Continuing Professional Development Program

Audit of practice in the monitoring of patients who are experiencing metabolic side effects related to antipsychotic therapy





The RANZCP clinical practice guidelines for the management of schizophrenia and related disorders are available at <u>www.ranzcp.org/guidelines</u>

Audit Number (e.g. 1 of 5)		/ Date			
Current antipsycho	tic medication				
Medication name	Dose (mg)	Frequency	,	Duration o	f treatment
	· · · · · · · · · · · · · · · · · · ·				
Ionitoring metabol					
	etabolic changes due tion of the medication?		Yes 🖂	No 🗔	N/A 🗆
	pointment did you revi				
- Weight		C W.	Yes 🗆	No 🗔	N/A 🗔
- BMI					N/A
- Lipid profile			Yes 🗆		N/A
- Fasting glucose					
 Fasting diucos 	- Waist circumference				
			Yes 🗆	No 🗆	N/A 🗆
 Waist circumf Blood Pressure f your management Why? (E.g. ac etc.) Were these response 	erence re : differed from guideli :ccess to services, patier easons clearly docun	nt treatment preferei	nce, variation	No 🗌 No 🗌 In individual I	N/A N/A response
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Plan for implementation of areas for improvement

Comments / Recommendations

Additional notes if required

The development of this audit tool is an iterative process and the RANZCP Committee for Evidence-Based Practice welcomes feedback on any aspect of this tool via <u>policy@ranzcp.org</u>

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