G.1. SAFETY GUIDELINES

- Assess for abnormal and involuntary movement.
- Check pulse and blood pressure at each visit.
- Check height, weight, and BMI at each visit.
- Every year, conduct full diagnostic assessment.
- Office visit at least every 3 months once effective, stable and tolerated medication regimen is established or when medication changes are made.
- Phone check-up after one week and at least monthly visits for new patients.
- See Minds Matter Treatment Guidelines for evidence-based medication(s) and/or psychosocial intervention(s).

G.2. PRESCRIPTION AND/OR CONSOLIDATE MEDICATION(s)

- Is antipsychotic medication being considered or prescribed?
- Check fasting blood levels every six months for first year, and then annually, if over 6.
- If patient is under 6, see Algorithm A.
- If patient is on more than one psychotropic, see Algorithm C.

G.3. SAFETY GUIDELINES

- Check for substance use disorder.
- Evaluate for comorbid medical conditions that might impact care.
- Evaluate patient adherence to prescribed treatment regimen.

G.4. SAFETY GUIDELINES

- Evaluate for substance use disorder.
- Evaluate patient adherence to prescribed treatment regimen.

G.5. PREVENTION AND/OR CONSOLIDATE MEDICATION(s)

- Is antipsychotic medication being considered or prescribed?
- Check fasting blood levels every six months for first year, and then annually, if over 6.
- If patient is under 6, see Algorithm A.
- If patient is on more than one psychotropic, see Algorithm C.

G.6. SAFETY GUIDELINES

- Check for substance use disorder.
- Evaluate for comorbid medical conditions that might impact care.
- Evaluate patient adherence to prescribed treatment regimen.

G.7. PRESCRIBE AND/OR CONSOLIDATE MEDICATION(s)

- Is antipsychotic medication being considered or prescribed?
- Check fasting blood levels every six months for first year, and then annually, if over 6.
- If patient is under 6, see Algorithm A.
- If patient is on more than one psychotropic, see Algorithm C.

G.8. SAFETY GUIDELINES

- Check for substance use disorder.
- Evaluate for comorbid medical conditions that might impact care.
- Evaluate patient adherence to prescribed treatment regimen.

G.9. SAFETY GUIDELINES

- Assess overall functioning to determine impact of medication(s) and/or psychosocial intervention(s).
- Every year, conduct full diagnostic assessment.
- Office visit at least every 3 months once effective, stable and tolerated medication regimen is established or when medication changes are made.
- Phone check-up after one week and at least monthly visits for new patients.
- See Minds Matter Treatment Guidelines for evidence-based medication(s) and/or psychosocial intervention(s).

G.10. RE-EVALUATE

- Reevaluate existing treatment plan.
- Reconsider original diagnosis and target symptoms.
- Evaluate ongoing efficacy and course of illness.
- Evaluate patient for adverse effects.
- If patient is on more than one psychotropic, see Algorithm C.
- If patient is under 6, see Algorithm A.

G.11. SAFETY GUIDELINES

- Evaluate ongoing efficacy and course of illness.
- Evaluate patient for adverse effects.
- If patient is on more than one psychotropic, see Algorithm C.
- If patient is under 6, see Algorithm A.

G.12. SAFETY GUIDELINES

- Evaluate ongoing efficacy and course of illness.
- Evaluate patient for adverse effects.
- If patient is on more than one psychotropic, see Algorithm C.
- If patient is under 6, see Algorithm A.

G.13. BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- Is antipsychotic medication being considered or prescribed?
- Check fasting blood levels every six months for first year, and then annually, if over 6.
- If patient is under 6, see Algorithm A.
- If patient is on more than one psychotropic, see Algorithm C.

G.14. CONSIDERATION POINTS: MEDICATION(s) AND/or PSYCHOSOCIAL INTERVENTIONS

- When prescribing antipsychotic medications:
  - Check pulse and blood pressure.
  - Check height, weight, and BMI at each visit.
  - Consider drug interactions and effects of current medical conditions.
  - Consider other, less risky psychosocial treatments available in the community.

G.15. MONITORING PLAN

- Monitor treatment plan.
- Monitor response to treatment plan.
- Monitor patient adherence to prescribed treatment regimen.
- Monitor medication dosages.
- Reevaluate existing treatment plan.
- Reconsider original diagnosis and target symptoms.

