



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE**

**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)  
EXAMINATION FOR TARDIVE DYSKINESIA**

**Effective Date:** June 2, 2020

**Policy:** TX-01

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- I. PURPOSE:** To formally assess patients for whom psychotropic medications have been prescribed to identify symptoms which may indicate the presence of Tardive Dyskinesia.
- II. POLICY:** The Abnormal Involuntary Movement Scale (AIMS) examination will be administered to all patients. The examination will be administered either at the time of the patient's admission to the hospital or when medications are initially prescribed. In addition, for patients taking psychotropic medication, AIMS examination procedures will be repeated at intervals of no less than every six (6) months.
- III. DEFINITIONS:**
  - A. Tardive Dyskinesia:** A neurologic disorder characterized by abnormal involuntary movements which may occur as an undesired effect of dopamine blocking medications.
- IV. RESPONSIBILITIES:**
  - A. Licensed Nurse:** Ensures the AIMS scale is completed on all patients and the attending Licensed Independent Practitioner is notified when appropriate, as per the policy procedure guidelines.
- V. PROCEDURE:**
  - A.** The hospital will supply forms for conducting the AIMS examination to all hospital units. The procedure for administering the AIMS examination is contained in the form. The form shall be entered into the patient's medical record upon completion of the examination.
  - B.** The AIMS examination procedure will be completed for each patient. When possible, the examination procedure should be completed before the patient begins taking psychotropic medication. When this is not possible, the procedure should be completed at the earliest possible time; either after admission or after psychotropic medications are prescribed.
  - C.** The examination procedure shall be repeated at least every six (6) months for patients taking psychotropic medications who remain in the hospital. The examination procedure should also be administered at any time staff members believe a patient may be displaying increased symptoms of Tardive Dyskinesia.
  - D.** The AIMS examination may be completed by any Licensed Independent Practitioner or licensed nurse who has been trained in the procedure.

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The Licensed Independent Practitioner must be informed whenever any examination score contains **one** “MODERATE” (3) rating or **two** “MILD” (2) ratings.

A progress note is to be written which describes the actions taken whenever a patient receives a rating of “MODERATE” (3) or two ratings of “MILD” (2) on the scale.

- E. Only the Licensed Independent Practitioner shall make a diagnosis of the presence of Tardive Dyskinesia. When such a diagnosis is made, the Licensed Independent Practitioner shall work with the patient to determine the most appropriate course of treatment, considering both the effects of Tardive Dyskinesia and the patient’s psychiatric condition. Action taken shall be fully documented in the patient’s medical record.

**VI. REFERENCES:** None.

**VII. COLLABORATED WITH:** Medical Staff, Director of Nursing Services.

**VIII. RESCISSIONS:** TX-01, *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated September 8, 2016; TX-01, *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated September 21, 2012; TX-01, *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated July 12, 2012; TX-01 *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated August 22, 2003; TX-01 *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated November 7, 2003; TX-01, *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia* dated February 14, 2000; HOPP 13-04A.070891, *Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia*, dated June 1991.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.

**XII. ATTACHMENTS:** For internal use only.

- A. [AIMS Examination Form](#)

Signatures:

Kyle Fouts  
Hospital Administrator

Thomas Gray, MD  
Medical Director