## Psychotropic Monitoring Inpatient Guidelines

Baseline pregnancy test in females before starting psychotropic medication & as clinically indicated.

### Atypical Antipsychotics

<table>
<thead>
<tr>
<th>Atypical Antipsychotics</th>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
</table>
| - aripiprazole (Abilify®, Abilify Maintena™, Aristada®)  
  - asenapine (Saphris®)  
  - brexpiprazole (Rekata®)  
  - cariprazine (Vraylar®)  
  - clozapine (Clozaril®, Fazaclo®, Versacloz®)  
  - iloperidone (Fanapt®)  
  - lumateperone (Caplyta®)  
  - lurasidone (Latuda®)  
  - olanzapine (Zyprexa®, Zyprexa Relprev®)  
  - paliperidone (Invega®, Invega Sustenna®, Invega Trinza®)  
  - quetiapine (Seroquel®)  
  - risperidone (Risperdal®, Risperdal Consta®, Perseris™)  
  - ziprasidone (Geodon®) | - CBC (clozapine, cariprazine)  
  - Waist circumference and BMI (weight in lbs x 703)/height2 in inches  
  - FPG or HbgA1c  
  - Fasting lipid profile within 30 days of initiation if not done within last year  
  - EPS evaluation (exam for rigidity, tremor, akathisia)  
  - TD assessment  
  - EKG for clozapine and iloperidone, ziprasidone only if risk factors present for QT prolongation (e.g. known heart disease, history of syncope, FH early sudden death)  
  - Serum potassium and magnesium for iloperidone if at risk for electrolyte disturbance  
  - Troponin and C-reactive protein (clozapine) | - CBC as indicated by manufacturer and as clinically indicated (clozapine only), cariprazine as clinically indicated  
  - BMI and waist circumference monthly for 6 months then quarterly when dose is stable  
  - FPG or HbgA1c every 6 months  
  - Fasting lipid panel at least every year if lipid levels are in normal range  
  - Fasting lipid panel every 6 months if LDL is > 130 mg/dL  
  - Inquiry for symptomatic prolactin elevation yearly (quarterly during 1st year for antipsychotics associated with increased prolactin)  
  - Prolactin level yearly if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea)  
  - EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase  
  - TD assessment every 3 months and as clinically indicated  
  - Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old  
  - EKG annually for clozapine and as clinically indicated; ziprasidone if patient has symptoms of QT prolongation (e.g. syncope)  
  - Troponin and C-reactive protein weekly for 4 weeks for clozapine and as clinically indicated for suspected myocarditis  
  - BNP as clinically indicated based on cardiac risk factors (clozapine)  
  - Serum potassium and magnesium periodically for iloperidone if at risk for electrolyte disturbance  
  - Olanzapine palmitate injection requires continuous observation for at least 3 hrs after injection |

### Typical Antipsychotics

<table>
<thead>
<tr>
<th>Typical Antipsychotics</th>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
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</table>
| - chlorpromazine (Thorazine®)  
  - fluphenazine (Prolixin®, Prolixin Decanoate®)  
  - haloperidol (Haldol®, Haldol Decanoate®)  
  - loxapine (Loxitane®)  
  - perphenazine (Trilafon®)  
  - thiothixene (Navane®)  
  - thioridazine (Mellaril®)  
  - trifluoperazine (Stelazine®) | - Waist circumference and BMI (weight in lbs x 703)/height2 in inches  
  - FPG or HbgA1c  
  - Fasting lipid profile within 30 days of initiation if not done within last year  
  - EPS evaluation (exam for rigidity, tremor, akathisia)  
  - TD assessment  
  - EKG prior to initiation of thioridazine  
  - Serum potassium and magnesium prior to initiating thioridazine | - BMI and waist circumference monthly for 6 months then quarterly when dose is stable  
  - FPG or HbgA1c every 6 months  
  - Fasting lipid panel at least every year if lipid levels are in normal range  
  - Fasting lipid panel every 6 months if LDL is > 130 mg/dL  
  - Inquiry for symptomatic prolactin elevation yearly (quarterly during 1st year for antipsychotics associated with increased prolactin)  
  - Prolactin level yearly if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea)  
  - EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase  
  - TD assessment every 3 months and as clinically indicated  
  - Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old  
  - EKG for thioridazine 7-14 days after dose change or change of med impairing metabolism or cardiac effects of thioridazine, every 6 months thereafter and as clinically indicated  
  - Serum potassium every 6 months and as clinically indicated and magnesium as clinically indicated (especially if potassium level is low)  
  - Olanzapine palmitate injection requires continuous observation for at least 3 hrs after injection |
### Antihypertensives for Psychotropic Use

