Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

SAM Tool Screener Report

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

S A M Tool Screener Summary

The purpose of this screener is to determine if the client meets the criteria for Treatment Resistant Psychosis (TRP). Prior to completing the SAM Tool Screening, review your clinical practice guideline and resources found in the DST: Clozapine Monitoring and Management in Community. Click on "Guidance" above for links to DST.

Screening Status

Screening Outcome

S A M Tool Screener

Initial Screening Date **Team**

Current Screening Date **Screened By**

Review Date Transcribed By

Diagnosis

☐ SCHIZOPHRENIA ☐ SCHIZOAFFECTIVE ☐ PSYCHOSIS NOS ☐ NO RELEVANT DIAGNOSIS

Review with your team to rule out Schizophrenia or Schizoaffective Disorder, if a diagnosis is not confirmed you do not need to complete this screener at this time.

Clozapine Status

Is the client on clozapine?

☐ Yes ☐ No

If yes, screening complete. Enter any details into the Clozapine Start Tile.

Trialed Antipsychotic Medications

In order to determine Treatment Resistant Psychosis, the client must have 2 unsuccessful trials of antipsychotic medications (This can include a depot trial, if applicable). Each medication trial should be at a mid dose range, for a minimum of 6 weeks for oral and for a minimum of 8 weeks for depot. List trialed medications below.

Medication #1

Has the current medication resulted in an adequate response? ☐ Yes ☐ No

Medication #2

Has the current medication resulted in an adequate response? ☐ Yes ☐ No

If yes to Medication #1 or Medication #2, then screening is complete.

Medication Outcome Information. (i.e. List other relevant information about medication history, highest dose and duration at that dose tried, medication outcomes etc.)

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Treatment History

Has the client been at least 80% adherent with the trialed medications listed above?

☐ Yes ☐ No

If no, and you have utilized adherence aids (smart packs, daily dispensing, etc.) without success, provide reason for non adherence and continue screening.

Reason for Non Adherence

Psychoeducation

Have you provided formal psychoeducation within the past 6 months, about the client's mental health condition and depot antipsychotics, utilizing motivational interviewing techniques and an introduction to a peer with similar experience?

☐ Yes ☐ No

If yes, provide date when formal psychoeducation was provided. If no, provide formal psychoeducation and an introduction to a peer with a similar condition.

Date Psychoeducation Provided

Additional Information

Depot

Has the client been offered and started on a depot antipsychotic?

☐ Yes ☐

If no continue to offer and/or start a depot antipsychotic medication. Or if a depot was not offered, or offered and not accepted, provide reason in the additional information section below.

Did the depot injection result in an adequate response?

☐ Yes ☐ No

If yes, screener complete. If no, rule out other causes like substance use and go to the Treatment Resistant Psychosis Outcome Summary section to complete screening.

Additional Information

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Treatment Resistant Psychosis Outcome Summary

Criteria for Treatment Resistant Psychosis = Clients who have either A) Tried two anti-psychotic medications and have been adherent to treatment without an adequate response or B) Tried two antipsychotic medications, have been non-adherent but have been offered or trialed a depot medication (if appropriate) without an adequate response.

Client meets criteria for Treatment Resistant Psychosis?

☐ Yes ☐ No

Client suitable for clozapine?

☐ Yes ☐ No

Additional Information (Provide reason client does not meet TRP or is not suitable for clozapine.)

Entered In Error? ☐