



Medication Audit Checklist

Clonidine (Catapres® [DSC]), Clonidine ER (Kapvay®), Guanfacine (Tenex® [DSC]), Guanfacine ER (Intuniv®)

April 2023

Audit Information

Reviewer:
Drug:
Audit #:
Audit Date:
Dose:
Does this audit require a physician review? Y or N

Patient Information

Patient #:
Age:
Ordering Provider:
Admit Date:
Gender:
Attending Provider:

<p style="text-align: center;">Indication</p> <p>If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.</p>	<p style="text-align: center;">Comments</p>	<p style="text-align: center;">Does this indication require a physician review?</p>
<p>Label:</p> <ul style="list-style-type: none"> ● Monotherapy, adjunctive therapy to stimulants in children and adolescents with ADHD (Kapvay, Intuniv) <p>Off Label:</p> <ul style="list-style-type: none"> ● Attention deficit/hyperactivity disorder (clonidine IR, guanfacine IR) ● Symptoms related to opioid withdrawal (clonidine) ● Treatment of Tourette’s syndrome or chronic tic disorders (clonidine and guanfacine) 		

<p style="text-align: center;">Contraindications</p>	<p style="text-align: center;">Comments</p>	<p style="text-align: center;">Does this contraindication require a physician review?</p>
<ul style="list-style-type: none"> ● Hypersensitivity to medication prescribed 		

<p style="text-align: center;">Patient Monitoring</p>	<p style="text-align: center;">Comments</p>	<p style="text-align: center;">Does this require a physician review?</p>
<p>Baseline Tests:</p> <ul style="list-style-type: none"> ● Blood pressure and heart rate ● Personal and family cardiovascular history <p>Ongoing Tests:</p> <ul style="list-style-type: none"> ● Blood pressure and heart rate—following dose increases and as clinically indicated ● Personal and family cardiovascular history 		