

ANTIPSYCHOTIC

DIAGNOSIS/INDICATION

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder (mania, bipolar disorder)
- Psychosis in the absence of dementia
- Brief reactive psychosis
- Atypical psychosis
- Medical illnesses with associated psychotic symptoms (neoplastic disease or delirium) and/or treatment-related psychosis or mania (high dose steroids)
- Tourette's disorder
- Huntington chorea disease
- organic mental disorders associated psychotic and/or agitated behaviors
- behaviors presenting a danger to self or others
- continuous behaviors (crying, yelling, pacing) if these present an impairment in functional capacity
- nausea and vomiting associated with cancer or chemotherapy

UNACCEPTABLE BEHAVIORS

- wandering
- poor self-care
- restlessness
- impaired memory
- mild anxiety
- nervousness
- sadness or crying alone not related to depression or other psychiatric disorders
- depression w/out psychoses
- indifference to surroundings
- fidgeting
- uncooperativeness
- insomnia

ACCEPTABLE TARGET BEHAVIORS

- hallucinations (specific type of visual, auditory or tactile)
- delusions (specific type-frequent of a persecutory or grandiose nature)
- paranoid ideation/delusions (ex: stating FBI are following me and I am afraid)
- physical behavioral symptoms directed towards others (spitting, hitting, kicking, grabbing, striking out, pushing/pulling, biting, etc.)
- verbal behavioral symptoms directed toward others (threatening others, cursing at others, etc.)
- other behavioral symptoms not directed toward others (hitting/scratching self, pacing, rummaging, spitting, fecal smearing, inconsolable screaming, etc.)
- sexual disinhibition AEB (be sure to specify how exhibited, attempting to inappropriately touch others, etc.)
- self harm AEB (be sure to specify exhibited-banging head against wall, throwing self on floor, slapping self, etc.)
- rapid mood cycling AEB sudden shifts in mood from pleasant to extreme anger AEB yelling/screaming
- mania (AEB pressured speech, hypervigilance)

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ANTI-DEPRESSANT

DIAGNOSIS/INDICATION

- Depression
- neurogenic pain

ACCEPTABLE TARGET BEHAVIOR

- little interest or pleasure doing things, which is “out of character”
- verbalizing feeling down, depressed, or hopelessness
- trouble falling or staying asleep or sleeping too much
- poor appetite or overeating
- indicated that s/he feels bad about self
- trouble concentrating on things such as reading or watching TV
- states that life isn't worth living, or attempts to harm self
- verbalization of sadness
- verbalization of hopelessness
- crying episodes
- poor p.o. intake AEB <50% meal consumption/QD
- irritability AEB verbal aggression
- mood lability AEB sudden shifts in mood to extreme anger AEB yelling/screaming

DIAGNOSIS/INDICATION

- generalized anxiety disorder
- panic disorder
- symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder
- significant anxiety in response to a situational trigger
 - for neuromuscular syndromes (CP, TD, restless syndrome)
 - symptom in end of life situation
- post traumatic stress disorder (PTSD)

ACCEPTABLE TARGET BEHAVIOR

- moving or speaking so slowly that other people have noticed. Or being so restless that s/he has been moving around more than usual
- being short tempered, easily annoyed
- verbalization of anxiousness
- verbalization of nervousness
- verbalization of overly concern with health condition (s)
- hyperventilation
- non-redirectable self-scratching/picking

ANTIPSYCHOTIC

- inconsolable yelling/screaming
- spitting
- scratching
- panic attack AEB hyperventilation and verbalization of extreme fear

HYPNOTIC

DIAGNOSIS/INDICATION

ACCEPTABLE TARGET BEHAVIOR

- inability to sleep 6+ hours/HS
- inability to obtain sleep induction within the first 3 hours of laying down HS