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|  |  | **Administrative Data** |  | . |
| 1 | smidx | Does the medical record document a diagnosis of schizophrenia within the past year?   1. Yes 2. No | 1,\*2  **\*If 2, go to end**   |  | | --- | | **Warning if 2 and SMI flag = 1** | | Schizophrenia is a severe mental health disorder involving chronic or recurrent psychosis and long-term deterioration in functional capacity. ICD-9-CM codes for schizophrenia are 295.0x to 295.9x. Schizophrenia may be divided into diagnostic subtypes: paranoid, disorganized, catatonic residual, undifferentiated, schizophreniform disorder, and schizoaffective disorder  **Exclusion Statement:**  **A diagnosis of schizophrenia was not documented in the medical record within the past year.** |
| 2 | admitsmi | Did the patient have an inpatient admission for schizophrenia within the past year? | 1,\*2  **\*If 2, go to end** | Schizophrenia is a severe mental health disorder involving chronic or recurrent psychosis and long-term deterioration in functional capacity. ICD-9-CM codes for schizophrenia are 295.0x to 295.9x. Schizophrenia may be divided into diagnostic subtypes: paranoid, disorganized, catatonic residual, undifferentiated, schizophreniform disorder, and schizoaffective disorder  **Exclusion Statement:**  **The patient did not have an inpatient admission for schizophrenia within the past year.** |
| 3 | dc14pre | Was the discharge date for the most recent admission for schizophrenia at least 14 days prior to the study end date? | 1,2  If 2, go to othrdc, else go to smiadmdt | In order to allow adequate time to formulate a treatment plan for the patient, the discharge date must be at least 14 days prior to the study end date. |
| 4 | othrdc | Within the past year, does the record document a previous discharge for schizophrenia with a discharge date at least 14 days prior to the study end date? | 1,\*2  **\*If 2, go to end** | **Exclusion Statement:**  **The patient did not have an inpatient admission for schizophrenia at least 14 days prior to study end date.** |
| 5 | smiadmdt | Enter the date of admission to acute inpatient care. | mm/dd/yyyy   |  | | --- | | < = 1 year prior to or = stdybeg and < = stdyend | | Enter the date of admission of the episode of care for schizophrenia that had a discharge date at least 14 days prior to study end date.  Admission date is the date the patient was formally admitted to acute inpatient care. A patient of a hospital is considered an inpatient upon issuance of written physician orders to that effect.  Exclusion: admit to observation, arrival date |
| 6 | smiadmtm | Time of admission to acute inpatient care: | \_\_\_\_\_ UMT | Abstractor to verify admission time is correct. DO NOT use ED discharge time or patient transfer time. |
| 7 | smidcdate | Discharge date: | mm/dd/yyyy  Auto-filled. Cannot be modified   |  | | --- | | > = smiadmdt and > = 14 days prior to stdyend | | Enter the date of discharge of the episode of care for schizophrenia with a discharge date at least 14 days prior to the study end date.  Enter the exact date. |
| 8 | smidctime | Time of discharge: | \_\_\_\_\_\_ UMT > smiadmdt/smiadmtm | Enter time in Universal Military Time: a 24-hour period from midnight to midnight using a 4-digit number of which the first two digits indicate the hour and the last two digits indicate the minute. |
| 9 | smiprin | Enter the principal diagnostic ICD-9-CM code. | \_ \_ \_.\_ \_  3-5 digits/decimal points/two digits  If princode <> 295.0x, 295.1x, 295.2x, 295.3x, 295.4x, 295.5x, 295.6x, 295.7x, 295.8x, or 295.9x, go to end | Enter the principal diagnosis code documented in the medical record.  **Exclusion Statement:**  **The ICD-9-CM principal diagnosis code documented in the record is not an ICD-9-CM code for schizophrenia.** |
