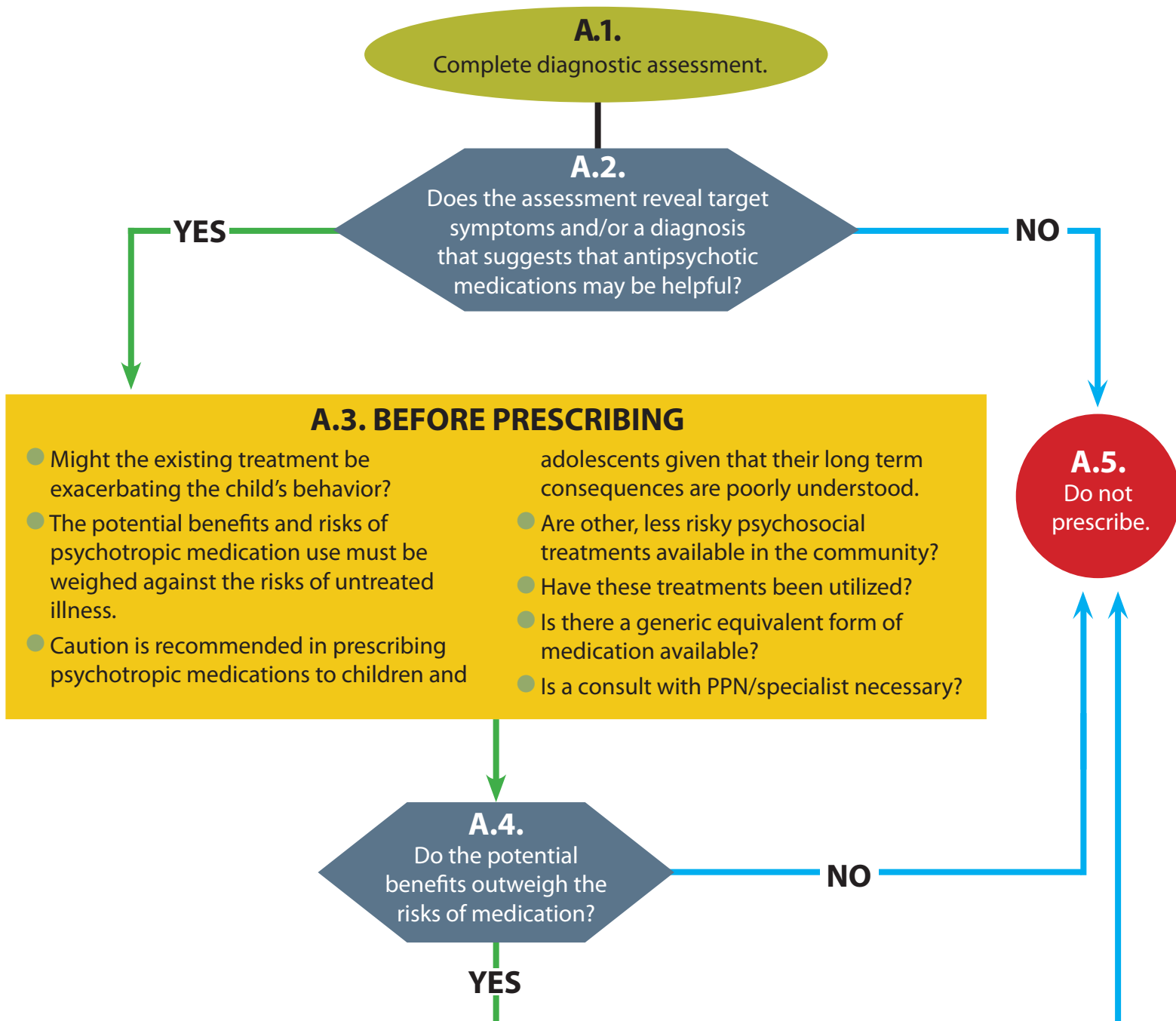