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beta-Blockers</strong></td>
<td><strong>Blood pressure and pulse rate prior to each dose increase and quarterly and as clinically indicated</strong></td>
</tr>
<tr>
<td>o atenolol (Tenormin®)</td>
<td><strong>EKG (age 45 and over)</strong></td>
</tr>
<tr>
<td>o metoprolol (Lopressor®)</td>
<td><strong>When discontinued, gradually reduce dosage over a period of 1-2 weeks.</strong></td>
</tr>
<tr>
<td>o propranolol (Inderal®)</td>
<td><strong>Blood pressure and pulse rate</strong></td>
</tr>
<tr>
<td><strong>Baseline Tests</strong></td>
<td><strong>Ongoing Tests</strong></td>
</tr>
<tr>
<td><strong>EKG (age 45 and over)</strong></td>
<td><strong>As clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Beta-Blockers</strong></td>
<td><strong>Blood pressure and pulse rate</strong></td>
</tr>
<tr>
<td>o atenolol (Tenormin®)</td>
<td><strong>When discontinued, gradually reduce dosage over a period of 1-2 weeks.</strong></td>
</tr>
<tr>
<td>o metoprolol (Lopressor®)</td>
<td><strong>Blood pressure and pulse rate</strong></td>
</tr>
<tr>
<td>o propranolol (Inderal®)</td>
<td><strong>As clinically indicated</strong></td>
</tr>
</tbody>
</table>

### Sedative/Hypnotics

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
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<tbody>
<tr>
<td><strong>Benzodiazepines</strong></td>
<td><strong>Pregnancy test as clinically indicated</strong></td>
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<tr>
<td><strong>Buspirone (BuSpar®)</strong></td>
<td><strong>Pregnancy test</strong></td>
</tr>
<tr>
<td><strong>Sedating Antihistamines</strong></td>
<td><strong>As clinically indicated</strong></td>
</tr>
<tr>
<td>o diphenhydramine (Benadryl®)</td>
<td><strong>Renal function as clinically indicated</strong></td>
</tr>
<tr>
<td>o hydroxyzine (Atarax®)</td>
<td><strong>Signs or symptoms of respiratory depression and sedation</strong></td>
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<tr>
<td><strong>Non-Benzodiazepines</strong></td>
<td><strong>Monitor for rash, especially during the first 2 months of therapy</strong></td>
</tr>
<tr>
<td>o eszopiclone (Lunesta®)</td>
<td><strong>Renal function, Hepatic function, and CBC as clinically indicated</strong></td>
</tr>
<tr>
<td>o zolpidem (Ambien®)</td>
<td><strong>CMP (evaluate renal function, hepatic function, and serum bicarbonate)</strong></td>
</tr>
</tbody>
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### Anticonvulsant Mood Stabilizers