| 10 | othrcode1  othrcode2  othrcode3  othrcode4  othrcode5  othrcode6  othrcode7  othrcode8  othrcode9  othrcode10  othrcode11  othrcode12 | Enter the other ICD-9-CM diagnostic codes. | \_ \_ \_. \_ \_  3-5 digits/ decimal points/two digits  **Abstractor can enter xxx.xx in code field if no other diagnosis codes found** | Software allows entry of up to 12 ICD-9-DM codes.  If there other diagnosis codes are not documented for this episode of care, enter default xxx.xx. |
| 11 | smitxpln | Following discharge for schizophrenia, was a treatment plan for schizophrenia documented in the record? | 1,2  \*If 2, go to gafdone | A psychiatric treatment plan is a comprehensive outline of patient care that is developed based on assessment of the patient. The treatment plan should include the patient’s diagnosis and document consideration of each appropriate intervention for the diagnosis. The treatment plan should also include monitoring outcomes of care, milestones for re-evaluation of interventions and effectiveness of the treatment plan. The plan should be recovery oriented taking into consideration the veteran’s preferences and safe and effective treatment. |
| 12 | smiplndt | Enter the date the first treatment plan for schizophrenia was documented in the record. | mm/dd/yyyy   |  | | --- | | > smidcdate and < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 13 | Txgoal1  Txgoal2  Txgoal3  Txgoal4  Txgoal5  Txgoal99 | Does the treatment plan for schizophrenia document functional or recovery goals?  **Indicate all that apply:**  1. Quality of family interaction  2. Number, variety, and quality of social interactions  3. Pursuit of education, interests, or hobbies  4. Acquiring and maintaining employment  5. Advances in job responsibilities or job performance  99. None of the above documented | 1,2,3,4,5,99 | Psychiatric treatment goals are an intrinsic part of the treatment plan. Treatment goals are intended to guide the plan of care and should be measurable. |
| 14 | gafdone | Following discharge, was the global assessment of functioning (GAF) recorded?  1. Yes  2. No | 1,2  **If 2, go to psyedfam** | GAF is an acronym for global assessment of functioning. It is Axis V on the DSM-IV-TR, and is used to report a clinician’s judgment of the patient’s overall level of functioning. The GAF is used to decide on a treatment plan and later to measure the plan’s effectiveness. |
| 15 | gaf1dt | Enter the date the initial GAF was obtained. | mm/dd/yyyy   |  | | --- | | > smidcdate and < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 16 | gafscor1 | Enter the initial GAF score. | \_\_ \_\_ \_\_  Abstractor can enter zzz   |  | | --- | | Whole numbers  0 – 100 | | The global assessment of functioning scale ranges from 0 (inadequate) to 100 (superior functioning). If the GAF score is not documented in the record, enter default zzz. |
| 17 | gafdone2 | Following the initial GAF post-discharge, was a subsequent GAF recorded in the record? | 1,2  If 2, go to psyedfam |  |
| 18 | gaf2dt | Enter the date of the most recent GAF was obtained. | mm/dd/yyyy   |  | | --- | | > gaf1dt and < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 19 | gafscor2 | Enter the score of the most recent GAF. | \_\_ \_\_ \_\_  Abstractor can enter zzz   |  | | --- | | Whole numbers  0 – 100 | | The global assessment of functioning scale ranges from 0 (inadequate) to 100 (superior functioning). If the GAF score is not documented in the record, enter default zzz. |
| 20 | psyedfam | Following discharge, is there documentation the patient’s family participated in psychoeducational sessions?  1. Yes  2. No  97. Documented reason for no psychoeducational sessions  98. Patient or family refused psychoeducational sessions  99. Unable to determine | 1,2,97,98,99 | Psychoeducation = Family therapy or treatment to educate and assist the family to deal with the stress of the disease process. |
| 21 | chngtx | Within 90 days of the first treatment plan for schizophrenia, is there evidence the provider made changes to the treatment plan?  1. Yes  2. No  3. Less than 90 days has elapsed between first treatment plan and study end date | 1,2,3  If 2 or 3, go to fstgen1   |  | | --- | | Cannot enter “3” if stdyend - smiplndt > 90 days | | Once the treatment plan is developed and implemented, the patient’s response to treatment will be reassessed periodically to evaluate the effectiveness of the plan. Based on the re-assessment of the patient’s progress, the provider may make changes may to the treatment plan. |
