**Psychotropic Monitoring Inpatient Guidelines**

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

<table>
<thead>
<tr>
<th>Atypical Antipsychotics</th>
<th>Baseline Tests</th>
<th>Ongoing Tests/Monitoring</th>
</tr>
</thead>
</table>
| • aripiprazole (Abilify®, Abilify Maintena™, Aristada®)  
• asenapine (Saphris®)  
• brexpiprazole (Rexulti®)  
• cariprazine (Vraylar®)  
• clozapine (Clozaril®, Fazaclo®, Versacloz®)  
• iloperidone (Fanapt®)  
• lumateperone (Caplyta®)  
• lurasidone (Latuda®)  
• olanzapine (Zyprexa®, Zyprexa Relprevv®)  
• paliperidone (Invega®, Invega Sustenna®, Invega Trinza®)  
• quetiapine (Seroquel®)  
• risperidone (Risperdal®, Risperdal Consta®, Perseris™)  
• ziprasidone (Geodon®) | • Waist circumference and BMI (weight in lbs x 703)/height² in inches  
• FPG or HbA1c  
• Fasting lipid profile within 30 days of initiation if not done within last year  
• EPS evaluation (exam for rigidity, tremor, akathisia)  
• TD assessment  
• ECG at baseline or as soon as scheduling allows, and patient is able to cooperate  
• Magnesium for iloperidone and ziprasidone if at risk for electrolyte disturbance  
• CBC  
• CMP  
• TSH  
• Troponin and C-reactive protein (clozapine) | • Bowel function-note at least weekly  
• BMI and waist circumference monthly for 6 months then quarterly when dose is stable  
• FPG or HbA1c repeat 3-4 months after starting then as clinically indicated and at least annually  
• Fasting lipid panel 3-4 months after initiating a new antipsychotic and at least annually if lipid levels are in normal range; repeat every 6 months if LDL is > 130 mg/dL  
• EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase  
• TD assessment every 3 months and as clinically indicated  
• ECG as clinically indicated  
• Serum potassium and magnesium periodically for iloperidone and ziprasidone if at risk for electrolyte disturbance  
• CBC as clinically indicated, ANC per product labeling for clozapine  
• CMP including renal and liver function annually  
• TSH as clinically indicated  
• 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)  
• Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old  
• Troponin and C-reactive protein weekly for 4 weeks for clozapine and as clinically indicated for suspected myocarditis  
• Determine if metabolic syndrome criteria (3 of the 5 criteria) are met 3-4 months after initiating a new antipsychotic medication and at least annually thereafter  
• Olanzapine pamoate injection requires continuous observation for at least 3 hrs after injection |
## Typical Antipsychotics

- chlorpromazine (Thorazine®)
- fluphenazine (Prolixin®, Prolixin Decanoate®)
- haloperidol (Haldol®, Haldol Decanoate®)
- loxapine (Loxitane®)
- perphenazine (Trilafon®)
- thiothixene (Navane®)
- thioridazine (Mellaril®)
- trifluoperazine (Stelazine®)

## Baseline Tests

- Waist circumference and BMI (weight in lbs x 703)/height² in inches
- FPG or HbA1c
- Fasting lipid profile within 30 days of initiation if not done within last year
- EPS evaluation (exam for rigidity, tremor, akathisia)
- TD assessment
- ECG prior to initiation of thioridazine
- Magnesium prior to initiating thioridazine
- CMP
- CBC

## Ongoing Tests

- BMI and waist circumference monthly for 6 months then quarterly when dose is stable
- FPG or HbA1c repeat 3-4 months after starting then at least annually
- Fasting lipid panel 3-4 months after initiating a new antipsychotic and at least annually if lipid levels are in normal range; repeat every 6 months if LDL is > 130 mg/dL
- EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase
- TD assessment every 3 months and as clinically indicated
- ECG 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
- Thioridazine- Serum potassium every 6 months and as clinically indicated and magnesium as clinically indicated (especially if potassium level is low)
- CMP, CBC as clinically indicated
- Inquiries 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)
- Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old
- Determine if metabolic syndrome criteria (3 of the 5 criteria) are met 3-4 months after initiating a new antipsychotic medication and at least annually thereafter

## Antihypertensives for Psychotropic Use

- Beta-Blockers
  - atenolol (Tenormin®)
  - metoprolol (Lopressor®)
  - propranolol (Inderal®)

## Baseline Tests

- ECG (age 45 and over)
- Blood pressure and heart rate

## Ongoing Tests

- Blood pressure and heart rate prior to each dose increase and quarterly and as clinically indicated
- ECG (age 45 and over) as clinically indicated
- When discontinued, gradually reduce dosage over a period of 1-2 weeks.

## Sedative/Hypnotics

- benzodiazepines
- buspirone (BuSpar®)
- sedating antihistamines
  - diphenhydramine (Benadryl®)
  - hydroxyzine (Atarax®)
- non-benzodiazepines
  - eszopiclone (Lunesta®)
  - zolpidem (Ambien®)

## Baseline Tests

- Pregnancy test

## Ongoing Tests

- Pregnancy test as clinically indicated

## Anticonvulsant Mood Stabilizers

- carbamazepine (Tegretol®)
- oxcarbazepine (Trileptal®)

## Baseline Tests

- CBC with differential
- Hepatic function
- Electrolytes
- HLA-B*1502 test prior to initiation for those of Asian descent (includes South Asians)
- Consider HLA-A*3101 if high risk (Asian, Native Am, European, Latin Am) (carbamazepine)

## Ongoing Tests

- CBC with differential 1 to 2 weeks after each dose increase, annually and as clinically indicated
- Electrolytes 1 to 2 weeks after each dose increase, annually and as clinically indicated
- Hepatic function monthly for the first 3 months (carbamazepine), annually and as clinically indicated
- Carbamazepine level 1 week after start, 3-4 weeks after dose change and as clinically indicated (carbamazepine)
- gabapentin (Neurontin®)
- Renal function
- Renal function as clinically indicated
- Signs or symptoms of respiratory depression and sedation

