Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

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	ID OR UNIT
EXAMINER'S SIGNATURE	DATE
EXAMINER'S NAME AND TITLE	

EXAMINATION TYPE: CHECK ONE
☐ Admission ☐ Drug initiation ☐ Baseline ☐ Six-month
☐ Other:

Ears/Eyes/Head	0	1	2	3	4	NA
01. Blink Rate: Decreased	☐	☐	☐	☐	☐	☐
02. Eyes: Rapid Vert/ Horz	☐	☐	☐	☐	☐	☐
03. Eyes: Rolled Up	☐	☐	☐	☐	☐	☐
04. Face: No Expression/Masked	☐	☐	☐	☐	☐	☐
05. Tics/Grimace	☐	☐	☐	☐	☐	☐
06. blurred/double vision	☐	☐	☐	☐	☐	☐
07. ear ringing	☐	☐	☐	☐	☐	☐
08. headache	☐	☐	☐	☐	☐	☐

Mouth	0	1	2	3	4	NA
09. Drooling/pooling	☐	☐	☐	☐	☐	☐
10. Dry Mouth	☐	☐	☐	☐	☐	☐
11. Gum Growth	☐	☐	☐	☐	☐	☐
12. Mouth/Tongue Movement	☐	☐	☐	☐	☐	☐
13. Speech: Slurred/ Difficult/Slow	☐	☐	☐	☐	☐	☐

Nose/Throat/Chest	0	1	2	3	4	NA
14. Breast: Discharge	☐	☐	☐	☐	☐	☐
15. Breast: Swelling	☐	☐	☐	☐	☐	☐
16. Labored Breathing	☐	☐	☐	☐	☐	☐
17. Nasal Congestion/ Running Nose	☐	☐	☐	☐	☐	☐
18. Sore Throat/ Redness	☐	☐	☐	☐	☐	☐
19. Swallowing: Difficulty	☐	☐	☐	☐	☐	☐

Gastrointestinal	0	1	2	3	4	NA
20. abdominal pain	☐	☐	☐	☐	☐	☐
21. appetite: decreased	☐	☐	☐	☐	☐	☐
22. appetite: increased	☐	☐	☐	☐	☐	☐
23. constipation	☐	☐	☐	☐	☐	☐
24. diarrhea	☐	☐	☐	☐	☐	☐
25. flatulence	☐	☐	☐	☐	☐	☐
26. nausea/**Vomiting**	☐	☐	☐	☐	☐	☐
27. taste abnormality: metallic, etc.	☐	☐	☐	☐	☐	☐
28. thirst: increased	☐	☐	☐	☐	☐	☐
29. weight: decreased	☐	☐	☐	☐	☐	☐
30. weight: increased	☐	☐	☐	☐	☐	☐

Musculoskeletal/Neurological	0	1	2	3	4	NA
31. Arm swing: Decreased	☐	☐	☐	☐	☐	
32. Contortions/ Neck – Back Arching	☐	☐	☐	☐	☐	☐
33. Gait: Imbalance/ Unsteady	☐	☐	☐	☐	☐	☐
34. Gait: Shuffling	☐	☐	☐	☐	☐	☐
35. Limb jerking/ writhing	☐	☐	☐	☐	☐	☐
36. Movement: Slowed/ Lack of	☐	☐	☐	☐	☐	☐
37. Pill Rolling	☐	☐	☐	☐	☐	☐
38. Restlessness/ Pacing/Can't sit still	☐	☐	☐	☐	☐	☐
39. Rigidity/complaints of muscle pain or aches	☐	☐	☐	☐	☐	☐
40. Tremor/Shakiness	☐	☐	☐	☐	☐	☐
41. complaints of jitteriness / jumpiness/ nervousness	☐	☐	☐	☐	☐	☐
42. fainting/dizziness/ **Upon Standing**	☐	☐	☐	☐	☐	☐
43. seizures: increased	☐	☐	☐	☐	☐	☐
44. tingling/numbness	☐	☐	☐	☐	☐	☐
45. weakness/fatigue	☐	☐	☐	☐	☐	☐

Skin	0	1	2	3	4	NA
46. Acne	☐	☐	☐	☐	☐	☐
47. Bruising: Easy/ Pronounced	☐	☐	☐	☐	☐	☐
48. Color: Blue/ Coldness	☐	☐	☐	☐	☐	☐
49. Color: Flushing/ WarmTo Touch	☐	☐	☐	☐	☐	☐
50. Color: Pale/Pallor	☐	☐	☐	☐	☐	☐
51. Color: Red/Sunburn/ Photosensitivity	☐	☐	☐	☐	☐	☐
52. Color: Yellow	☐	☐	☐	☐	☐	☐
53. Dry/Itchy	☐	☐	☐	☐	☐	☐
54. Edema	☐	☐	☐	☐	☐	☐
55. Hair: Abnormal Growth	☐	☐	☐	☐	☐	☐
56. Hair Loss	☐	☐	☐	☐	☐	☐
57. Rash/Hives	☐	☐	☐	☐	☐	☐
58. Sweating: Decreased	☐	☐	☐	☐	☐	☐
59. Sweating: Increased	☐	☐	☐	☐	☐	☐
60. chills	☐	☐	☐	☐	☐	☐

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.

If seen or reported: check the box next to the item and assign a score next to the item.

Urinary/Genital

61. ☐ menstruation: absent / irregular _____
62. ☐ sexual: activity decreased _____
63. ☐ sexual: activity increased _____
64. ☐ sexual: continual erection _____
65. ☐ sexual: erection inability _____
66. ☐ sexual: orgasm difficult _____
67. ☐ urinary retention _____
68. ☐ urination: decreased _____
69. ☐ urination: difficult/painful _____
70. ☐ urination: incontinence / nocturnal enuresis _____
71. ☐ urination: increased _____

Psychological	0	1	2	3	4	NA
72. Agitation	☐	☐	☐	☐	☐	☐
73. Confusion	☐	☐	☐	☐	☐	☐
74. Crying / feelings of sadness	☐	☐	☐	☐	☐	☐
75. Drowsiness/Lethargy/ Sedation	☐	☐	☐	☐	☐	☐
76. Irritability	☐	☐	☐	☐	☐	☐
77. Withdrawn	☐	☐	☐	☐	☐	☐

78. ☐ attention/concentration difficulty _____
79. ☐ morning "hangover" _____
80. ☐ nightmares /vivid dreams _____
81. ☐ perceptual: hallucinations / delusions _____
82. ☐ sleep: excessive _____
83. ☐ sleep: insomnia _____

OTHER (USE OTHER SIDE IF NEEDED)

MEASURES (MAY USE MOST RECENT MONTHLY CHECK)

BLOOD PRESSURE	PULSE
TEMPERATURE	WEIGHT

Current psychoactive 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

EXAMINER COMMENTS (CROSS – REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED):

PRESCRIBER REVIEW
CONCLUSION (CHECK ONE OR MORE)

- ☐ No action necessary
- ☐ Contra-indicated medication
- ☐ Dose reduction
- ☐ Drug change
- ☐ Drug discontinuation
- ☐ Drug hold
- ☐ Lab or other tests/data
- ☐ Other (specify below)

COMMENTS (CROSS – REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED):

PRESCRIBER'S SIGNATURE DATE

INSTRUCTIONS:

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. If you are not the prescriber, 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.

SCORING:

0 = NOT PRESENT: Not observed or, if seen, within the range of normal.

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

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.

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.

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.

NA = NOT ASSESSED: An assessment for an item is not able to be made.

MOSES does not list all possible clinical manifestations of adverse drug reactions and is not a substitute for other health care assessments and actions.