| 22 | chngtx1  chngtx2  chngtx3  chngtx4  chngtx5 | Were any of the following changes to the treatment plan documented in the record?  **Indicate all that apply:**  1. Change dosage of existing medication  2. Change medication  3. Treatment for current side effects  4. Addition of another psychotropic medication  5. Other | 1,2,3,4,5 | Changes to the treatment plan on based on ongoing assessment of the patient. Changes made include but are not limited to:   * Changing the dose or formulation of existing medication * Changing the medication * Treatment for side effects * Adding an additional medication to augment therapy |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 23 | fstgen1  fstgen1dt  fstmax1  fstdose1  fstgen2  fstgen2dt  fstmax2  fstdose2  fstgen3  fstgen3dt  fstmax3  fstdose3  fstgen4  fstgen4dt  fstmax4  fstdose4  fstgen5  fstgen5dt  fstmax5  fstdose5  fstgen98  fstgen99 | | Following discharge, were any of the following **first** generation (typicals) antipsychotic medication(s) prescribed for the patient?  If yes, enter the date the medication was prescribed; **AND**  Indicate whether the current total daily dose (prior to the pull list date) of the medication is greater than the maximum dose listed for the medication by entering 1, 2, or 99.  If the current total daily dose of the medication exceeds the maximum dose listed, enter the total daily dose in mg/day.  **Indicate all that apply:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **First Generation**  **Antipsychotics**  **(Typicals)** | **Date Prescribed**  mm/dd/yyyy   |  | | --- | | > smidcdate and <= pull date | | **Maximum total daily dose in mg/day** | **1,2,99**  **If <> 1, auto-fill corresponding**  **fstdose as zzzz** | **Enter current total daily dose in mg/day**  **\_\_ \_\_ \_\_ \_\_**   |  | | --- | | **fstdose must be > fstmax** | | | 1. Chlorpromazine (Thorazine) |  | 1000 mg/  day |  |  | | 2. Perphenazine (Trilafon) |  | 64 mg/  day |  |  | | 3. Trifluoperazine (Stelazine) |  | 60 mg/  day |  |  | | 4. Thiothixene (Navane) |  | 60 mg/  day |  |  | | 5. Haloperidol  (Haldol) |  | 25 mg/  day |  |  | | 98. Patient refused all above medications |  |  |  |  | | 99. None of the above |  |  |  |  |   Maximum total daily dose:  1. Total daily dose in mg exceeds dose listed  2. Total daily dose in mg does not exceed dose listed  99. Unable to determine total daily dose | | | | | First generation (typicals) antipsychotics are also known as dopamine receptor antagonists. First generation antipsychotic medications are useful in treating the positive symptoms of the disease such as delusions and hallucinations.  First generation antipsychotic medications are associated with adverse side effects such as rigidity and tremor, and more serious effects such as tardive dyskinesia and neuroleptic malignant syndrome. |
| 24 | fstdepo1  fstdepo1dt  depo1max  dep1dose  fstdepo2  fstdepo2dt  depo2max  dep2dose  fstdepo98  fstdepo99 | | Following discharge, were any of the following first generation antipsychotic depot preparation medications prescribed for the patient?  If yes, enter the date the medication was prescribed; **AND**  Indicate whether the current total dose being administered (prior to the pull list date) of the medication is greater than the maximum dose listed for the medication by entering 1, 2, or 99.  