## lamotrigine (Lamictal®)

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
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<tbody>
<tr>
<td>Renal function</td>
<td>Monitor for rash, especially during the first 2 months of therapy</td>
</tr>
<tr>
<td>Hepatic function</td>
<td>Renal function, Hepatic function, and CBC as clinically indicated</td>
</tr>
<tr>
<td>CBC</td>
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### Updated 07/2022 Adapted from HHSC PEFC MUE Audit Criteria
<table>
<thead>
<tr>
<th>Anticonvulsant Mood Stabilizers</th>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
</table>
| • topiramate (Topamax®)         | • CMP (evaluate renal function, hepatic function, and serum bicarbonate)  
• Eye exam                      | • CMP at 3 months, annually and as clinically indicated  
• Weight if topiramate is being used for weight loss | • Eye exam annually  
• Weight every 3 months and as clinically indicated if used for weight loss |
| • valproic acid (Depakene®, divalproex Sodium (Depakote®, Depakote Sprinkles®, Depakote ER®)) | • CBC with differential and platelet count  
• CMP (evaluate hepatic function, serum creatinine, BUN and electrolytes)  
• Weight | • CBC with differential and platelet count 1-2 weeks after initiation, 1-2 weeks after each dose increase, every 3 months for the first year of treatment, annually and as clinically indicated  
• CMP every 3 months for the first year, annually and as clinically indicated  
• VPA level 1-2 weeks after initiation, after each dosage change & as clinically indicated  
• Weight every 3 months for the first year of treatment, then annually and as clinically indicated |
| Miscellaneous Mood Stabilizers | Baseline Tests | Ongoing Tests |
| • lithium (Eskalith®, Lithobid®, Eskalith CR®) | • ECG  
• CBC  
• Thyroid studies  
• CMP (evaluate BUN, creatinine, glucose, calcium and electrolytes)  
• UA  
• Weight | • ECG yearly and as clinically indicated  
• CBC yearly and as clinically indicated  
• TSH every 6 months and as clinically indicated  
• CMP at 3 months, annually and as clinically indicated  
• 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  
• Weight every 6 months and as clinically indicated  
• UA as clinically indicated |
<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
</table>
| bupropion (Wellbutrin®, Budeprion®, Zyban®) | • Blood pressure  
• CBC  
• Hepatic and renal function panels | • Neuropsychiatric reactions (smoking cessation)  
• CBC, blood pressure, ECG, 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  
• ECG | • ALT, AST – 1, 2, 4, 6, 12 months, then annually and as clinically indicated. Stop drug if 3 X upper normal limit  
• ECG as clinically indicated |
| SNRIs  
• duloxetine (Cymbalta®)  
• venlafaxine (Effexor®, Effexor XR®) | • Blood pressure  
• Height & weight (children & adolescents)  
• Sodium level (high risk patients)  
• Fasting lipid profile if not done within last year (venlafaxine)  
• Hepatic function  
• Renal function (duloxetine) | • Blood pressure regularly throughout treatment  
• Height & weight (children & adolescents) monthly and as clinically indicated  
• Sodium level (high risk patients) at 4 weeks and as clinically indicated  
• 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)  
• Hepatic function as clinically indicated  
• Renal function as clinically indicated (duloxetine) |
| SSRIs  
• citalopram (Celexa®)  
• escitalopram (Lexapro®)  
• fluoxetine (Prozac®)  
• fluvoxamine (Luvox®)  
• paroxetine (Paxil®)  
• sertraline (Zoloft®) | • ECG (citalopram, escitalopram)  
• Electrolytes (high risk patients)  
• Height & BMI (children & adolescents)  
• Weight | • ECG as clinically indicated  
• Electrolytes (high risk patients) at 4 weeks and as clinically indicated  
• Height & BMI (children & adolescents) monthly & as clinically indicated  
• Weight - at 3, 6, and 12 months, then annually |
| Tricyclic Antidepressants  
• amitriptyline (Elavil®)  
• amoxapine (Asendin®)  
• clomipramine (Anafranil®)  
• desipramine (Norpramin®)  
• doxepin (Sinequan®)  
• imipramine (Tofranil®)  
• maprotiline (Ludiomil®)  
• nortriptyline (Pamelor®)  
• protriptyline (Vivactil®)  
• trimipramine (Surmontil®) | • Blood pressure and heart rate  
• ECG  
• Hepatic function panel (clomipramine)  
• Sodium level (high risk patients)  
• Weight  
• EPS evaluation (exam for rigidity, tremor, akathisia) (amoxapine only)  
• TD assessment (amoxapine only)  
• Height & weight (children & adolescents) | • Blood pressure and heart rate during titration & as clinically indicated  
• ECG as clinically indicated  
• Hepatic function panel (clomipramine) as clinically indicated  
• Sodium level (high risk patients) at 4 weeks and as clinically indicated  
• Therapeutic blood levels (not amoxapine) as clinically indicated  
• Weight - at 3, 6, and 12 months, then annually  
• EPS evaluation & TD assessment every 3 months and as clinically indicated (amoxapine only)  
• Prolactin level yearly if symptoms of prolactin elevation (e.g., gynecomastia, amenorrhea)  
• Height & weight (children & adolescents) monthly as clinically indicated |
| trazodone (Desyrel®) | • CBC | • CBC and ECG as clinically indicated |

**Substance Use Treatment**

- acamprosate (Campral®)
  - Baseline Tests: CMP (renal)  
  - Ongoing Tests: Eye exam
  - Eye exam annually  
  - Monitor for worsening depression, suicidal ideation, or suicidal behavior  
  - CMP as clinically indicated

