

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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SECTION 6: Patient Care

POLICY: 6.008

SUBJECT: Screening Patients for Tardive  
Dyskinesia

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Point

Person: Brian Little

APPROVED: GREG ROBERTS  
SUPERINTENDENT

DATE: OCTOBER 28, 2011

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### I. POLICY

In order to minimize the risk that tardive dyskinesia would develop or progress in patients, guidelines shall be established for routine assessment of the signs and symptoms of the disorder.

### II. PROCEDURES

- A. All patients who have received, are receiving, or are about to receive treatment with medications known to cause tardive dyskinesia shall be examined to detect signs and symptoms of involuntary movement disorders during the admission examination procedure by a physician or a nurse practitioner.
- B. The screening examination shall be documented using the Abnormal Involuntary Movement Scale (AIMS). If unable to complete, physician shall check the button "no in Avatar under the question "Is Assessment possible at this time", and shall write a comment in the text box describing the reason.
- C. Examination of patients and completion of the Abnormal Involuntary Movement Scale (AIMS) shall take place at six-month intervals and be performed by the physician, registered nurse, or nurse practitioner. Findings shall be documented on the AIMS assessment option in Avatar. When the test is not done by a physician the results shall be documented on the AIMS form and reported to the attending physician.
- D. All physicians, registered nurses, and nurse practitioners shall be knowledgeable in the examination and use of the Abnormal Involuntary Movement Scale (AIMS).

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- E. The completed paper form of the Abnormal Involuntary Movement Scale (AIMS) shall be present in the Physician Assessments section of the chart, until purged.

### **III. References**

Nursing Services Policy/Procedure Manual, Tardive Dyskinesia Screening Protocol

Replaces OSH Policy and Procedure 6.008, *Screening Patients for Tardive Dyskinesia*, dated 3/23/2010.