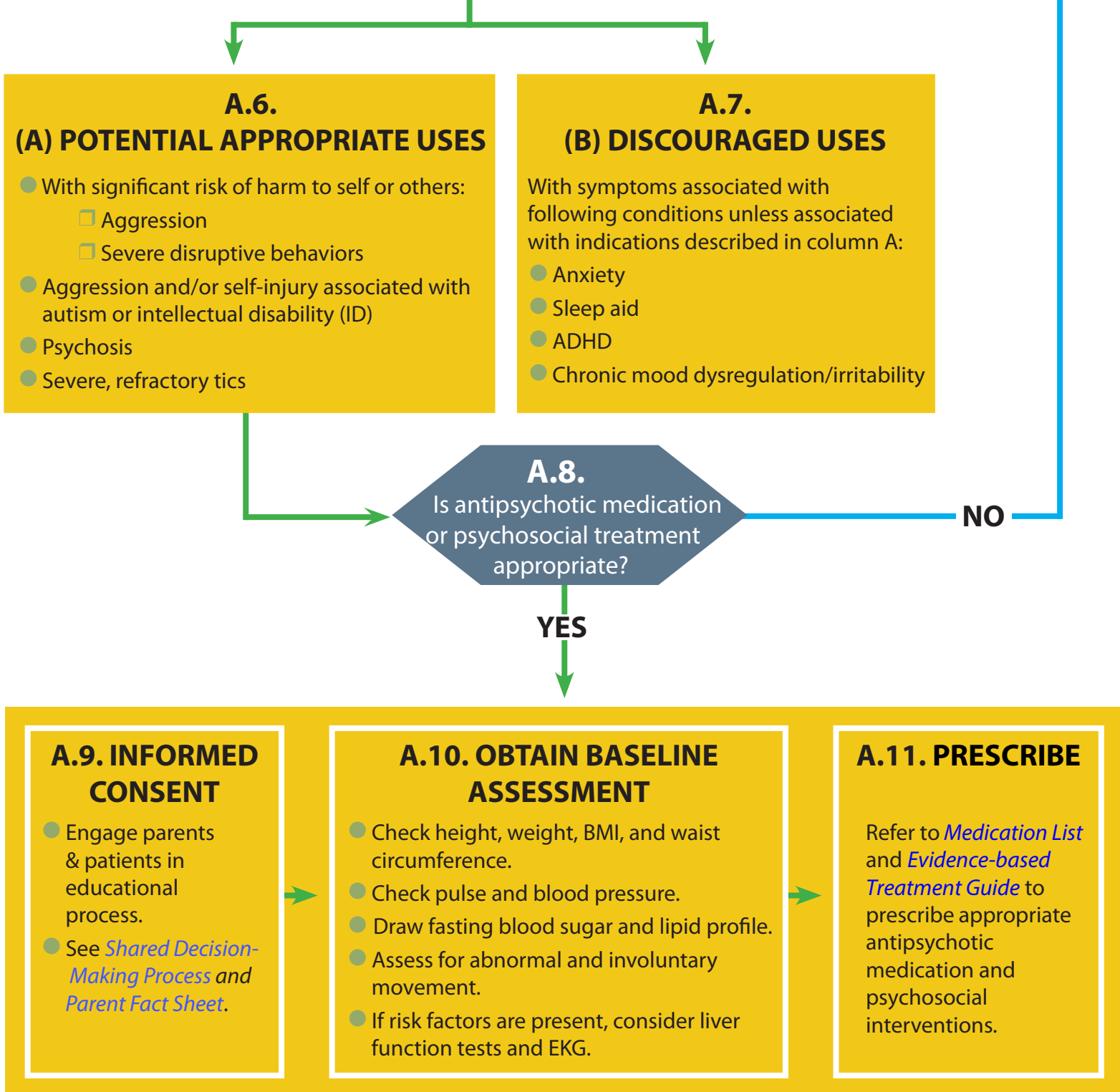


