I. PURPOSE: To formally assess patients for whom psychotropic medications have been prescribed to identify symptoms that 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. The Licensed Nurse has the responsibility for ensuring that 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 chart 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 this type of 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 that 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.

E. The AIMS examination is not intended to yield a score that indicates the presence or
absence of Tardive Dyskinesia. The adoption of a specific cut off point is arbitrary.

A 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 that describes the actions taken whenever a patient
receives a rating of “MODERATE” (3) or two ratings of “MILD” (2) on the scale.

F. Only a 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 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)

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:

Jay Pottenger Thomas Gray, MD
Hospital Administrator Medical Director