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carbamazepine (Tegretol®)</strong></td>
<td><strong>CBC with differential 1 to 2 weeks after each dose increase, annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Oxcarbazepine (Trileptal®)</strong></td>
<td><strong>Electrolytes 1 to 2 weeks after each dose increase, annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Baseline Tests</strong></td>
<td><strong>Carbamazepine level 1 week after start, 3-4 weeks after dose change and as clinically indicated (carbamazepine)</strong></td>
</tr>
<tr>
<td><strong>CBC with differential</strong></td>
<td><strong>Hepatic function monthly for the first 3 months (carbamazepine), annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Hepatic function</strong></td>
<td><strong>Carbamazepine level 1 week after start, 3-4 weeks after dose change and as clinically indicated (carbamazepine)</strong></td>
</tr>
<tr>
<td><strong>Electrolytes</strong></td>
<td><strong>CBC with differential and platelet count 1-2 weeks after each dose increase, every 3 months for the first year of treatment, annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>CMP (evaluate renal function, hepatic function, and serum bicarbonate)</strong></td>
<td><strong>CMP every 3 months for the first year, annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Eye exam</strong></td>
<td><strong>VPA level 5 to 7 days after initiation or dose change, 3 months after initiation and every 6 months during maintenance treatment and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td><strong>Weight every 3 months for the first year of treatment, then annually and as clinically indicated</strong></td>
</tr>
</tbody>
</table>