G.16. MONITORING PLAN

- Monitor treatment plan.
- Monitor response to treatment plan.
- Monitor patient adherence to prescribed treatment regimen.
- Monitor medication dosages.
- Reevaluate existing treatment plan.
- Reconsider original diagnosis and target symptoms.

G.17. STOPPING TREATMENT Plan/Discontinuation of Treatment

- Does the treatment yield positive outcomes?
- If yes, go to the next action.
- If no, consider the following:
  - Seek consultation with a PPN/specialist.

G.18. DISCONTINUED OF AAPs

- An optimal medication regimen might involve multiple medications from different classes, such as in the following circumstances:
  - Severe, refractory tics
  - Psychosis
  - Aggression and/or self-injury associated with significant risk of harm to self or others
  - With Autistic/Intellectual Disability (ID)
  - Chronic mood dysregulation/irritability
  - Anxiety

G.19. REASSESS TREATMENT PLAN/DURATION OF TREATMENT

- For symptoms associated with the following conditions unless associated with indications of untreated illness.
- ✔ Multiple psychotropic medications or polypharmacy should be avoided whenever possible because it increases difficulty to assess and manage drug efficacy, safety and tolerability.
- ✔ Severe, refractory tics
- ✔ Psychosis
- ✔ Aggression and/or self-injury associated with significant risk of harm to self or others
- ✔ With Autistic/Intellectual Disability (ID)
- ✔ Chronic mood dysregulation/irritability
- ✔ Anxiety

G.20. CRITIQUE TREATMENT PLAN

- Consider other, less risky psychosocial treatments available in the community.

G.21. DISCONTINUED OF AAPs

- An optimal medication regimen might involve multiple medications from different classes, such as in the following circumstances:
  - Severe, refractory tics
  - Psychosis
  - Aggression and/or self-injury associated with significant risk of harm to self or others
  - With Autistic/Intellectual Disability (ID)
  - Chronic mood dysregulation/irritability
  - Anxiety

G.22. STOPPING TREATMENT Plan/Discontinuation of Treatment

- Does the treatment yield positive outcomes?
- If yes, go to the next action.
- If no, consider the following:
  - Seek consultation with a PPN/specialist.
Algorithm G

Proscribing Guidelines for Psychotropic Medications

G.1. INDICATIONS FOR PSYCHOTROPIC MEDICATIONS

- Severe, refractory tics
- Psychosis
- Aggression and/or self-injury associated with severe disruptive behaviors
- Chronic mood dysregulation/irritability
- ADHD
- Anxiety
- Depression
- Bipolar disorder
- Seizures
- Chronic pain
- Autistic spectrum disorder

G.2. POTENTIAL APPROPRIATIONS USE OF APS

- Patient/family adherence and engagement
- Course of disorder (chronic, unrelenting versus episodic or time-limited)
- Impact of untreated illness
- Review factors that influence whether to continue or modify treatment with currently prescribed medication indicated?

G.3. SAFETY GUIDELINES

- Caution is recommended in prescribing psychotropic medications to children and adolescents given that their long term consequences are poorly understood.
- When prescribing antipsychotic medications:
  - Check height, weight, and BMI.
  - Evaluate body mass index (BMI) (See Appendix B).
  - Draw fasting blood sugar and lipid profile.
  - Check fasting blood levels every six months for first year, and then annually for continued treatment.
  - Check patient/family perception of medication efficacy and side effects.
  - Check pulse and blood pressure at each visit.
  - Check height, weight, and BMI at each visit.
  - Every year, conduct full diagnostic assessment.
  - Phone check-up after one week and at least monthly visits for new patients.

G.4. SAFETY GUIDELINES

- Utilize weaning process to taper or discontinue potentially unnecessary medication(s).
- Educate caregivers to monitor risk factors or reemerging behaviors.
- Schedule follow-up visits after successful discontinuation of medication.
- Consider other, less risky psychosocial treatments available in the community.
- Partner with patient and family/caregiver to develop a mutually agreeable treatment plan.
- Engage and educate patients and family/caregivers using interactive strategies.

G.5. CONSIDERATION POINTS: MEDICATIONS AND/OR PSYCHOSOCIAL INTERVENTIONS

- Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust medication regimen is established medication(s) and/or psychosocial intervention(s).
- Review treatment regimen and medication dosing schedule with patient.
- Review safety guidelines (See G.4).
- Utilize weaning or cross-tapering process to discontinue the unnecessary medication(s).

