

Name:
 Dob:
 Unit No.
 Ward:

High Dose Antipsychotic Form

Complete the form, append a photocopy to the drug card and file the original in the patients record, when high dose antipsychotics are used.

High Dose is defined as:

1. Single antipsychotic, including any PRN, prescribed above the BNF or SPC upper recommended limit or
2. Through the use of more than one antipsychotic concurrently, adding up the cumulative % doses

Reason for high dose prescription, and clear treatment plan:				
Drug	Reg/PRN	Dose	Frequency	% of Max.
Cumulative total (%)				

Patients aware of the decision to use 'High Dose' medication? Y/N

Doses it comply with forms T2/T3 where appropriate Y/N

Outline of discussion entered in notes Y/N

NB All patients should be actively engaged in decisions to use high dose. For those lacking capacity consider advanced directives, advocates & or family

ECG within last month Y/N

Corrected QT interval (QTc) (Normal result < 440)

Recent U&E's reviewed Y/N

Repeat ECG result satisfactory(within 7 days) Y/N

Review Date (at least 3 monthly)

Signed (Dr) Name

Date Time

Additional Notes: