slow release
Cardizem and CD/LA (diltiazem)	Slow release
Ceftin (cefuroxime)	Taste
Claritin D (combination)	Slow release
Colace (docusate)	Taste
Colestid (colestipol)	Slow release
Concerta (methylphenidate)	Slow release
Cymbalta (duloxetine)	Slow release
Depakene (divalproex)	Release/Irritant
Depakote and ER (divalproex)	Slow release
Detrol LA (tolterodine)	Slow release
Dilatrate SR (isosorbide)	Slow release
Ditropan XL (oxybutynin)	Slow release
Drisdol	Liquid filled
Dulcolax (bisacodyl)	EC tablet
Ecotrin (aspirin)	Enteric coated
Effexor XR (venlafaxine)	Slow release
E-Mycin (erythromycin)	Enteric coated
Enablex (darifenacin)	Slow release
Ery-tab (erythromycin)	Enteric coated



Evista (raloxifene)

Taste/Teratogenic

Feosol (ferrous sulfate)

Enteric coated

Fero-Grad 500mg (ferrous gluconate)

Enteric coated

Flomax (tamsulosin)

Slow release

Focalin XR (dexmethylphenidate)

Slow release

Fosamax (alendronate)

Membrane irritant

Glucophage XR (metformin)

Slow release

Glucotrol XL (glipizide)

Slow release

Imdur (isosorbide)

Slow release

Inderal LA (propranolol)

Slow release

Invega (paliperidone)

Slow release

Depakene (divalproex)

Release/irritant

Depakote and ER (divalproex)

Slow release

Detrol LA (tolterodine)

Slow release

Dilatrate SR (isosorbide)

Slow release

Ditropan XL (oxybutynin)

Slow release

Drisdol

Liquid filled

Dulcolax (bisacodyl)

Enteric coated

Ecotrin (aspirin)

Enteric coated

Effexor XR (venlafaxine)

Slow release

E-Mycin (erythromycin)

Enteric coated

Enablex (darifenacin)


Slow release

Ery-tab (erythromycin)

Enteric coated



Kaon CL-10 (potassium)	Slow release
Keppra (leviteracetam)	Taste
Klor-Con (potassium)	Slow release
K-Dur (potassium)	Slow release
K-tab (potassium)	Slow release
Lamictal XR (lamotrigine)	Slow release
Lescol (fluvastin)	Slow release
Levbid (hyoscyamine)	Slow release
Lithobid (lithium)	Slow release
Metadate ER/CD (methylphenidate)	Slow release
Micro-K extentabs (potassium)	Slow release
Motrin (ibuprofen)	Taste
MS Contin (morphine)	Slow release
Nexium (esomeprazole)	Slow release
Niaspan (nicotinic acid)	Slow release
Nifediac CC (nifedipene)	Slow release
Paxil CR (paroxetine)	Slow release
Pentasa (mesalamine)	Slow release
Plendil (felodipine)	Slow release
Prevacid (lansoprazole)	Slow release
Prilosec (omeprazole)	Slow release
Procardia XL (nifedipine)	Slow release
Proscar (finasteride)	Terratogenic
Protonix (pantoprazole)	Slow release
Prozac weekly	Enteric coated



Requip XL (ropinirole)	Slow release
Ritalin LA/SR (methylphenidate)	Slow release
Rythmol SR (propafenone)	Slow release
Seroquel XR (quetiapine)	Slow release
Sinemet CR (levodopa/carbidopa)	Slow release
Slo-Niacin (nicotinic acid)	Slow release
Strattera (atomoxetine)	Irritant if opened
Sudafed 12/24 hour (combination)	Slow release
Tegretol XR (carbamazepine)	Slow release
Topamax (topiramate)	Taste
Toprol XL (metoprolol succinate)	Slow release
Trental (pentoxifylline)	Slow release
Ultram ER (tramadol)	Slow release
Uroxatal (alfuzosin)	Slow release
Verapamil SR	Slow release
Vesi-Care (solifenacin)	Enteric coated
Voltaren XR (diclofenac)	Slow release
Wellbutrin SR/XL (bupropion)	Slow release
Xanax XR (alprazolam)	Slow release
Zyban (bupropion)	Slow release



### Definition of Terms:

Photosensitivity: Inflammation of the skin induced by the combination of sunlight and certain medications which causes redness that looks much like sunburn. There are two mechanisms, phototoxic, which is more common, and photoallergic.