### Miscellaneous Mood Stabilizers

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lithium (Eskalith®, Lithobid®, Eskalith CR®)</strong></td>
<td><strong>EKG yearly and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>EKG</strong></td>
<td><strong>CBC yearly and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>CBC</strong></td>
<td><strong>TSH every 6 months and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Thyroid studies</strong></td>
<td><strong>CMP at 3 months, annually and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>CMP (evaluate BUN, creatinine, glucose, calcium and electrolytes)</strong></td>
<td><strong>Lithium level 5 to 7 days after initiation or dose change, 3 months after initiation and every 6 months during maintenance treatment and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>UA</strong></td>
<td><strong>Weight every 6 months and as clinically indicated</strong></td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td><strong>UA as clinically indicated</strong></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Baseline Tests</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
</tbody>
</table>
| amoxapine (Asendin®) | • EKG  
• TD assessment  
• EPS evaluation (exam for rigidity, tremor, akathisia)  
• Sodium level (high risk patients) | • TD assessment every 3 months and as clinically indicated  
• EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase  
• Sodium level (high risk patients) at 4 weeks and as clinically indicated  
• EKG as clinically indicated  
• Prolactin level if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea, menstrual disturbance, erectile/ ejaculatory disturbances) |
| bupropion (Wellbutrin®, Budeprion®, Zyban®) | • Blood pressure  
• CBC  
• Hepatic and renal function panels | • Neurropsychiatric reactions (smoking cessation)  
• CBC, blood pressure, EKG, hepatic function panel, renal function as clinically indicated |
| esketamine (Spravato®) | • Blood pressure prior to each dose administration  
• Montgomery-Asberg Depression Rating Scale (MADRS) | • Blood pressure 40 minutes post-dose  
• MADRS weekly  
• Sedation & dissociation at least for 2 hours post dose  
• Blood pressure as clinically indicated for 2 hours post-dose |
| mirtazapine (Remeron®) | • CBC  
• Fasting lipid profile within 30 days of initiation if not done within last year (children & adolescents)  
• Height & weight (children & adolescents)  
• Sodium level (high risk patients) | • Blood pressure during titration (children & adolescents) and as clinically indicated  
• Height & weight (children & adolescents) monthly and as clinically indicated  
• Sodium level (high risk patients) at 4 weeks and as clinically indicated  
• CBC as clinically indicated and  
• Fasting lipid profile (children & adolescents) as clinically indicated |
| Monoamine Oxidase Inhibitors  
• phenelzine (Nardil®)  
• tranylcypromine (Parnate®) | • Hepatic function panel  
• Renal function  
• Blood pressure  
• Sodium level (high risk patients) | • Hepatic and renal function panels yearly and as clinically indicated  
• Blood pressure during dosage adjustments and as clinically indicated  
• Sodium level (high risk patients) at 4 weeks and as clinically indicated |
| nefazodone (Serzone®) | • ALT, AST  
• EKG | • ALT, AST – 1, 2, 4, 6, 12 months, then annually and as clinically indicated. Stop drug if 3 X upper normal limit  
• EKG as clinically indicated |
| SNRIs  
• duloxetine (Cymbalta®)  
Venlafaxine (Effexor®, Effexor XR®) | • Blood pressure ( duloxetine)  
• Hepatic function  
• Height & weight (children & adolescents)  
• Sodium level (high risk patients)  
• Fasting lipid profile within 30 days of initiation if not done within last year (venlafaxine) | • Blood pressure during dose titration (venlafaxine)  
• Height & weight (children & adolescents) monthly  
• Sodium level (high risk patients) at 4 weeks  
• Fasting lipid panel at least every year if lipid levels are in normal range (venlafaxine)  
• Fasting lipid panel every 6 months if LDL is > 130 mg/dL (venlafaxine)  
• Optional ongoing tests if clinically indicated  
• Blood pressure  
• Hepatic function  
• Height & weight (children & adolescents)  
• Sodium level (high risk patients) |
| SSRIs  
• citalopram (Celexa®)  
• escitalopram (Lexapro®)  
• Fluoxetine (Prozac®)  
• paroxetine (Paxil®)  
• sertraline (Zoloft®) | • EKG (citalopram, escitalopram)  
• Electrolytes (high risk patients)  
• Height & weight (children & adolescents) | • Electrolytes (high risk patients) at 4 weeks  
• Height & weight (children & adolescents) monthly  
• Optional ongoing test if clinically indicated:  
• EKG (citalopram, escitalopram, fluoxetine, sertraline)  
• Electrolytes (high risk patients)  
• Height & weight (children & adolescents)  
• Sodium level (high risk patients) |
| Tricyclic Antidepressants  
• amitriptyline (Elavil®)  
• clomipramine (Anafranil®, Pertofrane®)  
• desipramine (Norpramin®, Pertofrane®)  
• doxepin (Sinequan®)  
• imipramine (Tofranil®)  
• maprotiline (Ludiomil®)  
• nortriptyline (Pamelor®, Aventyl®)  
• protriptyline (Vivactil®)  
• trimipramine (Surmontil®) | • CBC (children & adolescents)  
(clomipramine)  
• EKG  
• Height & weight (children & adolescents) (clomipramine)  
• Hepatic function panel (clomipramine)  
• Sodium level (high risk patients) | • Blood pressure during titration  
• Height & weight (children & adolescents) monthly (clomipramine)  
• Sodium level (high risk patients) at 4 weeks  
• Optional ongoing tests if clinically indicated:  
• CBC (children & adolescents) (clomipramine)  
• EKG  
• Blood levels (not clomipramine)  
• Blood pressure  
• Height & weight (children & adolescents) (clomipramine)  
• Hepatic function panel (clomipramine)  
• Sodium level (high risk patients) |
| trazodone (Desyrel®) | • CBC | • CBC and EKG as clinically indicated |

Baseline Tests:
- EKG
- TD assessment
- EPS evaluation (exam for rigidity, tremor, akathisia)
- Sodium level (high risk patients)

