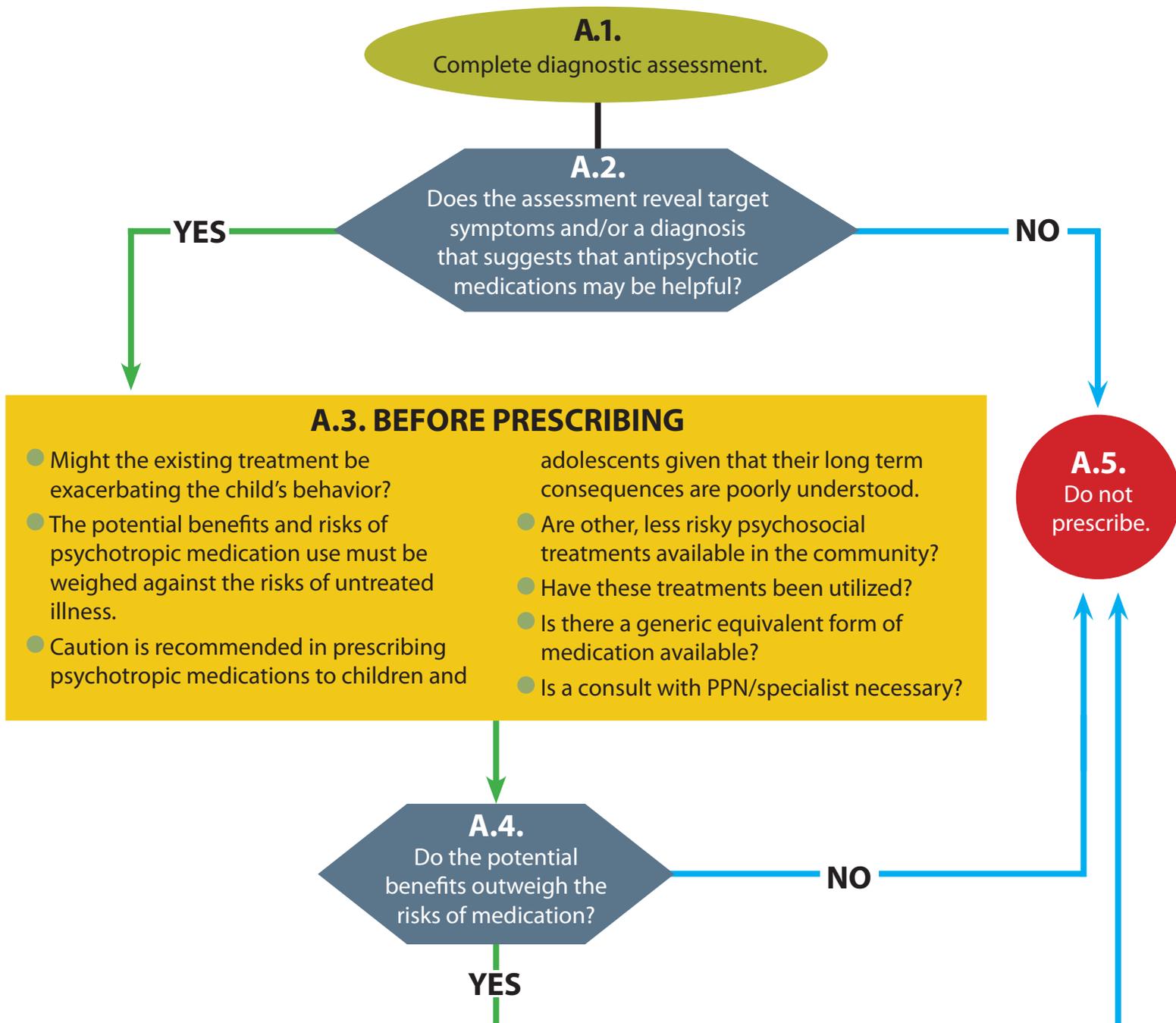
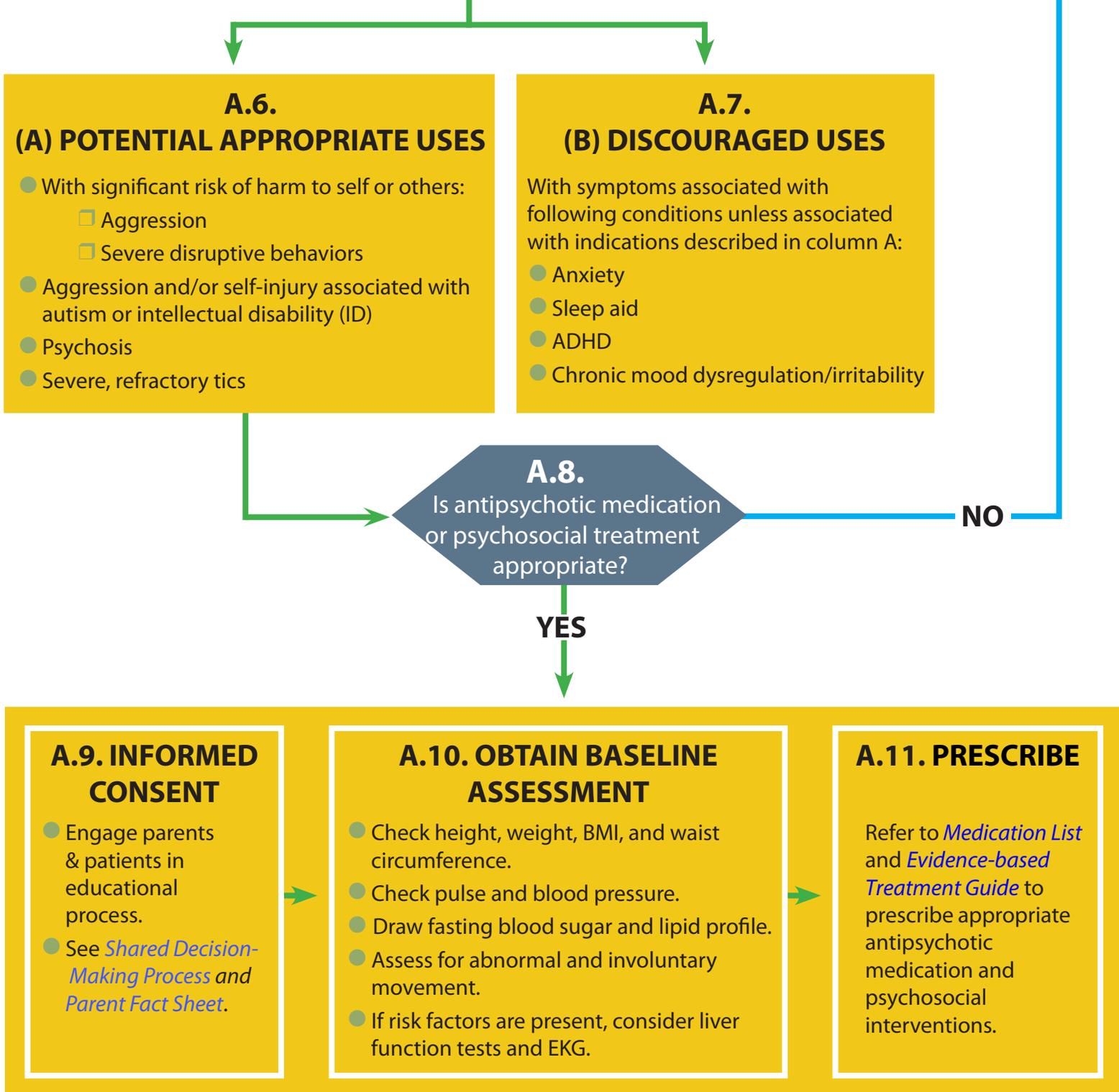


