

	<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health</b>
<b>SUBJECT:</b>	Monitoring of Clients on Psychotropic Medication
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<b>DATE:</b>	
<b>SUPERSEDES:</b>	SNCAS Policy 7.20, NNCAS Policy 7.20
<b>APPROVED BY:</b>	Commission on Mental Health and Developmental Services
<b>DATE:</b>	
<b>REFERENCES:</b>	DCFS Children's Mental Health Policy 7.10 Psychiatric Services American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter of the Use of Psychotropic Medication in Children and Adolescents (2009); New York State Office of Mental Health Clinical Advisory for the Use of Anti-psychotics and Anti-depressants, date of issue May 16, 2007
<b>ATTACHMENTS:</b>	N/A

## I. POLICY

All children and adolescent clients treated by a DCFS psychiatrist will be monitored to ensure safe, effective and appropriate treatment.

## II. PURPOSE

This policy is to ensure the timely and effective monitoring of clients taking medications prescribed by a DCFS psychiatrist.

## III. DESCRIPTION OF TERMS

- A. AIMS – Abnormal Involuntary Movement Scale is utilized to monitor side effects of antipsychotic medications
- B. BMI – Body Mass Index is a relationship between weight and height that is associated with body fat and health risk.
- C. Client – Pursuant to NRS 433B.050 client means a child who seeks, on his own or another's initiative, and can benefit from care and treatment by DCFS.
- D. SSRI – Selective Serotonin Reuptake Inhibitors are a group of medications commonly used to treat depressive and anxiety disorders that work by influencing the levels of serotonin in the central nervous system.
- E. EKG – Electrocardiogram, a recording of electrical activity in the heart

- F. PTT – Partial Thromboplastin Time, a measure of blood clotting time
- G. WBC/ANC – White Blood Cell Count and Absolute Neutrophil Count are measures of immune system cells that fight infections.
- H. Black Box Warning – Warning placed on a medication by the Federal Drug Administration (FDA) that must be explained to the client’s guardian and client
- I. SGA – Second Generation Antipsychotic; Medications in this group of antipsychotics are commonly used to treat psychosis, mood, and aggressive behaviors.

#### IV. PROCEDURE

- A. The client and parent/guardian/legal custodian will be educated on medication options for treatment of a particular symptom/diagnosis as well as the risks, benefits, and possible side effects by the psychiatrist. The above informed consent will be documented in the physician’s note in the client’s medical record and the parent/guardian/person who can legally sign consent will sign the DCFS informed consent form. See DCFS Policy 7.10 Psychiatric Services.
- B. Baseline monitoring for all clients pending or on medications:
  - 1. The following vital signs may be recorded in the client’s medical chart:
    - a. Blood pressure
    - b. Heart rate
    - c. Respirations
    - d. Temperature
  - 2. The following physical data may be recorded in the client’s medical chart:
    - a. Weight
    - b. Height
    - c. BMI
- C. At a minimum, the following guidelines are to be followed for their respective “drug class.” The psychiatrist will pursue additional labs, if necessary, for appropriate medical care. It is the responsibility of the treating psychiatrist to seek consultation with the Medical Director for any unusual issues regarding client care.
  - 1. Second Generation Antipsychotic (SGA) administration may require the following monitoring:
    - a. Baseline Workup (e.g., prior to initiation of medication):
      - i. Laboratory Studies (e.g., blood work) may be ordered.
        - (1). Comprehensive metabolic panel (fasting). Testing will be ongoing every three months or more frequently for clients who gain significant amounts of weight, have a family history of diabetes or show possible signs of hyperglycemia (e.g. new onset polydipsia, non-lithium induced polyuria, lack of appetite, unintended weight loss, somnolence, etc).
        - (2). Lipid panel (fasting)
        - (3). Complete blood count
        - (4). Thyroid panel
        - (5). Prolactin Level: When symptoms of elevated prolactin occur, such as amenorrhea/oligomenorrhea, galactorrhea or gynecomastia, at least quarterly prolactin blood levels will be obtained.
        - (6). Monitor specific medications as necessary; for example, follow Clozapine guidelines for WBC/ANC blood testing and blood level of Clozapine.

