



## Antipsychotic Medication Management Guidelines

The purpose of this Medication Management Guideline is to promote a common, evidence-based standard of care throughout the Care Compass Network PPS in the treatment of persons treated with antipsychotic medication who are part of the Integration of Behavioral Health and Primary Care project. The intent is to aid primary care providers, including physicians, nurse practitioners, physicians' assistants and other providers in their care of patients.

This Medication Management Guideline has been developed with input from Care Compass Network Behavioral Health Quality Committee for the South Regional Performance Unit, representing primary care and behavioral health specialists, and the Care Compass Network Clinical Governance Committee. This guideline has been approved by the Clinical Governance Committee. On an annual basis, this guideline will be presented to the Behavioral Health Quality Committee for each Regional Performance Unit for improvement. It will be recertified by the Clinical Governance Committee following a review by the Quality Committee.

### **Common Antipsychotic Medications**

- Chlorpromazine
- Haloperidol
- Perphenazine
- Fluphenazine
- Clozapine

### **Common Atypical (Second Generation) Antipsychotic Medications**

- Risperidone
- Olanzapine
- Quetiapine
- Ziprasidone
- Aripiprazole
- Paliperidone
- Lurasidone

# CARE COMPASS NETWORK

Recommended Patient Monitoring while taking Antipsychotic Medications							
All Antipsychotic Medications	Baseline	4-8 Weeks	12 Weeks	Quarterly	Twice Annually	Annually	As Clinically Indicated
<b>General Physical Assessment</b>							
Blood Pressure, Heart Rate	X		X		X		X
Temperature, Respiratory Rate							X
<b>Medication Reconciliation</b> including OTC and herbal supplements							
Assess side effects and potential drug interactions, including agents that impact electrolyte balance or prolong QT interval.	X					X	X
<b>Waist Circumference</b>	X				X		X
<b>Weight/Body Mass Index</b>	X	X	X		X		X
If patient gains >5% of initial weight, consider dietary intervention and changing agent							
<b>Fasting Plasma Glucose</b>	X		X			X	
Significant diabetes risk factors should be monitored more often							X
<b>Fasting Lipid Screen</b>	X		X			X	X
<b>Pregnancy Status</b>	X						X
<b>Sexual Function Inquiry</b>							
Menstrual disturbances, libido disturbances, or erectile/ejaculatory disturbances	X					X	X
<b>Lifestyle Assessment</b>							
Smoking, exercise, dietary habits, alcohol and drug dependency, oral hygiene	X		X			X	X
<b>Cardiac Evaluation</b>							
Evaluate patient for cardiac risk. Avoid thioridazine, mesoridazine, or pimozide and use caution if using ziprasidone or iloperidone if present.	X						X
<b>EPS including Akathisia</b>							
Assess extrapyramidal side effects during treatment initiation, dosage change and at each clinical visit.	X			X			X
<b>Tardive dyskinesia</b>							
Evaluate for abnormal involuntary movements using the AIMS scale. More frequently for elderly and other high risk patients.	X				X		X
<b>Prolactin Level</b>							
If evidence of disturbances in menstruation, libido, or erection/ejaculation.							X
<b>Ocular Evaluations</b>							
Inquire about visual changes. Refer patient for a slit-lamp exam at medication initiation and at 6 month intervals for chlorpromazine, prochlorperazine, and quetiapine.	X				X		X
<b>Additional Clozapine CBC Monitoring</b>							
WBC and ANC monitoring							X



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