



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

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

**Effective Date:** September 21, 2012

**Policy #:** TX-01

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- 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 AIMS examination will be administered to all patients for whom psychotropic medications are prescribed. 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 on psychotropic medications and the attending licensed independent practitioner (LIP) 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 for whom psychotropic medication is prescribed. 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 LIP 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.

An LIP 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 an LIP shall make a diagnosis of the presence of Tardive Dyskinesia. When such a diagnosis is made, the LIP 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 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. REVIEW AND REISSUE DATE:** September 2015

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

**XII. ATTACHMENTS:** A. [AIMS Examination Form](#)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
John W. Glueckert                      Date  
Hospital Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Thomas Gray, MD                      Date  
Medical Director

## ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**HOSPITAL NUMBER:** \_\_\_\_\_ **RATER:** \_\_\_\_\_

INITIAL AIMS ASSESSMENT AT MSH     AIMS RE-ASSESSMENT . DATE OF LAST ASSESSMENT \_\_\_\_\_

INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings.

**CODES**  
 0 = None  
 1 = Minimal, may be extreme, normal  
 2 = Mild  
 3 = Moderate  
 4 = Severe

**Movement ratings:**

Rate highest severity observed.  
 Rate movements that occur upon activation one less than those observed spontaneously.

		<b>CIRCLE ONE</b>				
<b>FACIAL AND ORAL MOVEMENTS</b>	1. <b>Muscles of Facial Expression</b> e.g., Movements of forehead, eyebrows, peri-orbital area, cheeks, include frowning, blinking, smiling, grimacing	0	1	2	3	4
	2. <b>Lips and Peri-oral Area</b> e.g., puckering, pouting, smacking	0	1	2	3	4
	3. <b>Jaws</b> e.g., biting, clenching, chewing, mouth opening, lateral movement	0	1	2	3	4
	4. <b>Tongue</b> Rate only increase in movement both in and out of mouth, <b>NOT</b> inability to sustain movement	0	1	2	3	4
<b>EXTREMITY MOVEMENTS</b>	5. <b>Upper (arms, wrists, hands, fingers)</b> Include choreic movements (i.e., rapid objectively, purposeless, irregular spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine) <b>Do NOT include tremor (i.e., repetitive, regular, rhythmic)</b>	0	1	2	3	4
	6. <b>Lower (legs, knees, ankles, toes)</b> e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0	1	2	3	4
<b>TRUNK MOVEMENTS</b>	7. <b>Back, shoulders, hips</b> e.g., rocking, twisting, squirming, pelvic gyrations	0	1	2	3	4
<b>GLOBAL JUDGMENTS</b>	8. Severity of abnormal movements	None, Normal 0    Mild 0 0 0 0 .2    Severe 0 .4 Minimal 0 0 0 ...1    Moderate 0 ...3				
	9. Incapacitation due to abnormal movements	None, Normal 0    Mild 0 0 0 0 .2    Severe 0 .4 Minimal 0 0 0 ...1    Moderate 0 ...3				
	10. Patient's awareness of abnormal movements <b>RATE ONLY PATIENT'S REPORT</b>	No Awareness 0 0 0 0 ..0    Aware, No distress 0 ...0 1 Aware, Mild distress 0 0 .2    Aware, Severe distress 0 4				
<b>DENTAL STATUS</b>	11. Current problems with teeth and/or dentures	No..0 0 0 ..0    Yes 0 0 0 0 1				
	12. Does patient usually wear dentures?	No..0 0 0 ..0    Yes 0 0 0 0 1				

## EXAMINATION PROCEDURE

Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (e.g., in the waiting room)

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask the patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) And if there is, remove it.
2. Ask patient about the current condition of his/her teeth.  
Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
3. Ask the patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
4. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).
5. Ask patient to sit with hands hanging unsupported. If male, between legs; if female and wearing a dress, hanging over knees. (Observe hands or other body areas).
6. Ask patient to open mouth. (Observe tongue at rest within mouth). Do this twice.
7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement). Do this twice.
- \* 8. Ask patient to tap thumb, with each finger as rapidly as possible for 10-15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements).
9. Flex and extend patient's left and right arms (one at a time). (Note any rigidity and rate on NOTES).
10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included).
- \* 11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth).
- \* 12. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait). Do this twice.

\* Activated movements