- (7). If laboratory studies are “abnormal” a referral will be made to primary care physician for further evaluation and possible treatment by the client’s treating psychiatrist.
- ii. Non Laboratory Studies may be ordered.
  - (1). EKG: EKG abnormalities or a family history of cardiac abnormalities (e.g., sudden death at a young age) will result in increased monitoring and consultation by cardiology and pediatrician. This will be completed by the client’s treating psychiatrist.
  - (2). AIMS
  - (3). Baseline Side Effect Monitoring: Any pre-existing signs/symptoms that may be viewed as a future side effect will be documented in the client’s medical record prior to initiation of treatment; for example, a long standing hand tremor, etc.
- iii. Any “Black Box Warning” must be thoroughly explained to the client and guardian.
- iv. Baseline Side Effect Monitoring: Document any pre-existing signs/symptoms
- b. Monitoring clients on SGA:
  - i. Side Effect Monitoring
    - (1). Both positive and negative side effects commonly associated with the SGA will be assessed and documented in the client’s medical record.
  - ii. Comprehensive metabolic panel (fasting)
    - (1). Testing will occur for clients who gain significant amounts of weight, have a family history of diabetes or show possible signs of hyperglycemia (e.g. new onset polydipsia, non-lithium induced polyuria, lack of appetite, unintended weight loss, somnolence).
    - (2). Lipid panel (fasting)
    - (3). If laboratory studies are “abnormal” then a referral will need to be made to primary care physician for further evaluation and possible treatment.
  - iii. EKG: EKG abnormalities or a family history of cardiac abnormalities or sudden death at a young age will result in increased monitoring and consultation by cardiology and pediatrician. The client’s treating psychiatrist will be responsible for assuring appropriate consultation with cardiology.
  - iv. AIMS
  - v. Prolactin level: When symptoms of elevated prolactin occur, such as amenorrhea/oligomenorrhea, galactorrhea or gynecomastia, at least quarterly prolactin blood levels will be obtained.
- 2. SSRI administration may require the following monitoring:
  - a. Baseline Workup (e.g., prior to initiation of medication):
    - i. “Black Box” warning associated with increased suicide risk in children and adolescents will be clearly explained to guardian and client by the psychiatrist and documented in the client’s medical record.
    - ii. Baseline Side Effect Monitoring: Document any pre-existing signs/symptoms
  - b. Monitoring prior to stabilization of the client’s symptoms
    - i. Each Visit:

- (1). Level of lethality, e.g., suicidal ideation, will be assessed and documented in the client's medical record.
  - (2). Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist and any issues of concern addressed with the client and guardian as appropriate.
  - (3). Side effects will be monitored and documented in the client's medical record every visit.
3. Stimulant administration requires the following monitoring:
- a. Baseline Workup (e.g., prior to initiation of medication):
    - i. Blood work is not necessary for this class of medications unless there is a specific reason for a particular client. This will be determined by the treating psychiatrist.
    - ii. EKG if client or family has a history of cardiac abnormalities (e.g., sibling with a sudden death secondary to a cardiac event). It is the responsibility of the treating psychiatrist to consult with cardiology regarding any cardiac concerns. All EKGs need an "official reading" by a pediatric cardiologist. Results will be documented in the medical record.
    - iii. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist and any issues of concern addressed with the client and parent/guardian/legal custodian as appropriate.
    - iv. Baseline Side Effect Monitoring: Any pre-existing signs/symptoms that may be viewed as a future side effect need to be documented prior to initiation of treatment; for example, motor tics.
  - b. Yearly
    - i. EKG if client or family with any cardiac history; Abnormalities will be referred to pediatric cardiology for further evaluation and possible treatment. It is the responsibility of the treating psychiatrist to consult with cardiology regarding any cardiac concerns. All EKGs need an "official reading" by a pediatric cardiologist. Results will be documented in the medical record.
4. Depakote administration requires the following monitoring:
- a. Baseline Workup (e.g., prior to initiation of medication):
    - i. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist and any issues of concern addressed with the client and guardian as appropriate.
    - ii. Laboratory studies (e.g. blood work) will be ordered:
      - (1). Liver function test
      - (2). Complete blood count w/ platelets
      - (3). Trough Depakote level drawn at least four days after initiation of treatment
      - (4). Pregnancy test for female clients of reproductive age
      - (5). Any other labs that the psychiatrist believes necessary to assess for hepatic or renal functioning
    - iii. Baseline Side Effect Monitoring: Any pre-existing signs/symptoms that may be viewed as a future side effect need to be documented prior to initiation of treatment; for example, tremors, weight gain, hair loss.
  - b. Monitoring prior to stabilization of client symptoms
    - i. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist, and any issues of concern will be addressed with the