If the current dose of the medication exceeds the maximum dose listed, enter the total dose in mg/4 weeks  **Indicate all that apply:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **First Generation**  **Antipsychotics Depot Medications** | **Date Prescribed**  mm/dd/yyyy   |  | | --- | | >smidcdate and <= pull date | | **Maximum total dose in mg/4 weeks** | **1,2,99**  **If <> 1, auto-fill corresponding**  **depdose as zzzz** | **Enter current total dose in mg/4 weeks**  **\_\_ \_\_ \_\_ \_\_**   |  | | --- | | **depdose must be > depomax** | | | 1. Fluphenazine decanoate (prolixin decanoate) injection |  | 100 mg/4 weeks |  |  | | 2. Haloperidol decanoate (Haldol injection) |  | 200 mg/ 4 weeks |  |  | | 98. Patient refused all above medications |  |  |  |  | | 99. None of the above |  |  |  |  |   Maximum total dose in mg/4weeks:  1. Total dose in mg exceeds dose listed  2. Total dose in mg does not exceed dose listed  99. Unable to determine total weekly dose | | | | First generation (typicals) antipsychotics are also known as dopamine receptor antagonists.  Depot preparations are long-acting, injectable preparations used to treat patients with schizophrenia. Depot medications are usually given every 2 to 4 weeks. If the patient is receiving the depot medication every week or every 2 weeks, calculate the total administered within a 4 week timeframe. For example, patient receives Prolixin 50 mg every 2 weeks. The total dose is 100mg/4 weeks.  Following IM or subcutaneous injection, the active drug is slowly absorbed into the blood. The plasma drug levels remain relatively constant between injections and assist with treatment compliance. | |
| 25 | secgen1  secgen1dt  secmax1  secdose1  secgen2  secgen2dt  secmax2  secdose2  secgen3  secgen3dt  secmax3  secdose3  secgen4  secgen4dt  secmax4  secdose4  secgen5  secgen5dt  secmax5  secdose5  secgen98  secgen99 | | Following discharge, were any of the following second generation (atypicals) antipsychotic medication(s) prescribed for the patient?  If yes, enter the date the medication was prescribed; **AND**  Indicate whether the current total daily dose (prior to the pull list date) of the medication is greater than the maximum dose listed for the medication by entering 1, 2, or 99.  If the current total daily dose of the medication exceeds the maximum dose listed, enter the total daily dose in mg/day.  **Indicate all that apply:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Second Generation**  **Antipsychotics** | **Date Prescribed**  mm/dd/yyyy   |  | | --- | | >smidcdate and <= pull date | | **Maximum total daily dose in mg/day** | **1,2,99**  **If <> 1, auto-fill corresponding**  **secdose as zzzz** | **Enter current total daily dose in mg/day**  **\_\_ \_\_ \_\_ \_\_**   |  | | --- | | **secdose must be > secmax** | | | 1. Olanzapine (Zyprexa) |  | 20 mg/day |  |  | | 2. Quetiapine (Seroquel) |  | 450 mg/day |  |  | | 3. Risperidone (Risperdal) |  | 6mg/day |  |  | | 4. Ziprasidone (Geodon) |  | 160 mg/day |  |  | | 5. Aripiprazole (Abilify) |  | 30mg/day |  |  | | 98. Patient refused all above medications |  |  |  |  | | 99. None of the above |  |  |  |  |   Maximum total daily dose:  1. Total daily dose in mg exceeds dose listed  2. Total daily dose in mg does not exceed dose listed  99. Unable to determine total daily dose | | | | The second generation (atypical) antipsychotic medications have replaced the first generation antipsychotic medications as the first drugs of choice for schizophrenia. Second generation atypicals produce minimal or no extrapyramidal symptoms, produce fewer neurological and endocrinological adverse effects, and are effective in treating the negative symptoms of schizophrenia. | |
| 26 | parkmed1  park1dt  park1max  park1dos  parkmed2  park2dt  park2max  park2dos  parkmed3  park3dt  park3max  park3dos  parkmed98  parkmed99 | | Following discharge, were any of the following anti-parkinson medication(s) prescribed for the patient?  If yes, enter the date the medication was prescribed; **AND**  Indicate whether the current total daily dose (prior to the pull list date) of the medication is greater than the maximum dose listed for the medication by entering 1, 2, or 99.  If the current total daily dose of the medication exceeds the maximum dose listed, enter the total daily dose in mg/day.  **Indicate all that apply:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Antiparkinson Medications** | **Date Prescribed**  mm/dd/yyyy   |  | | --- | | > smidcdate and <= pull date | | **Maximum total daily dose in mg/day** | **1,2,99**  **If <> 1, auto-fill corresponding**  **parkdos as zzzz** | **Enter current total daily dose in mg/day**  **\_\_ \_\_ \_\_ \_\_**   |  | | --- | | **parkdos must be > parkmax** | | | 1. Benztropine (Cogentin) |  | 6mg/day |  |  | | 2. Trihexyphenidyl (Artane) |  | 10mg/day |  |  | | 3. Benztropine mesylate (IM) |  | 6mg/day |  |  | | 98.Patient refused above medications |  |  |  |  | | 99. None of the above |  |  |  |  |   Maximum total daily dose:  1. Total daily dose in mg exceeds dose listed  2. Total daily dose in mg does not exceed dose listed  99. Unable to determine total daily dose | | | | Antiparkinson medications are primarily used for the treatment of movement disorders that occur as a result of antipsychotic medication such as first generation (typical) antipsychotics. | |
| 27 | | othrmed1  othrmed2  othrmed3  othrmed4  othrmed99 | | Within the past year, were any medication(s) from the following drug classes prescribed?  **Indicate all that apply.**  1. Lithium (mood stabilizer)  2. Carbamazepine (anticonvulsant)  3. Valproate  4. Benzodiazipines (anxiolytics)  99. None of the above documented | 1,2,3,4,99  99 cannot be entered with any other number | Other adjuvant medications that may be utilized in the treatment of schizophrenia are lithium (mood stabilizer), two anticonvulsants (carbamazepine and valproate), and the benzodiazipines. | | |
| 28 | | rxcloza | | Within the past year, was clozapine prescribed for the patient?  3. Yes, newly prescribed in past year  4. Patient on clozapine greater than 1 year  98. Patient refused clozapine  99. No documentation clozapine was prescribed | 3,4,98,99  If 3, go to clorxdt  If 4, go to clozdose  If 98 or 99 and any secgen = -1, go to earwt, else go to end | Clozapine is a second generation (atypical) antipsychotic medication. Clozapine is an effective medication to treat schizophrenia. Clozapine is useful for patients with refractory schizophrenia to any other type of antipsychotic medication, and for patients with tardive dyskinesia. | | |
| 29 | | clorxdt | | Enter the date the clozapine was prescribed. | mm/dd/yyyy   |  | | --- | | < = 1 year prior to or = stdybeg and < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. | | |
| 30 | | clozdose | | Does the current total daily dose of clozapine exceed 600mg/day?  1. Yes  2. No  99. Unable to determine | 1,2,99  If rxcloza = 3, go to prewbc, else if any secgen = -1, go to earwt, otherwise go to end | Look at the most recent clozapine medication information prior to the study end date. If the total daily dose of clozapine is greater than 600mg per day, select “1.” | | |
| 31 | | prewbc | | Does the record document a WBC (white blood cell) count prior to starting clozapine? | 1,2  If 2 auto-fill prewbcdt as 99/99/9999 | Clozapine is associated with life-threatening agranulocytosis in 1-2 % of patients. Agranulocytosis is a blood dyscrasia (disorder) that manifests as the following: high fever, phayngitis, oral ulcerations, and perianal ulcerations. Treatment includes discontinuing clozapine immediately and administering granulocyte colony stimulating-factor. Clozapine treatment requires weekly laboratory blood monitoring of the white blood cell count. | | |
| 32 | | prewbcdt | | Enter the date the WBC was obtained prior to starting clozapine. | mm/dd/yyyy   |  | | --- | | < = 1 year prior to or = clorxdt and  < = stdyend | | Enter the exact date the WBC was obtained prior to starting clozapine. | | |
| 33 | | preanc | | Does the record document an ANC prior to starting clozapine? | 1,2  If 2 auto-fill preancdt as 99/99/9999 | Neutrophils are a type of white blood cell. An absolute neutrophil count (ANC) is derived by multiplying the WBC count times the percent of neutrophils in the differential WBC count.  The normal range for the ANC = 1.5 to 8.0 (1,500 to 8,000/mm3). | | |