G.6. MONITORING PLAN

- Reevaluate existing treatment plan.
- Evaluate medication dosages.
- Evaluate patient adherence to prescribed medications.
- Evaluate drug-drug interactions.
- Evaluate for substance use disorder.
- Evaluate overall functioning to determine impact of medication(s) and/or psychosocial intervention(s).
- Assess comorbid medical conditions that might impact care.
- Using Minds Matter Monitoring Tool, monitor patient:
  - drawer fasting blood sugar and lipid profile.
  - Check fasting blood levels every six months for first year, and then annually for continued treatment.
  - Check patient/family perception of medication efficacy and side effects.
  - Check pulse and blood pressure at each visit.
  - Check height, weight, and BMI at each visit.
  - Every year, conduct full diagnostic assessment.
  - Phone check-up after one week and at least monthly visits for new patients.

G.7. ALGORITHM G

- Algorithm G describes the decision-making process for prescribing, changing, or adjusting psychotropic medication(s).
- It includes a series of questions and steps designed to help clinicians make informed decisions about medication use.
- The algorithm is based on the best available evidence and is intended to improve the quality of care for individuals with mental health conditions.

G.8. ALGORITHM G

- Algorithm G is a comprehensive tool for prescribing psychotropic medications.
- It includes a series of questions and steps designed to help clinicians make informed decisions about medication use.
- The algorithm is based on the best available evidence and is intended to improve the quality of care for individuals with mental health conditions.

G.9. EXECUTIVE SUMMARY

- Algorithm G is a comprehensive tool for prescribing psychotropic medications.
- It includes a series of questions and steps designed to help clinicians make informed decisions about medication use.
- The algorithm is based on the best available evidence and is intended to improve the quality of care for individuals with mental health conditions.

G.10. REASSESS TREATMENT PLAN/DURATION OF TREATMENT

- Review treatment regimen and medication dosing schedule with patient.
- Reevaluate existing treatment plan.
- Evaluate medication dosages.
- Evaluate patient adherence to prescribed medications.
- Evaluate drug-drug interactions.
- Evaluate for substance use disorder.
- Evaluate overall functioning to determine impact of medication(s) and/or psychosocial intervention(s).
- Assess comorbid medical conditions that might impact care.

G.11. POTENTIAL APPROPRIATIONS USE OF APS

- Patient/family adherence and engagement
- Course of disorder (chronic, unrelenting versus episodic or time-limited)
- Impact of untreated illness
- Review factors that influence whether to continue or modify treatment with currently prescribed medication indicated?
Algorithm G
Proscribing Guidelines for Antipsychotic Medications

G.1. CONSIDERATION FOR MEDICATION (AIM 1)

- Before considering antipsychotic medications, consider alternative interventions such as psychological and other interventions.
- Only prescribe if there is a clear indication for antipsychotic medication.

G.2. POTENTIAL APPROPRIATENESS (AIM 2)

- Consider the following when prescribing antipsychotics:
  - Presence of symptoms associated with the following conditions:
    - Psychosis
    - Severe disruptive behaviors
    - Medications for non-psychiatric indications (e.g., pain management)
  - Age-related factors:
    - Young children under 6 years
    - Elderly patients

G.3. SAFETY GUIDELINES

- Always consider the potential risks and benefits before prescribing antipsychotics.
- Prescribe at the lowest possible effective dose.

G.4. SAFETY GUIDELINES

- Monitor patients regularly for adverse effects and drug interactions.
- Assess overall functioning to determine impact of medication(s) and/or psychosocial intervention(s).

G.5. REASSESS TREATMENT PLAN/DURATION OF TREATMENT

- Reassess treatment plan and duration of treatment periodically.
- Reassess symptoms and/or a diagnosis that led to the prescription of antipsychotics.

G.6. MONITORING PLAN

- Establish a comprehensive monitoring plan.
- Monitor for adverse effects and drug interactions.

G.7. ASSESS PRESCRIBING and CONSUMER EDUCATION (AIM 3)

- Provide education to consumers and caregivers about the prescribed antipsychotics.
- Educate caregivers to monitor risk factors or reemerging behaviors.

