

MONITORING OF SIDE-EFFECTS SCALE (MOSES)

| | | |
|---|---------------------------|------|
| INDIVIDUAL | | I.D. |
| DATE | RATER SIGNATURE AND TITLE | |
| INSTRUCTIONS: See other side. Bold items are primarily observable. Regular print items are primarily client verbalization, staff input, and/or chart review. | | |

| | |
|--|--|
| SCORING: See other side for details | EXAM TYPE (check one; if * specify in comments) |
| 0 = None 2 = Mild 4 = Severe 1 = Minimal 3 = Moderate NA = Not Assessable | <input type="checkbox"/> 1. Admission <input type="checkbox"/> 4. Drug D/C (*) <input type="checkbox"/> 7. Other (*) <input type="checkbox"/> 2. Baseline <input type="checkbox"/> 5. Drug Initiation <input type="checkbox"/> 3. Dosage Increase <input type="checkbox"/> 6. Six Month Assessment |

EYES/EARS/HEAD

01. Blink Rate: Decreased 0 1 2 3 4 NA

02. Eyes: Rapid Vert/Horz. 0 1 2 3 4 NA

03. Eyes: Rolled Up 0 1 2 3 4 NA

04. Face: No Expression/
Masked 0 1 2 3 4 NA

05. Tics/Grimace 0 1 2 3 4 NA

06. blurred/double vision 0 1 2 3 4 NA

07. ear ringing 0 1 2 3 4 NA

08. headache 0 1 2 3 4 NA

MOUTH

09. Drooling 0 1 2 3 4 NA

10. Dry Mouth 0 1 2 3 4 NA

11. Mouth/Tongue
Movement 0 1 2 3 4 NA

12. Speech: Slurred/
Difficult/Slow 0 1 2 3 4 NA

NOSE/THROAT/CHEST

13. Nasal Congestion 0 1 2 3 4 NA

14. Sore Throat/Redness 0 1 2 3 4 NA

15. Breast: Discharge 0 1 2 3 4 NA

16. Breast: Swelling 0 1 2 3 4 NA

17. Labored Breathing 0 1 2 3 4 NA

18. Swallowing: Difficult 0 1 2 3 4 NA

GASTROINTESTINAL

19. Vomiting/nausea 0 1 2 3 4 NA

20. appetite: decrease 0 1 2 3 4 NA

21. appetite: increase 0 1 2 3 4 NA

22. constipation 0 1 2 3 4 NA

23. diarrhea 0 1 2 3 4 NA

24. flatulence 0 1 2 3 4 NA

25. thirst: increased 0 1 2 3 4 NA

26. abdominal pain 0 1 2 3 4 NA

27. taste abnormally:
metallic, etc. 0 1 2 3 4 NA

**MUSCULOSKELETAL/
NEUROLOGICAL**

28. Arm Swing: Decreased 0 1 2 3 4 NA

29. Contortions/Neck-
Back Arching 0 1 2 3 4 NA

30. Gait: Imbalance/
Unsteady 0 1 2 3 4 NA

31. Gait: Shuffling 0 1 2 3 4 NA

32. Limb Jerking/Writhing 0 1 2 3 4 NA

33. Movement: Slowed/
Lack Of 0 1 2 3 4 NA

34. Pill Rolling 0 1 2 3 4 NA

35. Restlessness/Pacing/
Can't Sit Still 0 1 2 3 4 NA

36. Rigidity 0 1 2 3 4 NA

37. Tremor/Shakiness 0 1 2 3 4 NA

38. fainting/dizziness/upon
standing 0 1 2 3 4 NA

39. seizures: increased 0 1 2 3 4 NA

40. complaints of
jitteriness/jumpiness 0 1 2 3 4 NA

41. tingling/numbness 0 1 2 3 4 NA

SKIN

42. Acne 0 1 2 3 4 NA

43. Bruising: Easy/
Pronounced 0 1 2 3 4 NA

44. Color: Blue/Coldness 0 1 2 3 4 NA

45. Color: Pale/Pallor 0 1 2 3 4 NA

46. Color: Yellow 0 1 2 3 4 NA

47. Dry/Itchy 0 1 2 3 4 NA

48. Edema 0 1 2 3 4 NA

49. Hair: Abnormal Growth 0 1 2 3 4 NA

50. Hair: Loss 0 1 2 3 4 NA

51. Rash/Hives 0 1 2 3 4 NA

52. Sunburns/Redness 0 1 2 3 4 NA

53. Sweating: Decreased 0 1 2 3 4 NA

54. Sweating: Increased 0 1 2 3 4 NA

MEASURES (enter under OTHER)

Temperature Pulse Blood Pressure

URINARY/GENITAL

55. menstruation: absent/
irregular

56. sexual: continual
erection

57. urinary retention

58. urination: decreased

59. urination: increased
(includes nocturnal)

60. sexual: activity
decreased

61. sexual: activity increased