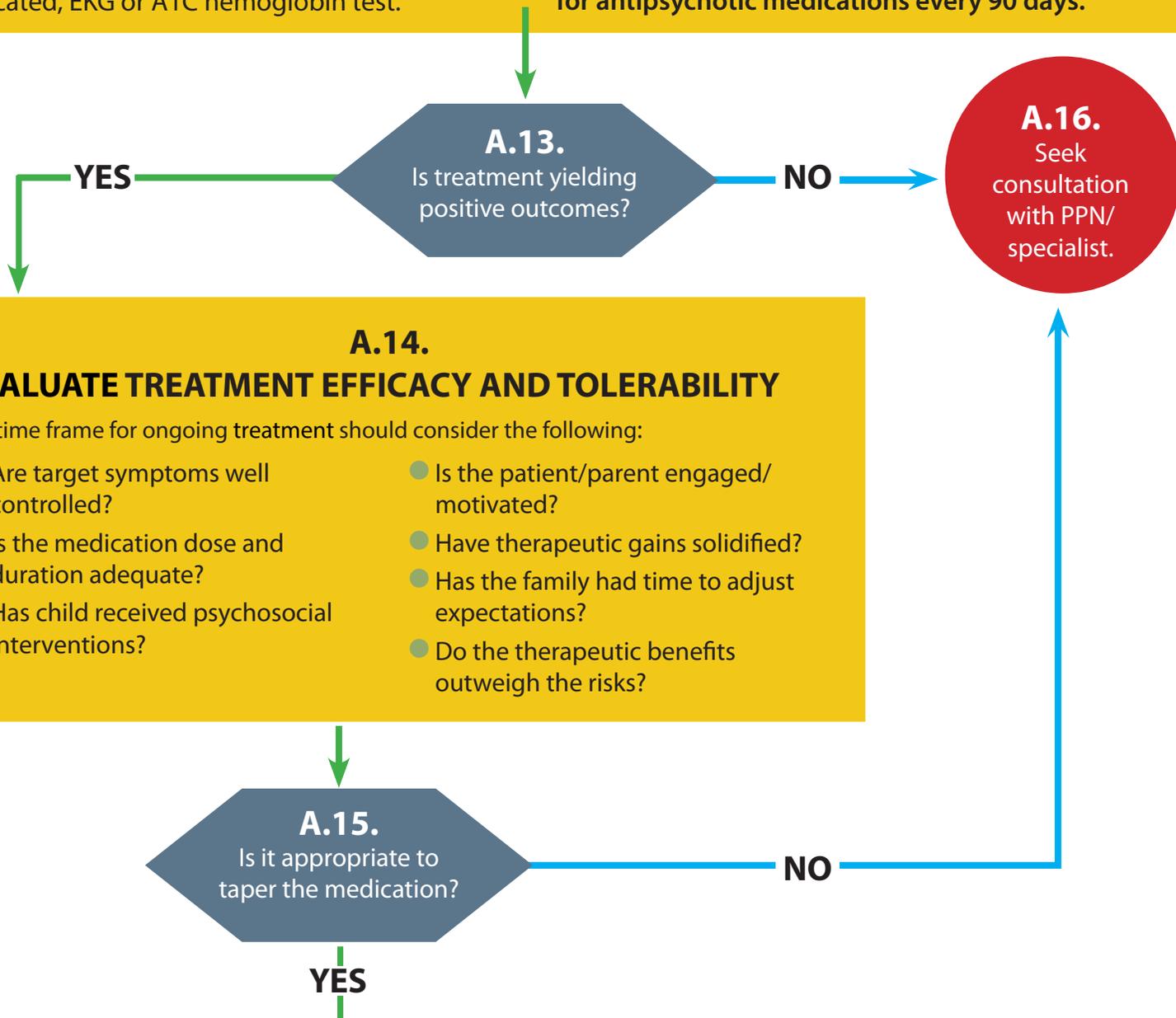
## Antipsychotic Medication Management in Children Under 6 Years of Age





## 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