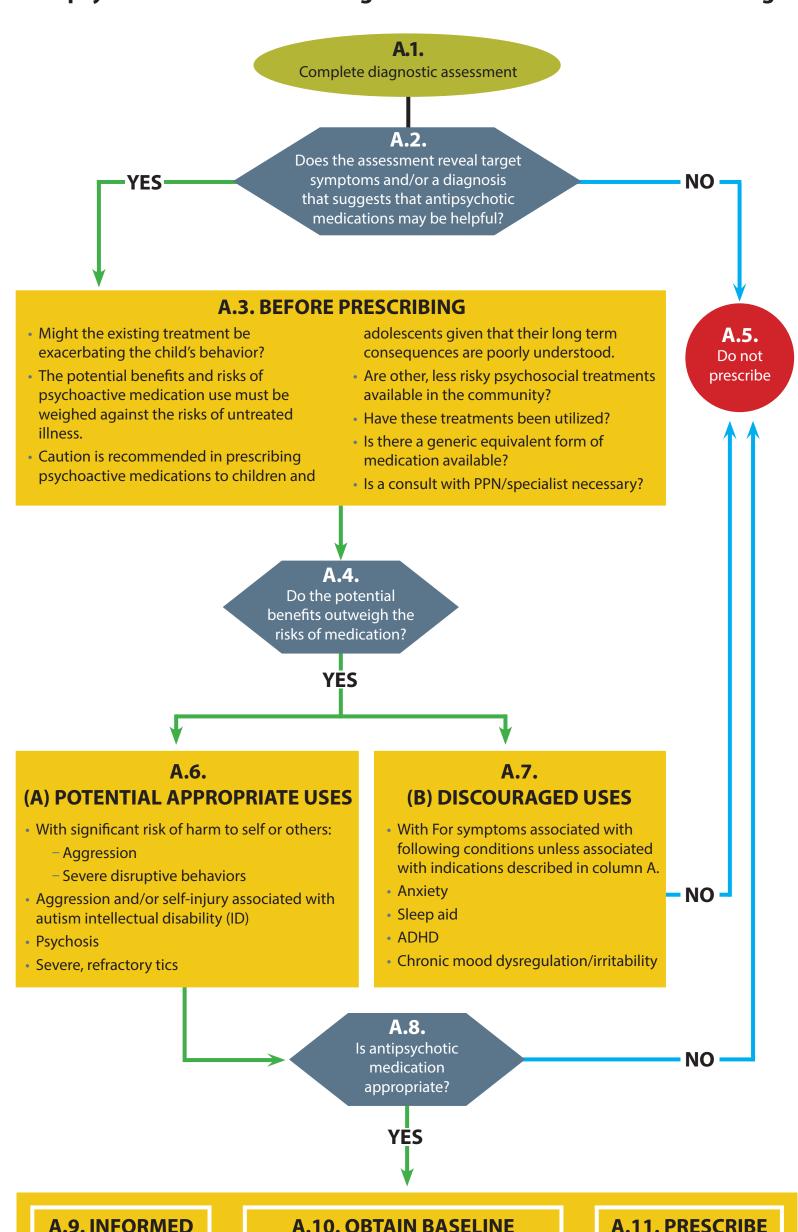


# **Algorithm A**

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



### **CONSENT** Engage parents

- & patients in educational process. See Shared Decision-
- **Making Process** and Parent Fact Sheet.

patient:

### **ASESSEMENT** · Check height, weight, BMI, and waist

**A.10. OBTAIN BASELINE** 

 Check pulse and blood pressure. Draw fasting blood sugar and lipid profile.

circumference.

- Assess for abnormal and involuntary
- movement. If risk factors are present, consider liver function tests and EKG.

Refer to <u>Medication List</u>

and **Evidence-based** 

**Treatments Guide** to prescribe appropriate antipsychotic medication and psychosocial interventions.

### Using <u>Screening & Monitoring Tool</u>, monitor If patient exhibits abnormal weight gain (BMI

**A.12. MONITORING PLAN** 

days.

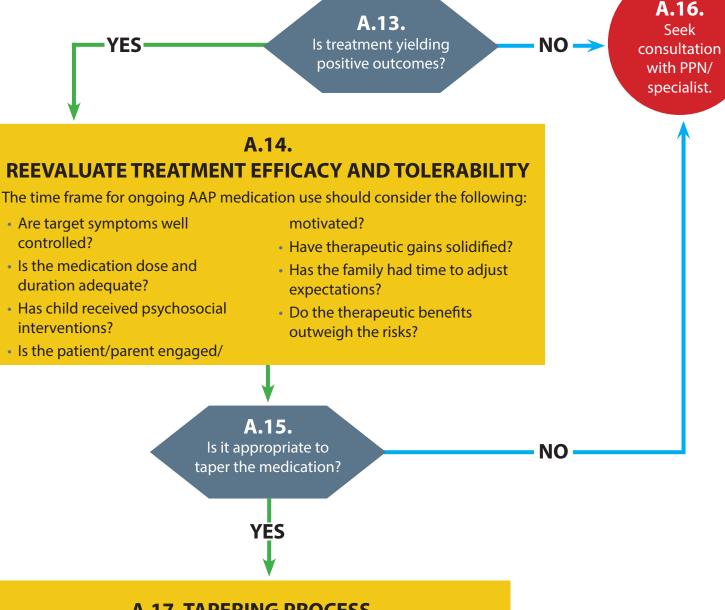
- Phone check-up after one week. Office visits at least monthly.
- Evaluate patient for adverse effects:
  - Check height, weight, and BMI at each visit. - Check pulse and blood pressure at each visit.
  - Assess for abnormal and involuntary movement at each visit (conduct formal AIMS every six
  - Re-check fasting blood sugar and lipid profile after six months.

If indicated, EKG or A1C hemoglobin test.

- glucose levels: Implement diet and exercise interventions and nutritional counseling.
  - Reevaluate need for medication and/or consider switching to alternative medication.

greater than 85th percentile) or elevated lipids/

- Refer to an endocrinologist or pediatrician. Every 90 days, conduct full reevaluation.
- Diagnostic assessment update to reevaluate need for ongoing antipsychotic medications every 90



# • After one month, if child is stable further reduce dosage.

Begin initial taper after successful medication trial.

- A.17. TAPERING PROCESS
- 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.