Phototoxicity: The drug is activated by exposure to sunlight, and this acute process resembles sunburn. The ensuing rash is commonly confined to the sun exposed area, and clears up once the drug is discontinued and cleared from the body.

Photoallergy: Ultraviolet light causes changes to the structure of the drug, so one's immune system perceives the drug as an allergen, initiating an allergic response and inflammation of the skin. This reaction resembles eczema and is long lasting.



## Phototoxic Drugs:

- ❖ Antibiotics: Ciprofloxin (Cipro), Levofloxin (Levaquin), Tetracycline, Doxycycline (Vibramycin) and trimethoprim (Bactrim/Septa)
- ❖ Antihistamines: Diphenhydramine (Benadryl) and Promethazine (Phenergan)
- ❖ Cardiac Drugs: Amiodarone (Cordarone), Nifedipine (Procardia), Quinidine (Quinadex), and Diltiazem (Cardizem)
- ❖ Diuretics: Furosemide (Lasix) and Hydrodiuril
- ❖ Antidepressants: Tricyclics such as Sinequan (Doxepin), Amitriptyline (Elavil) and Imipramine (Tofranil)
- ❖ Diabetic Medications: Glyburide (Micronase)
- ❖ Painkillers: Ibuprofen (Motrin), Naproxyn (Naprosyn)
- ❖ Acne Medications: Accutane and Benzoyl Peroxide
- ❖ Psychiatric Drugs: Chlorpromazine (Thorazine), Thioridazine (Mellaril), Thiothixane (Navane), Prolixen (Fluphenazine) and Desipramine (Norpramin), Alprazolam (Xanax) Librium and Prochlorperazine (Compazine)



## Photoallergic Drugs:

- ❖ Sunscreens with PABA
- ❖ Antimicrobials: Peridex, Phisohex
- ❖ Painkillers: Celecoxib (Celebrex)

## Helpful Websites:

Epocrates.com  
Crediblemeds.org  
Beers Criteria

# Medications to be taken **Prior** to Meals

Alendronate (Fosamax)	Ampicillin	Astemizole	Bethanechol
Bisacodyl	Captopril (Take 1 hour before meals)	Cefibuten (Cedax)	Cilostazol (Pletal)
Demeclocycline	Dicloxacillin	Didanosine (Videx)	Etidronate (Didronel)
Felodipine (Plendil)	Indinavir (Crixivan)	Lansoprazole (take before eating)	Levothyroxine
loratadine (Claritin)	loracarbef (Lorabid)	Methotrexate	Moexipril (Univasc)
Mycophenolate (Cellcept)	Omeprazole Take before eating	Oxacillin	Penicillamine
Perindopril (Aceon)	Repaglinide (Prandin)	Rifampin	Rifabutin (Mycobutin)
Riluzole (Rilutek)	Roxithromycin (take at least 15 minutes before or after a meal)	Sucralfate (Carafate)	Sulfamethoxazole - trimethoprim (Bactrim)
Sulfadiazine	Tetracycline (Do not take with milk or other dairy products)	Tolcapone (Tasmar)	Zafirlukast (Accolate)