G.8. COMPREHENSIVE 30% of

- Use a comprehensive approach when considering antipsychotic treatment.
- Consider all relevant factors before prescribing antipsychotics.

G.9. BSPE - BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- Before prescribing or changing antipsychotic medications, consider the following:
  - Evaluate drug-drug interactions.
  - Evaluate medication dosages.
  - Check height, weight, and BMI.
  - Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust antipsychotic medications.

G.10. RE-EVALUATE

- Re-evaluate treatment plan and duration of treatment periodically.
- Reassess symptoms and/or a diagnosis that led to the prescription of antipsychotics.

G.11. CONSIDERATION FOR MEDICATION (AIM 1)

- Before considering antipsychotic medications, consider alternative interventions such as psychological and other interventions.
- Only prescribe if there is a clear indication for antipsychotic medication.

G.12. MONITORING PLAN

- Establish a comprehensive monitoring plan.
- Monitor for adverse effects and drug interactions.

G.13. BSPE - BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- Before prescribing or changing antipsychotic medications, consider the following:
  - Evaluate drug-drug interactions.
  - Evaluate medication dosages.
  - Check height, weight, and BMI.
  - Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust antipsychotic medications.

G.14. CONSIDERATION FOR MEDICATION (AIM 1)

- Before considering antipsychotic medications, consider alternative interventions such as psychological and other interventions.
- Only prescribe if there is a clear indication for antipsychotic medication.

G.15. PRESCRIBE AND/OR CONSOLIDATE MEDICATION(s)

- Prescribe antipsychotic medications based on clinical judgment.
- Consider other, less risky psychosocial treatments available in the community.

G.16. MONITORING PLAN

- Establish a comprehensive monitoring plan.
- Monitor for adverse effects and drug interactions.

G.17. BSPE - BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- Before prescribing or changing antipsychotic medications, consider the following:
  - Evaluate drug-drug interactions.
  - Evaluate medication dosages.
  - Check height, weight, and BMI.
  - Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust antipsychotic medications.

G.18. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- Involve consumers and caregivers in the decision-making process.
- Educate consumers and caregivers about the prescribed antipsychotics.

G.19. REASSESS TREATMENT PLAN/DURATION OF TREATMENT

- Reassess treatment plan and duration of treatment periodically.
- Reassess symptoms and/or a diagnosis that led to the prescription of antipsychotics.

G.20. MONITORING PLAN

- Establish a comprehensive monitoring plan.
- Monitor for adverse effects and drug interactions.

G.21. BSPE - BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- Before prescribing or changing antipsychotic medications, consider the following:
  - Evaluate drug-drug interactions.
  - Evaluate medication dosages.
  - Check height, weight, and BMI.
  - Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust antipsychotic medications.

G.22. TYPICAL PROCESS

- Follow a typical treatment process.
- Monitor for adverse effects and drug interactions.

G.23. ONGOING MONITORING

- Continue successful monitoring and adjusting as needed.
- Assess for abnormal and involuntary movement.

G.24. CONCLUSIONS

- Antipsychotic medications are often necessary for the treatment of psychiatric conditions.
- Monitor for adverse effects and drug interactions.
- Regularly reassess treatment plan and duration of treatment.

Algorithm G
Algorithm G
Prescribing Guidelines for Psychotropic Medications

G.1. INITIAL TREATMENT PLAN

G.2. SAFETY GUIDELINES

G.3. POTENTIAL APPROPRIATE USES OF AAP

G.4. SAFETY GUIDELINES

G.5. G.23. ONGOING MONITORING

G.6. MONITORING PLAN

G.7. TAPERING PROCESS

G.8. DISSCOURAGED USES OF AAP

G.9. RE-EVALUATE

G.10. GO TO NEXT ACTION

G.11. GO TO NEXT ACTION

G.12. STOP

G.13. START

G.14. CONSUMER/PARENT ENGAGEMENT AND CONSENT

G.15. PRESCRIBE AND/OR CONSOLIDATE MEDICATION(s)

G.16. MONITORING PLAN

G.17. STOP

G.18. GO TO NEXT ACTION

G.19. STOP

G.20. GO TO NEXT ACTION

G.21. GO TO NEXT ACTION

G.22. TAPERING PROCESS

G.23. ONGOING MONITORING

G.24. STOP

G.25. STOP