MEDICATION MONITORING PROTOCOLS

Required Testing for Antidepressant Medications:

Pre-Treatment / Treatment Initiation
Pre-treatment laboratory tests will be ordered as clinically indicated and based upon physical examination, previous history of adverse drug reactions and knowledge of the potential adverse effects of the individual antidepressants.
An EKG must be done for any dose of more than 50mg of tricyclic antidepressant medication prior to initiation of higher doses.

Follow-Up
Youth on antidepressants or Strattera should be followed once per week for one month, then once every 2 weeks over the second month then at least every 30 days. (NOTE: “Week” for this specific follow-up requirement is a calendar week (Sunday thru Saturday). If youth is seen Monday one week, and Wednesday the second week, this will be considered a weekly follow-up).

Exceptions:
Tricyclic Antidepressants up to 100mg – No monitoring required
Nortryptilene up to 50mg – No monitoring required
Trazodone up to 200mg – No monitoring required

When these medications are prescribed at dosages over those indicated above, the monitoring indicated above will be necessary.

Follow-up tests will be ordered as clinically indicated and based on the patient’s past medical history, results of the physical examination, previous history of adverse drug reactions and knowledge of the potential adverse effects of the individual antidepressants.
Thyroid functions should be considered, especially in cases of failure to respond to treatment. Periodic electrolytes, CBCs, and liver enzymes should be considered based on the clinical presentation.
An EKG must be done during titration of tricyclic antidepressants.

Dosage Adjustment
Dosage adjustments after initial titration to an appropriate dosage and medication changes should generally be initiated in response to non-transient ill effects or non-response. A period of compliance consistent with average response times for a particular medication should be noted prior to consideration of medication changes or dosage adjustments. It is acceptable to change doses and medications if clinically indicated; however, it is important to document the reason for the change to assist with medication management once the youth is in another setting.
Required Testing for Antipsychotic Medications:

Pre-Treatment / Treatment Initiation

Pre-treatment laboratory tests will be ordered as clinically indicated and based upon physical examination, previous history of adverse drug reactions and knowledge of the potential adverse effects of the individual antipsychotics.

Electrolytes, CBC and liver enzymes may be indicated, but are not generally required. Initiation of antipsychotics often may be done when testing is ordered.

An EKG must be done prior to initiation of Geodon, Mellaril, Orap or Thorazine. An EKG should be considered with other antipsychotics.

Fasting glucose and lipid levels should be done when a second generation antipsychotics (e.g., Clozaril, Risperdal, Geodon, Abilify, Seroquel and Zyprexa) is initiated. Fasting glucose levels and lipid levels should be considered with other antipsychotics.

Follow-Up

Follow-up tests will be ordered as clinically indicated and based on the patient’s past medical history, results of the physical examination, previous history of adverse drug reactions and knowledge of the potential adverse effects of the individual antipsychotics.

Electrolytes, CBC and liver enzymes are generally followed with long term use of antipsychotics, especially when a youth is on multiple medications metabolized via the liver.

Periodic EKGs must be done with Geodon, Mellaril, Orap or Thorazine.

Fasting lipid and glucose levels should be done at baseline and after a youth has been on a second generation antipsychotics (e.g., Clozaril, Risperdal, Geodon, Abilify, Seroquel and Zyprexa) for 3 months, then every 6 months or as clinically indicated.

Youth should be monitored for possible misuse of Seroquel.
Depakote Monitoring Process

If Depakote dose is changed, obtain another VPA level 4 to 6 days after the dose change. Labs should be done in the AM prior to youth receiving morning medications.

The above are minimum requirements. Increased laboratory monitoring may be indicated, especially when youth is on other medications that have significant interactions with Depakote metabolism or if there are abnormalities in lab results. Document review of labs in PDE notes.
NOTES:
If Tegretol dose is changed, obtain another Tegretol level 4 to 6 days after youth receives new dose.
Labs should be done in the AM prior to youth receiving morning medications.
Increased laboratory monitoring may be needed, esp. when youth is on other medications that have significant interactions with Tegretol metabolism.
Lithium Monitoring Process

When was Lithium prescribed?

- Before Facility Admission
  - If no recent EKG is available, order EKG. Follow-up weekly till review of a recent EKG is documented in PDE notes

- After Facility Admission
  - Prior to First Dose of lithium, review recent EKG, electrolytes, creatinine, CBC.
    - After 5-7 days of lithium therapy initiation or continuation, order Li serum level, CBC, electrolytes, creatinine. Order TSH if no TSH done within the last 6 months.

  At 25-35 days of Lithium Therapy initiation or continuation, repeat Li serum level, electrolytes, creatinine, CBC

  - Every 3 months, obtain Li serum level, creatinine, electrolytes, CBC
  - Every 6 months, repeat TSH
  - Every 2 Years, Repeat EKG

If Lithium dose is changed, obtain another Lithium level 5-7 days after dose change. Labs should be done in the AM prior to youth receiving morning medications.

The above are minimum requirements. Increased laboratory monitoring may be indicated, especially if there are abnormalities in lab results. Document review of labs in PDE notes.
NOTE: The Cylert Patient Information/Consent Form must be used to document informed consent.

The prescribing physician must contact the DJJ administrative psychiatrist and document the contact in the progress notes of the health record.