Antipsychotic Medication Management in Children Under 6 Years of Age

### A.1. Complete diagnostic assessment
- MIGHT THE EXISTING TREATMENT BE EXAGGERATING THE CHILD’S BEHAVIOR?
- The potential benefits and risks of psychiatric medication use must be weighed against the risks of untreated illness.
- Consider it in recommended prescribing psychiatric medications in children and adolescents given that these long-term consequences are poorly understood.
- Are there any psychotherapeutic treatments available in the community?
- How effective have these treatments been utilized?
- Is there a generic equivalent form of the medication available?
- Is a consult with PPN/specialist necessary?

### A.2. Does the patient exhibit signs of increased risk?
- Antipsychotic Medication Management in Children Under 6 Years of Age

#### (A) POTENTIAL APPROPRIATE USES
- Severe, refractory tics
- Psychosis
- Severe disruptive behaviors
- Autism intellectual disability (ID)

#### (B) DISCOURAGED USES
- With symptoms associated with ADHD
- With significant risk of harm to self or others:
  - Seizures
  - Exacerbating the child’s behavior?

### A.3. BEFORE PRESCRIBING

#### A.4. Could the potential benefits outweigh the risks of treatment?
- With significant risk of harm to self or others:
  - Depression
  - Psychosis

#### A.5. Could the patient be appropriative?
- Antipsychotic medications and professional appropriative

### A.9. INFORMED CONSENT
- Engage parents
- Reassure the patient that this is not a one-time educational process
- See Rainbow the following:
  - Parental Counseling
  - Parental Rights

### A.10. OBTAIN BASELINE DATA
- Check height, weight, BMI, and waist circumference
- Check pulse and blood pressure
- Draw fasting blood sugar and lipid profile
- Assess for abnormal and involuntary movement
- If risk factors are present, consider live functions and/or DSG.

### A.11. PRESCRIBE
- Refer to Treatment guidelines to prescribe appropriate antipsychotic and psychosocial interventions.

### A.12. MONITORING PLAN
- Using Monitoring and Tracking tool, monitor periodic:
  - Phone check-up after one week
  - Office visit at least monthly

#### A.13. Is treatment meeting patient’s outcomes?
- Is treatment meeting patient’s outcomes?
- Is treatment meeting patient’s outcomes?
- Is treatment meeting patient’s outcomes?

### A.14. EVALUATE TREATMENT EFFICACY AND TOLERABILITY
- The time frame for ongoing monitoring should consider the following:
  - Are target symptoms well controlled?
  - Are the patient’s physical and mental health well controlled?
  - Are the patient’s physical and mental health well controlled?

#### A.16. SHOULD CONSULTATION WITH THE PRIMARY CARE PROVIDER?
- Consider periodic, ongoing follow-up and/or symptom monitoring by a competent, as well as monthly, severe, refractory tics.
- Seek consultation with PPN/specialist should symptoms re-occur or if abnormal movements develop during the tapering process.

### A.15. IS IT APPROPRIATE TO REPORT THIS TOLERABILITY?
- Is it appropriate to report this tolerability?

### A.17. TAPERING PROCESS
- Begin tapering process, then evaluate:
  - At one month, assess the medication can be safely discontinued.
- After two months, assess if medication can be discontinued.
- After one month, if child is stable further reduce dosage.
- Begin initial taper after successful medication trial.

### A.18. ONGOING MONITORING
- Consider periodic, ongoing follow-up and/or symptom monitoring by a competent - severe, refractory tics.
- Seek consultation with PPN/specialist should symptoms re-occur or if abnormal movements develop during the tapering process.

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**LEGEND**

- YES
- NO
- STOP
- ACTION/PROCESS
- DECISION
- START
- = NO
- = YES
- = STOP
- = ACTION/PROCESS
- = DECISION
- = START
Algorithm A

Antipsychotic Medication Management in Children Under 6 Years of Age

A.1. Complete diagnostic assessment

A.2. Does the child meet criteria for target symptoms and/or a diagnosis that suggests antipsychotic medications may be helpful?

A.3. BEFORE PRESCRIBING

A.3.1. What is the existing treatment (if any) for the child’s behavior? (Rationale)

A.3.2. What are the potential benefits and risks of untreated illness? (Rationale)

A.3.3. What is the potential for harm to self or others?