# Medications to be taken with Food

Allopurinol (take after meal)	Atovaquone (Mepron)	Augmentin	Aspirin
Amiodarone (Cordarone)	Baclofen (Lioresal)	Bromocriptine (Parlodel)	clofazimine (Lamprene)
Carvedilol (Coreg)	Carbamazepine (Tegretol)	Chloroquine	Cimetidine (Tagamet)
Cefpodoxime (Vantin)	Diclofenac (Voltaren_)	Divalproex sodium (Depakote)	Doxycycline
Felbamate (Felbatol)	fenofibrate (TriCor)	Fiorinal	Fludrocortisone
fenoprofen	Griseofulvin	glyburide (take with breakfast)	Hydrocortisone
Hydroxychloroquine (Plaquenil)	Indomethacin	Iron preparations (Take between meals--if GI upset occurs take with food)	Itraconazole capsules
Ketorolac	Lithium	Metronidazole	Misoprostol (Cytotec)
methanamine	mebendazole	methylprednisolone	naltrexone
Naproxen	Nelfinavir (Viracept)	Nitrofurantoin	Niacin
Olsalazine	Perphenazine	Pentoxifylline	Pergolide
Piroxicam	Potassium salts	Prednisone	Procainamide
Ritonavir (Norvir)	Salsalate	Saquinavir	Sevelamer (Renagel)
Spiro lactone	Sulfasalazine	Sulfinpyrazone	Sulindac
Ticlopidine	Tolmetin	Trazodone	Troglitazone
Valproic acid			

# Medications to Avoid with Grapefruit Juice

amiodarone	astemizole	alprazolam	atorvastatin
benzodiazepines	buspirone	carbamazepine	carvedilol
cerivastatin	cilostazol	clarithromycin	Clomipramine
codeine	cyclosporine	dapsone	dextromethorphan
diazepam	diltiazem	estrogens	erythromycin
felodipine	fentanyl	finasteride	haloperidol
indinavir	lercanidipine	lidocaine	lovastatin
midazolam	methadone	nelfinavir	nifedipine
nicardipine	nimodipine	nisoldipine	nitrendipine
ondansetron	paclitaxel	progestins	progesterone
quinidine	ritonavir	salmeterol	saquinavir
simvastatin	tacrolimus	trazodone	triazolam
vincristine	zaleplon	zolpidem	



# Common Medications and EPS

## Older antipsychotics:

Haldol (Haloperidol)  
Loxitane (Loxapine)  
Mellaril (Thioridazine)  
Navane (Thiothixine)  
Orap (Pimozide)  
Prolixen (Fluphenazine)  
Serentil (Mesoridazine)  
Stelazine (Trifluoperazine)  
Thorazine (Chlorpromazine)  
Trilafon (Perfenazine)

## Newer atypical antipsychotics:

Clozaril (Clozapine)  
Risperdal (Risperidone)  
Geodon (Ziprazadon)  
Seroquel (Quetiapine)  
Zyprexa (Olanzapine)  
Abilify (Aripiprazole)  
Invega (Paliperidone)  
Latuda (Lurasidone)  
Saphris (Asenapine)  
Vraylar (Cariprazine)  
Nuplazid (Pimavanserin)  
Rexulti (Brexpiprazole)





## Non-neuroleptics:

Ascendin (Amoxapine)  
Elavil (Amitriptyline)  
Sinequan (Doxepine)  
Tofranil (Imipramine)  
Lithium  
Prozac (Fluoxetine)  
Zoloft (Sertraline)  
Reglan (Metoclopramide)



# Monitoring Medications with TD and EPS

## Definition of Terms:

### Extrapyramidal Symptoms:

Dyskinesias: Repetitive, involuntary, purposeless body and facial movements including tongue movements, lip smacking, finger movements, eye blinking, and movements of the arms and legs

Tardive dyskinesia: a dyskinesia that occurs after long term treatment with an antipsychotic medication, which may become permanent

Akathesia: an extreme form of restlessness that may be a complete inability to sit still with an undeniable urge to keep moving

Dystonia: a muscle tension disorder that involves very strong muscle contractions including unusual twisting of the body, especially the neck

Parkinson's like symptoms: involve shuffling type walking, hand or finger movements and vocal tics



# QUESTIONS