| 34 | | preancdt | | Enter the date the ANC was obtained prior to starting clozapine. | mm/dd/yyyy   |  | | --- | | < = 1 year prior to or = clorxdt and  < = stdyend | | Enter the exact date the ANC was obtained prior to starting clozapine. | | |
| 35 | | wbcweek | | For the first 6 months after clozapine was started, does the record document monitoring of the WBC count weekly? | 1,2 | During the first 6 months of clozapine therapy, the WBC count should be monitored weekly. | | |
| 36 | | ancweek | | For the first 6 months after clozapine was started, does the record document monitoring of the ANC weekly. | 1,2 | During the first 6 months of clozapine therapy, the ANC should be monitored weekly. | | |
| 37 | | mor6cloz | | Has the patient been on clozapine greater than 6 months during the past year? | 1,2  If 2, go to advcloza |  | | |
| 38 | | wbc2week | | After 6 months and less than 1 year after starting Clozapine, does the record document monitoring of the WBC count every 2 weeks? | 1,2 | After the first 6 months of clozapine therapy and if the WBC count is stable, monitoring of WBC may be reduced to every 2 weeks for the next 6 months. | | |
| 39 | | anc2week | | After 6 months and less than 1 year after starting Clozapine, does the record document monitoring of the ANC count every 2 weeks? | 1,2 | After the first 6 months of clozapine therapy and if the ANC is stable, monitoring of ANC may be reduced to every 2 weeks for the next 6 months. | | |
| 40 | | advcloza | | After initiation of clozapine therapy, does the provider document any adverse effects to the clozapine?  1. Yes  2. No | 1,2  If 2 and any secgen = -1, go to earwt, else if 2 go to end | Adverse reactions to clozapine are very serious. Close monitoring of the patient for development of adverse effects is vital.  Common reactions range from mild such as dry mouth and urinary retention that are manifestations of the anticholinergic properties of clozapine to the very serious such as seizures, coma, and agranulocytosis. | | |
| 41 | | advclotx | | Does the record document a change in treatment plan by the provider related to adverse effects of clozapine? 1. Yes  2. No | 1,2  If 2, and any secgen = -1, go to earwt, else if 2 go to end | A change in the treatment plan may be warranted dependent upon the type and severity of the adverse effects to clozapine. | | |
| 42 | | whatchg | | What change did the provider make to the treatment plan related to adverse effects to clozapine?  1. Discontinued clozapine  2. Reduced dose of clozapine  3. Added another medication  4. Other  99. None of the above | 1,2,3,4,99  **If any secgen = -1, go to earwt, else go to end** |  | | |
| 43 | | earwt | | Enter the patient’s weight documented upon admission. | \_\_ \_\_ \_\_  Abstractor can enter zzz  **If z-filled, go to assesswt** | If the patient’s weight was not documented during this admission, enter default zzz. | | |
| 44 | | earwtdt | | Enter the date the weight was recorded. | mm/dd/yyyy   |  | | --- | | >= smiadmdt and <= smidcdate | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. | | |
| 45 | | earwtut | | Enter the weight unit.  1. Pounds  2. Kilograms | 1,2   |  | | --- | | Warning window: when earwtut = 1 and weight < = 98 or > = 278  When earwtut = 2, and weight < = 44 or > = 126 | |  | | |
| 46 | | assesswt | | After prescription of a second generation (atypical) antipsychotic medication, does the provider document assessment of the patient’s weight?  1. Yes  2. No | 1,2  If 2, go to recentwt | When prescribing an atypical antipsychotic it is vital to monitor the patient’s weight. Adverse reactions of atypical antipsychotic medications may include weight gain and diabetes mellitus type 2. | | |
| 47 | | wtgain | | Following prescription and treatment with a second generation antipsychotic, does the provider document an increase in the patient’s weight? | 1,2 | Do not answer “yes” based on abstractor judgment of weights documented in the record. The provider must document the patient’s weight has increased or note a weight gain. | | |