A.3.4. Is the patient/parent engaged/motivated?

A.3.5. Is the child’s behavior influencing educational and/or psychosocial outcomes?

A.3.6. Are other, less risky psychosocial interventions available?

A.3.7. Is the family willing to consider an alternative treatment?

A.4. A. Potentially Appropriate Uses

A.4.1. With significant gain to self or others:

- Aggression
- Chronic mood dysregulation/irritability
- Intellectual disability (ID)
- Autism

A.4.2. Aggression and/or self-injury associated with:

- Severe, refractory tics
- Psychosis
- Aggression and/or self-injury associated with severe disruptive behaviors
- Aggression and/or self-injury associated with intellectual disability (ID)
- Aggression and/or self-injury associated with autism

A.4.3. Aggression and/or self-injury associated with:

- Intellectual disability (ID)
- Autism

A.5. Discouraged Uses

A.5.1. With significant risk of harm to self or others:

- Severe disruptive behaviors
- Aggression

A.5.2. With significant risk of harm to self or others:

- Severe disruptive behaviors
- Aggression

A.5.3. With significant risk of harm to self or others:

- Severe disruptive behaviors
- Aggression

A.5.4. Is antipsychotic medication appropriate?

A.6. INFORMED CONSENT

A.6.1. Engage parents and caregivers in educational process.

A.6.2. Review shared decision-making process.

A.7. OBTAIN BASELINE ASSESSMENT

A.7.1. Check height, weight, BMI, and waist circumference.

A.7.2. Check pulse and blood pressure.

A.7.3. Draw fasting blood sugar and lipid profiles.

A.7.4. Assess for abnormal and involuntary movement.

A.7.5. If risks are present, consider liver function tests and EKG.

A.8. TAPERING PROCESS

A.8.1. Begin initial taper after successful medication trial.

A.8.2. After one month, if child is stable further reduce dosage.

A.8.3. After two months, assess if medication can be discontinued.

A.8.4. Continue tapering process until medication can be safely discontinued.

A.9. A.9. MONITORING PLAN

A.9.1. Treatment Guide


A.9.3. Implement diet and exercise interventions and nutritional counseling.

A.10. EVALUATE TREATMENT EFFICACY AND TOLERABILITY

A.10.1. Does the assessment reveal target symptoms and/or a diagnosis that suggests antipsychotic medications may be helpful?

A.10.2. Is the medication dose and duration adequate?

A.10.3. Are target symptoms well controlled?

A.10.4. Is the child’s behavior influencing educational and/or psychosocial outcomes?

A.10.5. Is it appropriate to taper the medication?

A.10.6. Is therapeutic benefit outweighing the risks of medication?

A.11. PREDICTIVE FACTORS

A.11.1. Risk factors present:

- Severe disruptive behaviors
- Aggression

A.12. TAPERING PROCESS

A.12.1. Is there a generic equivalent form of medication available?

A.12.2. Is a consult with PPN/specialist necessary?

A.12.3. Is treatment yielding positive outcomes?

A.13. ONGOING MONITORING

A.13.1. Is the patient/parent engaged/motivated?

A.13.2. Is the child’s behavior influencing educational and/or psychosocial outcomes?

A.14. TAPERING PROCESS


A.14.2. After one month, if child is stable further reduce dosage.

A.14.3. Continue tapering process and medication can be safely discontinued.

A.15. PREDICTIVE FACTORS

A.15.1. Risk factors present:

- Severe disruptive behaviors
- Aggression

A.16. DISCOURAGED USES

A.16.1. Is there a generic equivalent form of medication available?

A.16.2. Is a consult with PPN/specialist necessary?

A.17. TAPERING PROCESS

A.17.1. Begin initial taper after successful medication trial.

A.17.2. After one month, if child is stable further reduce dosage.

A.17.3. Continue tapering process and medication can be safely discontinued.

A.18. PREDICTIVE FACTORS

A.18.1. Risk factors present:

- Severe disruptive behaviors
- Aggression

Legend

- EKG
- BMI
- Waist circumference
- Blood pressure
- Lipid profile
- Fasting blood sugar
- Liver function tests
- Glucose levels
- Target symptoms
- Diagnostic assessment
- PPN
Antipsychotic Medication Management in Children Under 6 Years of Age

A.1. Complete diagnostic assessment

A.2. Does the assessment reveal target symptoms and/or a diagnosis that suggests antipsychotic medications may be helpful?