- client and parent/guardian/legal custodian as appropriate and documented in the client's chart.
- ii. Laboratory tests will be ordered to include:
    - (1). Depakote level to be drawn at least four (4) days after dose increase.
    - (2). The following labs will be drawn every six months, or less frequently than six months if clinical issues arise:
      - (a). Liver function test
      - (b). Complete blood count
      - (c). Depakote level
  - c. Monitoring following stabilization of Depakote regimen:
    - (1). Yearly laboratory tests will be ordered to include:
      - (a). Trough Depakote level
      - (b). Liver function test
      - (c). Complete blood count
5. Lithium administration requires the following monitoring:
- a. Baseline Workup (e.g., prior to initiation of medication):
    - i. Laboratory studies (e.g. blood work) will be ordered:
      - (1). Comprehensive metabolic panel (fasting)
      - (2). Complete blood count
      - (3). Thyroid panel
      - (4). Urine analysis (U/A)
      - (5). Pregnancy test for female clients of reproductive age
      - (6). Any other labs the psychiatrist believes necessary to assess for renal function
    - ii. Baseline Side Effect Monitoring: Any pre-existing signs/symptoms that may be viewed as a future side effect will be explained to the parent/guardian/legal custodian and client prior to initiation of treatment; for example, polyuria, and documented in the client's medical record.
    - iii. EKG if client or family has a history of cardiac abnormalities (e.g., sibling with a sudden death secondary to a cardiac event). It is the responsibility of the treating psychiatrist to consult with cardiology regarding any cardiac concerns. All EKGs need an "official reading" by a pediatric cardiologist. Results will be documented in the medical record.
    - iv. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist and any issues of concern will be addressed with the client and parent/guardian/legal custodian as appropriate and documented in the client's medical record.
  - b. Monitoring prior to stabilization of client's symptoms:
    - i. Lithium levels will be obtained at least five (5) days after dose changes. Level to be drawn ten to twelve hours after the last lithium dose.
    - ii. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist and any issues of concern will be addressed with the client and parent/guardian/legal custodian as appropriate and documented in the client's medical record.
    - iii. The following labs will be drawn every six months, or less frequently than six months if clinical issues arise:
      - (1). Comprehensive metabolic panel
      - (2). Lithium level

- c. Monitoring following stabilization of client's symptoms will be yearly laboratory tests ordered to include:
  - (1). Lithium level (trough)
  - (2). Comprehensive metabolic panel (fasting)
  - (3). Complete blood count
  - (4). Thyroid panel
  - (5). Urine analysis (U/A)
  - (6). Any other labs that the psychiatrist believes necessary to assess for renal function
- d. Data from "Baseline monitoring" in section "IV B" will be reviewed by the psychiatrist, and any issues of concern will be addressed with the client and parent/guardian/legal custodian as appropriate and documented in the client's medical record.

**REFERENCES:**

The Policy and Procedures were completed using guidelines from multiple sources to include Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents by the American Academy of Child and Adolescent Psychiatry (2009) and the New York State Office of Mental Health Clinical Advisory for the Use of Antipsychotics and Antidepressants; **Date of Issue: May 16, 2007.**