62. sexual: erection inability

63. sexual: orgasm difficult

64. urination: difficult/
painful

PSYCHOLOGICAL

65. agitated

66. Drowsiness/Lethargy/
Sedation 0 1 2 3 4 NA

67. attention difficulty

68. confusion

69. irritability

70. morning "hangover"

71. perceptual: hallucinations/
delusions

72. sleep: excessive

73. sleep: insomnia

74. withdrawn

75. feelings of sadness/Crying

76. nightmares/vivid dreams

WHILE THE SIDE-EFFECTS IN THESE 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 IF THE CLIENT IS VERBAL.

IF SEEN:

- CIRCLE ITEM
- ENTER UNDER "OTHER"
- ASSIGN INTENSITY SCORE



OTHER

See other side for comments and drug regimen. See chart for other lab tests or exams.

CURRENT PSYCHOTROPICS/ANTICHOLINERGICS/ANTIEPILEPTICS/OTHER DRUGS OF IMPORTANCE
 (e.g., stool softeners, etc.) AND TOTAL MG/DAY. ASTERISK OR INDICATE A NEW DRUG OR DOSE INCREASE.

| | | | |
|-------|--------------|-------|--------------|
| _____ | _____ mg/day | _____ | _____ mg/day |
| _____ | _____ mg/day | _____ | _____ mg/day |
| _____ | _____ mg/day | _____ | _____ mg/day |
| _____ | _____ mg/day | _____ | _____ mg/day |

COMMENTS (cross-reference if more space needed)

INSTRUCTIONS

1. Observe the client for 5 to 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, watch arm swing while walking, etc.
3. If client is verbal, inquire as to problems on items. For example, "Are you having trouble seeing what you read? Describe this to me."
4. Review data such as seizure counts. Talk to and review comments by reliable staff especially on items which cannot be observed during the exam such as sleeping or eating.
5. If an item is scored and a logical explanation exists, be sure to explain this in COMMENTS (for example, the client tremors, but is 80 years old and had tremor before the drug was started.)
6. Provide copy to physician and place a copy in the chart. Refer to exam and summarize results in regularly scheduled medication reviews.
7. Attempt to coordinate with physician appointments so the assessment is available to the physician such that further inquiry, if needed, may occur.

SCORING

Bold Items are primarily observable. Regular print items are primarily client verbalization, staff input, or chart review.

NOT PRESENT (0): The item is not observed or is within the range of normal.

MINIMAL (1): The item is difficult to detect. It is questionable if it is in the upper range of normal. The client does not notice or comment on the side effect.

MILD (2): The item is present, but does not hinder the client's normal functioning level; i.e., his or her level at pretreatment. While the client is in no extreme discomfort, it is an annoyance to the client or may progress to future severity and problems if ignored.

MODERATE (3): The item is present and produces some degree of impairment to functioning, but is not hazardous to health. Rather it is uncomfortable and/or embarrassing to the client.

SEVERE (4): The item is a definite hazard to well being. There is significant impairment of functioning or incapacitation.

NOT ASSESSED (NA): Appropriate data is not available, the client will not cooperate for certain items, etc.