A.3. BEFORE PRESCRIBING

A.3.1. Using Evaluation & Monitoring Tool, monitor patient:

- Phone check-up after one week.
- Visit at least monthly.
- Evaluate for adverse affects:
  - Check height, weight, and BMI at each visit.
  - Check pulse and blood pressure.
  - Draw fasting blood sugar and lipid profile.
  - Assess for abnormal involuntary movement.
  - Refer to an endocrinologist or pediatrician.

A.3.2. Is a consult with PPN/specialist necessary?

A.3.3. Is therapeutic benefit worth the risks of treatment?

A.3.4. On the potential benefits and risks of treatment?

A.4. A. AT POTENTIAL APPROPRIATE USES

- With significant risk of harm to self or others:
  - Severe disruptive behaviors
  - Severe, refractory tics
  - Psychosis
  - Severe disruptive behaviors

- With symptoms associated with:
  - Autism intellectual disability (ID)
  - Chronic mood dysregulation/irritability
  - Severe, refractory tics

- With significant risk of harm to self or others:
  - Aggression and/or self-injury associated with:
    - Autism intellectual disability (ID)
    - Chronic mood dysregulation/irritability

A.5. Prescribe:

A.6. antipsychotic medicaiton is professional appropriate

A.7. B. DISCOURAGED USES

- With symptoms associated with following conditions unless associated with:
  - With symptoms associated with:
    - ADHD
    - ASD

- With significant risk of harm to self or others:
  - Aggression and/or self-injury associated with:
    - Autism intellectual disability (ID)
    - Chronic mood dysregulation/irritability

A.8. If indicated, EKG or A1C hemoglobin test.

A.9. INFIRMED CONSENT

- Engage parent.
- Engage child.
- Engage in educational groups.
- See (Point to the child and refer to text)
- Review therapy and/or medication.
- Recommend medication.

A.10. OBTAIN BASELINE ASSESSMENT

- Check height, weight, BMI, and waist circumference.
- Check pulse and blood pressure.
- Draw fasting blood sugar and lipid profile.
- Assess for abnormal and involuntary movements.
- If risk factors are present, consider liver function tests and EKG.

A.11. PRESCRIBE

A.12. MONITORING PLAN

A.13. Is treatment meeting patient's needs?

A.14. EVALUATE TREATMENT EFFICACY AND TOLERABILITY

A.15. Is it appropriate to taper the medication?

A.16. USE CONSELECTIVE volunteer or family.

A.17. TAPERING PROCESS

A.18. MONITORING SUMMARY

Algorithm A

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**A.9. INFORMED CONSENT**

- Engage parent.
- Engage child.
- Engage in educational groups.
- See (Point to the child and refer to text)
- Review therapy and/or medication.
- Recommend medication.

**A.10. OBTAIN BASELINE ASSESSMENT**

- Check height, weight, BMI, and waist circumference.
- Check pulse and blood pressure.
- Draw fasting blood sugar and lipid profile.
- Assess for abnormal and involuntary movements.
- If risk factors are present, consider liver function tests and EKG.

**A.11. PRESCRIBE**

- Refer to Treatment guidelines to prescribe appropriate antipsychotic medication and psychosocial interventions.

**A.12. MONITORING PLAN**

- Using Observation Monitoring Tool, monitor patient:
  - Phone check-up after one week.
  - Visit at least monthly.
- Evaluate 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).
  - Check fasting blood sugar and lipid profile after six months.
  - If indicated, EKG or A1C hemoglobin test.

**A.13. Is treatment meeting patient's needs?**

- If patient exhibits abnormal weight gain (BMI greater than 95th percentile) or elevated lipids/glucose levels, implement diet and exercise interventions and nutritional counseling.
- Recommend need for medication and/or consider alternative interventions.
- Refer to an endocrinologist or pediatrician.
- Monitor overall functioning in a variety of settings, appetite and sleep patterns, and improvement of target symptoms.
- Diagnostic assessment update to reevaluate need for antipsychotic medications every 90 days.