**Updated 07/2022 Adapted from HHSC PEFC MUE Audit Criteria**
### Substance Use Treatment

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
</table>
| • Liver function | • Respiratory status  
• CNS depression/mental status  
• Blood pressure  
• Withdrawal symptoms  
• Signs of addiction, abuse, or misuse  
• Signs or symptoms of hypogonadism or hypoadrenalism  
• Signs or symptoms of toxicity or overdose (especially with hepatic impairment)  
Optional ongoing tests if clinically indicated:  
• Liver function (periodically, and as clinically indicated) |
| • Liver function | • Liver function (periodically, and as clinically indicated)  
• Liver function (periodically, and as clinically indicated)  
Optional ongoing tests if clinically indicated  
• CBC, CMP, Eye Exam |
| • Liver function | • Opioid withdrawal  
• Depression and suicidal thinking  
• Injection site reactions (Vivitrol®)  
• Liver function (periodically and as clinically indicated) |

### Optional ongoing tests if clinically indicated:
- • Liver function (periodically, and as clinically indicated)
- • CMP (hepatic function, serum chemistries)
- • CBC
- • Liver function
- • Opioid withdrawal
- • Depression and suicidal thinking
- • Injection site reactions (Vivitrol®)
- • Liver function (periodically and as clinically indicated)

### ADHD/ADD Treatment

<table>
<thead>
<tr>
<th>Baseline Tests</th>
<th>Ongoing Tests</th>
</tr>
</thead>
</table>
| • Height and Weight (children) | • Height and Weight (children) as clinically indicated  
• ECG, based in risk factors, as clinically indicated  
• Blood pressure monthly for 3 months then every 6 months |
| • Height and Weight (children) | • Blood pressure monthly for 3 months then every 6 months  
• Height and Weight (children) as clinically indicated  
• Monitor all treated with antidepressants periodically for emergence of suicidal ideation or behavior |
| • Blood pressure and heart rate  
• ECG (known heart disease, history of syncope, family history of sudden death at under 40 years of age) | • Blood pressure and heart rate daily x4 days after initiation or dose increase and as clinically indicated |

### Substances
- **Buprenorphine (Subutex®, Suboxone®)**: Used for opioid use disorder treatment. Baseline tests include liver function. Ongoing tests include liver function periodically and as clinically indicated.
- **Disulfiram (Antabuse®)**: Used to prevent alcohol use in individuals with alcohol dependency. Baseline tests include CMP (hepatic function, serum chemistries) and CBC. Ongoing tests include liver function within 2 weeks of initiation and as clinically indicated.
- **Naltrexone (ReVia®, Vivitrol®)**: Used for opioid use disorder treatment. Baseline tests include liver function. Ongoing tests include liver function periodically and as clinically indicated.
- **Topiramate (Topamax®)**: Used for ADHD/ADD treatment. Baseline tests include liver function as clinically indicated. Ongoing tests include liver function periodically and as clinically indicated.

### ADHAD/ADD Substances
- **Dextroamphetamine (Dexedrine®)**: Used for ADHD/ADD treatment. Baseline tests include height and weight (children). Ongoing tests include height and weight (children) as clinically indicated.
- **Methylphenidate (Ritalin®, Concerta®, Metadate CD®)**: Used for ADHD/ADD treatment. Baseline tests include height and weight (children). Ongoing tests include ECG, blood pressure monthly for 3 months then every 6 months.
- **Atomoxetine (Strattera®)**: Used for ADHD/ADD treatment. Baseline tests include height and weight (children). Ongoing tests include height and weight (children) as clinically indicated, blood pressure monthly for 3 months then every 6 months.
- **Clonidine (Catapres®)**: Used for ADHD/ADD treatment. Baseline tests include blood pressure and heart rate. Ongoing tests include blood pressure and heart rate daily x4 days after initiation or dose increase and as clinically indicated.
- **Guanfacine (Tenex®, Intuniv®)**: Used for ADHD/ADD treatment. Baseline tests include blood pressure and heart rate. Ongoing tests include blood pressure and heart rate daily x4 days after initiation or dose increase and as clinically indicated.