

- Women's & Children's Hospital**
- Child & Adolescent Mental Health Service**
(please tick check box for appropriate site)

ANTIPSYCHOTIC MONITORING CHART

PATIENT LABEL

UR Number:

Surname:

Given Names:

D.O.B.: Sex:

User Guide

A new chart should be started when:

Initiating Antipsychotic - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but omit "Ongoing Starting Point")

Switching Antipsychotics - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but omit "Ongoing Starting Point")

Ongoing (starting to monitor but not initiating) - start in "Ongoing Use" sections, fill in "Ongoing Starting Point" (because a real baseline can't be obtained) and then follow with recommended monitoring to the right

Ongoing (previous chart is full) - start in "Ongoing Use" sections, omit "Ongoing Starting Point" (because baseline on a previous chart) and follow with recommended monitoring to the right

NOTE: A detailed User Guide is available at: <http://www.wch.sa.gov.au/antipsychotic>

Chart data (fill out when starting each new chart)

Antipsychotic Name: _____

Chart N^o for Patient: _____ Date Chart Started: ____ / ____ / ____

Antipsychotic Use Status: [please tick one] 1. Initiating 2. Switching 3. Ongoing

1. Risk factors (check at baseline & annually) [tick if applicable]

- smoking personal/family history of diabetes low level of activity
- personal/family history of heart disease poor diet overweight or obese
- ethnicity (please specify)(eg Indigenous Australian, Pacific Islander, Asian, African)
- other medications (please specify)

Name: _____ Signature: _____ Designation: _____ Date: ____ / ____ / ____

2. Measures recommended for all antipsychotics (baseline, monthly for 3 months, then every 3 months)

Investigations	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Date of measurement								
Daily Dosage (mg)								
Weight (kg)								
Height (m)								
Blood Pressure (sitting)								
Name, Signature & Designation								
Calculations	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Body Mass Index (BMI) (kg/m ²)								
BMI-For-Age Percentile								
BMI Z Score (if BMI>97th percentile)								
Name, Signature & Designation								

Please File Original in Medical Record

Continued over page

3. Blood tests recommended for all antipsychotics (baseline, at 3 months, then yearly)

Bloods should be taken in the morning in a fasting state and before giving medication

Investigations	New Antipsychotic		Ongoing Starting Point	Ongoing Use
	Baseline	Month 3		Month 12
Date of blood taken				
Total Cholesterol *				
Triglycerides *				
Blood Glucose				
White Blood Cell (WBC) Count †				
Neutrophil Count †				
Liver Function Tests (Normal Y/N) #				
Urea & Electrolytes (Normal Y/N) #				
Prolactin **				
Name, Signature & Designation				

4.1 Questions to ask for all antipsychotics to monitor for extrapyramidal side effects **

(baseline, monthly for 3 months, then every 3 months)

Observations <i>(please indicate with a tick = yes, x = no)</i>	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any muscular tremors or spasms ie dystonia?								
Any muscular stiffness or rigidity ie Parkinsonism?								
Any restlessness or agitation ie akathisia?								
Any involuntary hyperkinetic movements ie dyskinesia?								

4.2 Questions to ask or consider for all antipsychotics to monitor for hyperprolactinaemia **

(baseline, monthly for 3 months, then every 3 months)

Observations <i>(please indicate with a tick = yes, x = no)</i>	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any milk leakage from your breasts?								
Any breast enlargement?								
Have menstrual periods ceased or become irregular?								
Any loss of sexual function or desire?								
Stunted growth or delayed puberty?								
Name, Signature & Designation								

5. Interventions required

	Baseline	Month 1	Month 2	Ongoing Starting Point	Month 3	Month 6	Month 9	Month 12
Intervention required if abnormality detected	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Name, Signature & Designation								

Legend: * if any abnormalities are detected, a complete lipid profile is recommended
 † optional for patients prescribed clozapine because mandatory blood monitoring involving weekly testing for the first 18 weeks then monthly thereafter is recorded elsewhere
 # if No, indicate abnormality
 ** pay particular attention with risperidone, amisulpride, olanzapine and first generation antipsychotics

mg = milligram
 kg = kilogram
 m = metres
 BMI = Body Mass Index
 Y = Yes
 N = No