**A.14. EVALUATE TREATMENT EFFICACY AND TOLERABILITY**

The time frame for ongoing monitoring should consider the following:

- Are target symptoms well controlled?
- Is the medication dose and duration adequate?
- Has child demonstrated psychosocial interventions?

**A.15. Is it appropriate to taper the medication?**

- If the patient is symptomatic or a diagnosis is confirmed, consider tapering.
- Has the family had time to adjust expectations?
- Have these treatments been utilized?
- Is there a generic equivalent form of antipsychotic medication available?

**A.16. USE CONSELECTIVE volunteer or family.**

**A.17. TAPERING PROCESS**

- Begin taper after the medication has been tolerated.
- After one month, if child is stable further reduce dosage.
- After two months, assess if medication can be discontinued.
- Begin initial taper after successful medication trial.
- If possible, re-check fasting blood sugar and lipid profile.
- If risk factors are present, consider liver function tests and EKG.

**A.18. MONITORING SUMMARY**

- Monitor for long-term side effects.
- Refer to an endocrinologist or pediatrician.
- Monitor overall functioning in a variety of settings, appetite and sleep patterns, and improvement of target symptoms.
- Diagnostic assessment update to reevaluate need for antipsychotic medications every 90 days.
Antipsychotic Medication Management in Children Under 6 Years of Age

Algorithm A

A.1. Complete diagnostic assessment

A.2. Does the child have a mental illness or a diagnosis that suggests antipsychotic medications may be helpful?

A.3. BEFORE PRESCRIBING

A.3.1. (A) POTENTIAL APPROPRIATE USES

- Severe, refractory tics
- Psychosis
- Aggression and/or self-injury associated with autism intellectual disability (ID)

- With significant risk of harm to self or others:
  - Severe disruptive behaviors
  - Chronic mood dysregulation/irritability
  - ADHD
  - Mad
  - Obsessive compulsive disorder
  - Sleep aid
  - Anxiety

- Other, less risky psychosocial interventions

A.3.2. (B) DISCOURAGED USES

- Hypertension
- Diabetes
- Seizures

A.4. Are the potential benefits outweigh the risks of treatment?

A.5. Discontinue prescribing

A.6. (A) POTENTIAL APPROPRIATE USES

- With significant risk of harm to self or others:
  - Aggression
  - Depression

- Aggression and/or self-injury associated with autism intellectual disability (ID)

- Psychosis
- Serious refractory tics

A.7. (A) TAPERING PROCESS

- Begin tapering process 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.8. ANTIPSYCHOTIC MEDICATION USE AND PROFESSIONAL APPROPRIATE

- Antipsychotic use and professional appropriate

A.9. INFORMED CONSENT

- Engage parents and patients in educational process
- See Shared Decision-Making Fact Sheet

A.10. OBTAIN BASELINE ASSESSMENT

- Check height, weight, BMI, and waist circumference
- Check pulse and blood pressure
- Draw fasting blood sugar and lipid profile
- Assess for abnormal and involuntary movements
- Risk factors are present, consider live functions and IEP

A.11. PRESCRIBE

- Refer to Treatment guidelines to prescribe appropriate antipsychotic and psychosocial interventions.

A.12. MONITORING PLAN

-如果症状持续存在，则需要采取下一步行动
- Is patient exhibiting abnormal weight gain (BMI greater than 85th percentile) or elevated lipids/glucose levels?
- Refer to appropriate medication and interventions and nutritional counseling.
- Revise or terminate medication and consider 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.
- Choose mood dysregulation/irritability

A.13. EVALUATE TREATMENT EFFICACY AND TOLERABILITY

- The time frame for ongoing follow-up should be considered beforehand
- Is the therapeutic response consistent?
- Is the child receiving and engaging in psychosocial interventions?
- Is the child responding and benefiting from the medication?
- Is the child experiencing any adverse effects?
- Has the family had time to adjust expectations?

A.14. TAPERING PROCESS

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

A.15. ONGOING MONITORING

- Consider periodic, ongoing follow-up and/or psychosocial monitoring by competent in serious disorder may now, soon, or never.
- Seek consultation with PPN specialist should symptoms re-occur or if abnormal movements develop during the tapering process.