

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

MONITORING OF SIDE EFFECTS SCALE (MOSES)

INSTRUCTIONS: See other side. **Bold items below are usually observable.**
Regular print items are usually client verbalization, staff input, or chart review.

SCORING: See other side for details.

0 = None 2 = Mild 4 = Severe
1 = Minimal 3 = Moderate NA = Not Assessable

NAME Giulia	ID OR UNIT
EXAMINER SIGNATURE Rosso=T0	DATE
EXAMINER NAME AND TITLE Verde=T1	
EXAMINATION TYPE: CHECK ONE.	
<input type="checkbox"/> Admission	<input type="checkbox"/> Drug initiation
<input type="checkbox"/> Baseline	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Six-month	

<p>Ears/Eyes/Head</p> <p>01. Blink Rate: Decreased 0 1 2 3 4 NA</p> <p>02. Eyes: Rapid Vert/Horz 0 1 2 3 4 NA</p> <p>03. Eyes: Rolled Up 0 1 2 3 4 NA</p> <p>04. Face: No Expression/ Masked 0 1 2 3 4 NA</p> <p>05. Tics/Grimace 0 1 2 3 4 NA</p> <p>06. blurred/double vision 0 1 2 3 4 NA</p> <p>07. ear ringing 0 1 2 3 4 NA</p> <p>08. headache 0 1 2 3 4 NA</p> <p>Mouth</p> <p>09. Drooling/Pooling 0 1 2 3 4 NA</p> <p>10. Dry Mouth 0 1 2 3 4 NA</p> <p>11. Gum Growth 0 1 2 3 4 NA</p> <p>12. Mouth/Tongue Movement 0 1 2 3 4 NA</p> <p>13. Speech: Slurred/Difficult/Slow 0 1 2 3 4 NA</p> <p>Nose/Throat/Chest</p> <p>14. Breast: Discharge 0 1 2 3 4 NA</p> <p>15. Breast: Swelling 0 1 2 3 4 NA</p> <p>16. Labored Breathing 0 1 2 3 4 NA</p> <p>17. Nasal Congestion/Runny Nose 0 1 2 3 4 NA</p> <p>18. Sore Throat/Redness 0 1 2 3 4 NA</p> <p>19. Swallowing: Difficult 0 1 2 3 4 NA</p> <p>Gastrointestinal</p> <p>20. abdominal pain 0 1 2 3 4 NA</p> <p>21. appetite: decreased 0 1 2 3 4 NA</p> <p>22. appetite: increased 0 1 2 3 4 NA</p> <p>23. constipation 0 1 2 3 4 NA</p> <p>24. diarrhea 0 1 2 3 4 NA</p> <p>25. flatulence 0 1 2 3 4 NA</p> <p>26. nausea/vomiting 0 1 2 3 4 NA</p> <p>27. taste abnormality: metallic, etc. 0 1 2 3 4 NA</p> <p>28. thirst: Increased 0 1 2 3 4 NA</p> <p>29. weight: decreased 0 1 2 3 4 NA</p> <p>30. weight: increased 0 1 2 3 4 NA</p>	<p>Musculoskeletal/Neurological</p> <p>31. Arm swing: Decreased 0 1 2 3 4 NA</p> <p>32. Contortions/neck - back arching 0 1 2 3 4 NA</p> <p>33. Gait: Imbalance/unsteady 0 1 2 3 4 NA</p> <p>34. Gait: Shuffling 0 1 2 3 4 NA</p> <p>35. Limb jerking/writhing 0 1 2 3 4 NA</p> <p>36. Movement: Slowed/lack of 0 1 2 3 4 NA</p> <p>37. Pill rolling 0 1 2 3 4 NA</p> <p>38. Restlessness/pacing/can't sit still 0 1 2 3 4 NA</p> <p>39. Rigidity/complaints of muscle pain or aches 0 1 2 3 4 NA</p> <p>40. Tremor/shakiness 0 1 2 3 4 NA</p> <p>41. complaints of jitteriness/jumpiness/nervousness 0 1 2 3 4 NA</p> <p>42. fainting/dizziness/Upon standing 0 1 2 3 4 NA</p> <p>43. seizures: increased 0 1 2 3 4 NA</p> <p>44. tingling/numbness 0 1 2 3 4 NA</p> <p>45. weakness/fatigue 0 1 2 3 4 NA</p> <p>Skin</p> <p>46. Acne 0 1 2 3 4 NA</p> <p>47. Bruising: Easy/Pronounced 0 1 2 3 4 NA</p> <p>48. Color: Blue/Coldness 0 1 2 3 4 NA</p> <p>49. Color: Flushing/Warm to Touch 0 1 2 3 4 NA</p> <p>50. Color: Pale/Pallor 0 1 2 3 4 NA</p> <p>51. Color: Red/Sunburn/Photosensitivity 0 1 2 3 4 NA</p> <p>52. Color: Yellow 0 1 2 3 4 NA</p> <p>53. Dry/itchy 0 1 2 3 4 NA</p> <p>54. Edema 0 1 2 3 4 NA</p> <p>55. Hair: Abnormal Growth 0 1 2 3 4 NA</p> <p>56. Hair: Loss 0 1 2 3 4 NA</p> <p>57. Rash/Hives 0 1 2 3 4 NA</p> <p>58. Sweating: Decreased 0 1 2 3 4 NA</p> <p>59. Sweating: Increased 0 1 2 3 4 NA</p> <p>60. chills 0 1 2 3 4 NA</p>	<p>While many of the items in the following two areas are often difficult to determine, please be aware they may occur depending on the specific drug profile. Be certain to inquire about these items from the client if he or she is verbal or from the staff or chart if the client is nonverbal.</p> <p>If seen or reported: circle item and assign a score next to the item.</p> <p>Urinary/Genital</p> <p>61. menstruation: absent/irregular _____</p> <p>62. sexual: activity decreased _____</p> <p>63. sexual: activity increased _____</p> <p>64. sexual: continual erection _____</p> <p>65. sexual: erection inability _____</p> <p>66. sexual: orgasm difficult _____</p> <p>67. urinary retention _____</p> <p>68. urination: decreased _____</p> <p>69. urination: difficult/painful _____</p> <p>70. urination: incontinence/nocturnal enuresis _____</p> <p>71. urination: increased _____</p> <p>Psychological</p> <p>72. Agitation 0 1 2 3 4 NA</p> <p>73. Confusion 0 1 2 3 4 NA</p> <p>74. Crying/feelings of sadness 0 1 2 3 4 NA</p> <p>75. Drowsiness/Lethargy/Sedation 0 1 2 3 4 NA</p> <p>76. Irritability 0 1 2 3 4 NA</p> <p>77. Withdrawn 0 1 2 3 4 NA</p> <p>78. attention/concentration difficulty 2 -> 0</p> <p>79. morning "hangover" _____</p> <p>80. nightmares/vivid dreams _____</p> <p>81. perceptual: hallucinations/delusions _____</p> <p>82. sleep: excessive _____</p> <p>83. sleep: insomnia _____</p>
OTHER (USE OTHER SIDE IF NEEDED)		MEASURES (MAY USE MOST RECENT MONTHLY CHECK)
		BLOOD PRESSURE PULSE
		TEMPERATURE WEIGHT
		70 Kg -> 68 Kg

