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GOVERNOR

# State of Alabama Department of Corrections

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JEFFERSON S. DUNN  
COMMISSIONER

March 7, 2016

TO: WARDENS  
DIVISION DIRECTORS  
HEADS OF STATE AGENCIES  
ADMINISTRATIVE REGULATION MONITORS

CHANGE #1  
ADMINISTRATIVE REGULATION 618

## PSYCHOTROPIC MEDICATION MONITORING

**PURPOSE:** To include ADOC Form MH-019RA, *Abnormal Involuntary Movement Scale (AIMS)-Modified, Repeated Assessment*, the form that will be utilized for reassessment of an inmate prescribed psychotropic medication until the medication is discontinued.

CHANGES TO BE MADE:

**Reference:**

AR 618, *Psychotropic Medication Monitoring*, dated September 22, 2004.

**Action Required:**

- V. B., 8. Replace the current sentence with the following: Submit for review by the Psychiatrist any ADOC Form MH-019 and ADOC Form MH-019RA, forms he/she has completed.
- V. C., 2. Replace the current sentence with the following: Document the assessment by completing ADOC Form MH-019, *Abnormal Involuntary Movements Scale (AIMS) – Modified*, for initial assessment or ADOC Form MH-019RA, *Abnormal Involuntary Movements Scale (AIMS) – Modified, Repeated Assessment*.
- VII. C. Add ADOC Form MH-019RA – *Abnormal Involuntary Movements Scale (AIMS) – Modified, Repeated Assessment*.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.



Jefferson S. Dunn  
Commissioner

**ABNORMAL INVOLUNTARY MOVEMENT SCALE  
(MODIFIED)  
Repeated Assessment**

CODE

- 0 – Normal, no involuntary movement
- 1 – Minimal, fleetingly present
- 2 – Mild, occurs more than four times
- 3 – Moderate, persistent
- 4 – Severe, very pronounced and continuous

INVOLUNTARY MOVEMENT RATING		Rater:	Rater:	Rater:	Rater:
Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously.		Date:	Date:	Date:	Date:
		FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4
LIPS AND PERIORAL AREA: puckering, pouting, smacking	0 1 2 3 4		0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
JAW: biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4		0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	0 1 2 3 4		0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
GLOBAL JUDGMENTS	SEVERITY OF ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INMATE'S AWARENESS OF ABNORMAL MOVEMENTS: rate only inmate's report  0 – No awareness      3 – Aware, moderate distress 1 – Aware, no distress    4 – Aware, severe distress 2 – Aware, mild distress	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	NO YES	NO YES	NO YES	NO YES
	DOES INMATE USUALLY WEAR DENTURES?	NO YES	NO YES	NO YES	NO YES

Inmate Name	AIS #
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