Ongoing Tests:
- Monitor all treated with antidepressants periodically for emergence of suicidal ideation or behavior
- TD assessment every 3 months and as clinically indicated
- EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase
- Sodium level (high risk patients) at 4 weeks and as clinically indicated
- EKG as clinically indicated
- Prolactin level if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea, menstrual disturbance, erectile/ ejaculatory disturbances)
- Neurropsychiatric reactions (smoking cessation)
- CBC, blood pressure, EKG, hepatic function panel, renal function as clinically indicated
- Blood pressure 40 minutes post-dose
- MADRS weekly
- Sedation & dissociation at least for 2 hours post dose
- Blood pressure as clinically indicated for 2 hours post-dose
- Blood pressure during titration (children & adolescents) and as clinically indicated
- Height & weight (children & adolescents) monthly and as clinically indicated
- Sodium level (high risk patients) at 4 weeks and as clinically indicated
- CBC as clinically indicated and
- Fasting lipid profile (children & adolescents) as clinically indicated
- Hepatic and renal function panels yearly and as clinically indicated
- Blood pressure during dosage adjustments and as clinically indicated
- Sodium level (high risk patients) at 4 weeks and as clinically indicated
- ALT, AST – 1, 2, 4, 6, 12 months, then annually and as clinically indicated. Stop drug if 3 X upper normal limit
- EKG as clinically indicated
- Blood pressure during dose titration (venlafaxine)
- Height & weight (children & adolescents) monthly
- Sodium level (high risk patients) at 4 weeks
- Fasting lipid panel at least every year if lipid levels are in normal range (venlafaxine)
- Fasting lipid panel every 6 months if LDL is > 130 mg/dL (venlafaxine)
- Optional ongoing tests if clinically indicated
- Blood pressure
- Hepatic function
- Height & weight (children & adolescents)
- Sodium level (high risk patients)
- Electrolytes (high risk patients) at 4 weeks
- Height & weight (children & adolescents) monthly
- Optional ongoing test if clinically indicated:
- EKG (citalopram, escitalopram, fluoxetine, sertraline)
- Electrolytes (high risk patients)
- Height & weight (children & adolescents)
- Sodium level (high risk patients)
- Blood pressure during titration
- Height & weight (children & adolescents) monthly (clomipramine)
- Sodium level (high risk patients) at 4 weeks
- Optional ongoing tests if clinically indicated:
- CBC (children & adolescents) (clomipramine)
- EKG
- Blood levels (not clomipramine)
- Blood pressure
- Height & weight (children & adolescents) (clomipramine)
- Hepatic function panel (clomipramine)
- Sodium level (high risk patients)
- CBC and EKG as clinically indicated

Updated 01/2021 Adapted from HHSC PEFC MUE Audit Criteria
### Substance Use Treatment

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Camprosate (Campral®)</td>
<td>• CMP (renal)</td>
</tr>
<tr>
<td>• Eye exam</td>
<td>• Monitor for worsening depression, suicidal ideation, or suicidal behavior</td>
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<tr>
<td></td>
<td>• CMP as clinically indicated</td>
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<tr>
<td>• Buprenorphine (Subutex®), buprenorphine/naloxone (Suboxone®)</td>
<td>• Liver function</td>
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<tr>
<td>• Disulfiram (Antabuse®)</td>
<td>• CMP (hepatic function, serum chemistries)</td>
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<td></td>
<td>• CBC</td>
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<tr>
<td>• Naltrexone (ReVia®, Vivitrol®)</td>
<td>• Liver function</td>
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</tr>
<tr>
<td>• Topiramate (Topamax®)</td>
<td>See Anticonvulsants</td>
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### ADHD/ADD Treatment

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>• dextroamphetamine (Dexedrine®)</td>
<td>• Height and Weight (children)</td>
</tr>
<tr>
<td>• methylphenidate (Ritalin®, Concerta®, Metadate CD®)</td>
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</tr>
<tr>
<td>• Dextroamphetamine/amphetamine (Adderall®, Adderall XR®)</td>
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</tr>
<tr>
<td>• Atomoxetine (Strattera®)</td>
<td>• Height and Weight (children)</td>
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<tr>
<td>• Clonidine (Catapres®)</td>
<td>• Blood pressure and heart rate</td>
</tr>
<tr>
<td>• Guanfacine (Tenex®, Intuniv®)</td>
<td>• EKG (known heart disease, history of syncope, family history of sudden death at under 40 years of age)</td>
</tr>
</tbody>
</table>