Current Psychopharmacologic and Antiepileptic Drug Regimen. Also list other relevant drugs such as those prescribed to treat side effects. It is not necessary to list the entire drug regimen.

DRUG	MG/DAY	DRUG	MG/DAY

<p>EXAMINER COMMENTS (CROSS-REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED):</p>	<p>PRESCRIBER REVIEW CONCLUSION (CHECK ONE OR MORE)</p> <p> <input type="checkbox"/> No action necessary <input type="checkbox"/> Drug discontinuation <input type="checkbox"/> Contra-active/auxiliary drug <input type="checkbox"/> Drug hold <input type="checkbox"/> Dose reduction <input type="checkbox"/> Lab or other tests/data <input type="checkbox"/> Drug change <input type="checkbox"/> Other (specify below) </p> <p>COMMENTS (CROSS-REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED):</p>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">PRESCRIBER SIGNATURE</td> <td style="width: 25%;">DATE OF REVIEW</td> </tr> </table>	PRESCRIBER SIGNATURE
PRESCRIBER SIGNATURE	DATE OF REVIEW	

<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Explain the purpose of the examination. Observe and examine the client for five - 15 minutes in a quiet area. 2. Perform procedures to ascertain items. For example, flex arm for rigidity, open mouth to check throat and saliva, observe arm swing while walking, etc. If the client is verbal, inquire as to problems. For example, for blurred vision ask, "Are you able to see and read all right?" If not, "Describe this to me." Ask at least one open-ended question such as, "Have you noticed any problems?" Talk to staff and review available data for items unable to be observed during the examination such as eating or sleeping, especially for non-verbal individuals. 3. If a sign or symptom is present, it is scored. This does not mean the clinical manifestation (CM) is a side effect. If a reason for the CM exists, explain in Examiner Comments (or cross-reference prior explanation). For example, severe tremor is scored, but is part of Parkinson's disease. 4. Provide the assessment to the prescriber for review and signature. If an issue of concern is present, immediately contact the prescriber and document. 5. The prescriber reviews the assessment, determines any further action, and signs form. 6. File in client chart according to facility procedure. Review at next scheduled team meeting and document status. 	<p>SCORING:</p> <p>0 - NOT PRESENT: Not observed or, if seen, within the range of normal.</p> <p>1 - MINIMAL: Difficult to detect or easy to detect but occurs only once or twice in a short non-intense manner ("a little bit"). Questionable if the item is in the upper range of normal. The client does not notice or comment on the item.</p> <p>2 - MILD: Infrequent and easy to detect ("sometimes") or an annoyance to the client. While the item does not hinder the client's normal pretreatment functioning level and does not produce extreme discomfort, the item may progress to future severity or problems if ignored.</p> <p>3 - MODERATE: Frequent and easy to detect ("a lot") or producing some degree of impairment to functioning. Although not hazardous to health, the item is uncomfortable or embarrassing to the client.</p> <p>4 - SEVERE: Almost continuous, intense, and easy to detect ("all the time") or significant impairment of functioning or incapacitation. The item produces a definite hazard to health or well-being.</p> <p>NA - NOT ASSESSED: An assessment for an item is not able to be made.</p>
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