| 48 | | recentwt | | Following prescription of a second generation antipsychotic, enter the most recent weight documented in the record. | \_\_ \_\_ \_\_  Abstractor can enter zzz  If z-filled, go to gen2htn | If the patient’s weight is not documented following prescription of a second generation antipsychotic, enter default zzz. | | |
| 49 | | recwtdt | | Enter the date the most recent weight was recorded. | mm/dd/yyyy   |  | | --- | | >smidcdate and < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. | | |
| 50 | | recwtut | | Enter the weight unit.  1. Pounds  2. Kilograms | 1,2   |  | | --- | | Warning window: when recwtut = 1 and weight < = 98 or > = 278  When recwtut = 2, and weight < = 44 or > = 126 | |  | | |
| 51 | | gen2htn | | After prescription of a second generation (atypical) antipsychotic, does the provider document a diagnosis of hypertension?  2. Yes, hypertension documented at initial visit  3. Yes, hypertension documented at follow-up visit  4. Hypertension was not documented  99. Unable to determine | 2,3,4,99 | The diagnosis of hypertension may be documented prior to the prescription of a second generation antipsychotic medication or diagnosed after the antipsychotic medication was started. Do not answer the question based on BP results. The diagnosis of hypertension must be documented by the provider in the medical record.  A diagnosis recorded as ‘borderline hypertension’ is hypertension if it is coded as hypertension and being treated as hypertension, by recommended weight loss and/or recommended increase in physical activity, and/or prescription for medication such as a diuretic, beta-blocker, ACE, ARB, or calcium channel blocker. | | |
| 52 | | gen2hld | | After prescription of a second generation (atypical) antipsychotic, does the provider document a diagnosis of hyperlipidemia?  2. Yes, hyperlipidemia documented at initial visit  3. Yes, hyperlipidemia documented at follow-up visit  4. Hyperlipidemia was not documented  99. Unable to determine | 2,3,4,99  If wtgain = 1, OR gen2htn = 2 or 3, OR gen2hld = 2 or 3, go to advint1, else go to out of module | The diagnosis of hyperlipidemia may be documented prior to the prescription of a second generation antipsychotic medication or diagnosed after the antipsychotic medication was started. Do not answer the question based on results of a lipid profile or LDL-c test. The diagnosis of hyperlipidemia must be documented by a provider in the medical record. | | |
| 53 | | advint1  advint2  advin98  advin99 | | Does the record document **ANY** of the following weight management interventions by the provider?  **Indicate all that apply:**  1. Documentation of diet, nutrition or weight loss counseling  2. Referral to MOVE  98. Patient refused weight management counseling  99. None of the above | 1,2, 98,99  If ALL fstgen <> -1, go to chgtofst, else if any fstgen = -1 and rxcloza = 99, go to chgcloza, else go out of module | Weight management along with an appropriate diet regimen can help control diabetes mellitus type II, decrease BP, and decrease cholesterol. | | |
| 54 | | chgtofst | | Does the provider document consideration of switching to a first generation antipsychotic medication?  1. Yes  2. No  99. Unable to determine | 1,2,99 | There does not need to be documentation that the second generation antipsychotic medication was changed to a first generation antipsychotic medication. In order to answer “1,” the provider must document consideration of a change to a first generation antipsychotic medication. | | |
| 55 | | chgcloza | | Does the provider document consideration of switching to clozapine?  1. Yes  2. No  99. Unable to determine | 1,2,99 | If the patient is experiencing side effects or not responding to a second generation antipsychotic, the provider may consider a trial course of switching to clozapine. There does not need to be documentation that the second generation antipsychotic medication was changed to clozapine.  In order to answer “1,” the provider must document consideration of a change to clozapine. | | |