## Antipsychotic Medication Management in Children Under 6 Years of Age





## A.12. MONITORING PLAN

● Using *Screening & Monitoring Tool*, monitor patient:

- Phone check-up after one week.
- Office visits at least monthly.

● Evaluate patient for adverse effects:

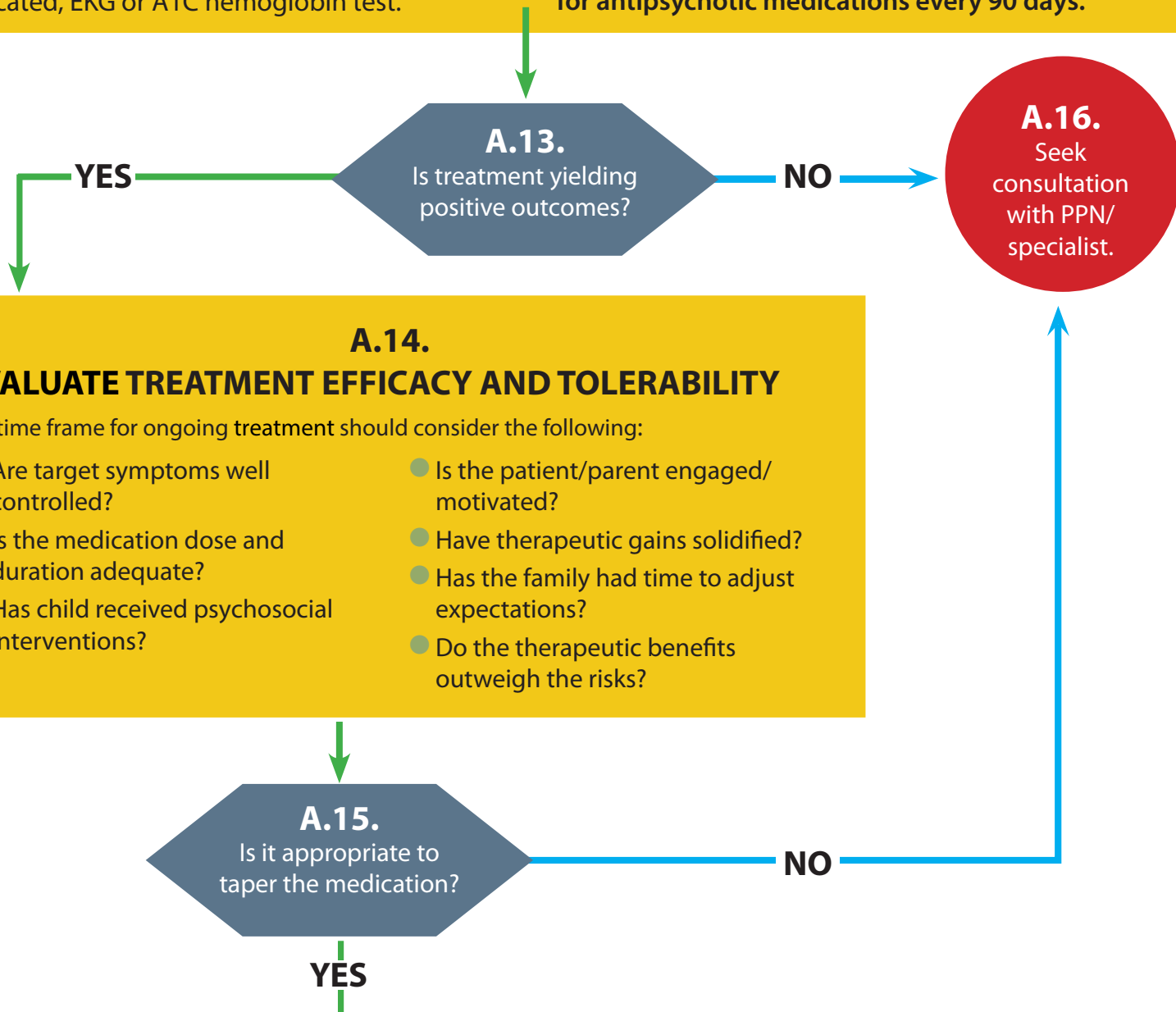
- Check height, weight, and BMI at each visit.
- Check pulse and blood pressure at each visit.
- Assess for abnormal and involuntary movement at each visit (conduct formal AIMS every six months).
- Re-check fasting blood sugar and lipid profile after six months.
- If indicated, EKG or A1C hemoglobin test.

● If patient exhibits abnormal weight gain (BMI greater than 85th percentile) or elevated lipids/glucose levels:

- Implement diet and exercise interventions and nutritional counseling.
- Reevaluate need for medication and/or consider switching to alternative medication.
- Refer to an endocrinologist or pediatrician.

● Assess overall functioning in a variety of settings, appetite and sleeping patterns, and improvement of target symptoms.

● Diagnostic assessment update to reevaluate need for antipsychotic medications every 90 days.



## A.17. TAPERING PROCESS

- Begin initial taper after successful medication trial.
- After one month, if child is stable further reduce dosage.
- After two months, assess if medication can be discontinued.
- Continue tapering process until medication can be safely discontinued.

## A.18. ONGOING MONITORING

- Consider periodic, ongoing follow-up and/or symptom monitoring by caregivers as serious disorders may wax, wane, or reemerge.
- Seek consultation with PPN/specialist should symptoms re-occur or if abnormal movements develop during the tapering process.

### LEGEND

 = START

 = DECISION

 = ACTION/PROCESS

 = STOP

 = YES  
GO TO NEXT ACTION

 = NO