



Psychotropic Monitoring Inpatient Guidelines

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

Atypical Antipsychotics	Baseline Tests	Ongoing Tests/Monitoring
<ul style="list-style-type: none"> • 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®) 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> • chlorpromazine (Thorazine®) • fluphenazine (Prolixin®, Prolixin Decanoate®) • haloperidol (Haldol®, Haldol Decanoate®) • loxapine (Loxitane®) • perphenazine (Trilafon®) • thiothixene (Navane®) • thioridazine (Mellaril®) • trifluoperazine (Stelazine®) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 • 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 • 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	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> • Beta-Blockers <ul style="list-style-type: none"> ◦ atenolol (Tenormin®) ◦ metoprolol (Lopressor®) ◦ propranolol (Inderal®) 	<ul style="list-style-type: none"> • ECG (age 45 and over) • Blood pressure and pulse rate 	<ul style="list-style-type: none"> • Blood pressure and pulse 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	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> • benzodiazepines • buspirone (BuSpar®) • sedating antihistamines <ul style="list-style-type: none"> ◦ diphenhydramine Benadryl® ◦ hydroxyzine (Atarax®) • non-benzodiazepines <ul style="list-style-type: none"> ◦ eszopiclone (Lunesta®) ◦ zolpidem (Ambien®) 	<ul style="list-style-type: none"> • Pregnancy test 	<ul style="list-style-type: none"> • Pregnancy test as clinically indicated

Anticonvulsant Mood Stabilizers	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> • carbamazepine (Tegretol®) • oxcarbazepine (Trileptal®) 	<ul style="list-style-type: none"> • 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) 	<p>Monitor all treated with anticonvulsants periodically for emergence of suicidal ideation or behavior</p> <ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • gabapentin (Neurontin®) 	<ul style="list-style-type: none"> • Renal function 	<ul style="list-style-type: none"> • Renal function as clinically indicated • Signs or symptoms of respiratory depression and sedation
<ul style="list-style-type: none"> • lamotrigine (Lamictal®) 	<ul style="list-style-type: none"> • Renal function • Hepatic function • CBC 	<ul style="list-style-type: none"> • Monitor for rash, especially during the first 2 months of therapy • Renal function, Hepatic function, and CBC as clinically indicated

Anticonvulsant Mood Stabilizers	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> • topiramate (Topamax®) 	<ul style="list-style-type: none"> • CMP (evaluate renal function, hepatic function, and serum bicarbonate) • Eye exam • Weight if topiramate is being used for weight loss 	<p>Monitor all treated with anticonvulsants periodically for emergence of suicidal ideation or behavior</p> <ul style="list-style-type: none"> • CMP at 3 months, annually and as clinically indicated • Eye exam annually • Weight every 3 months and as clinically indicated if used for weight loss
<ul style="list-style-type: none"> • valproic acid (Depakene®), divalproex Sodium (Depakote®, Depakote Sprinkles®, Depakote ER®) 	<ul style="list-style-type: none"> • CBC with differential and platelet count • CMP (evaluate hepatic function, serum creatinine, BUN and electrolytes) • Weight 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • lithium (Eskalith®, Lithobid®, Eskalith CR®) 	<ul style="list-style-type: none"> • ECG • CBC • Thyroid studies • CMP (evaluate BUN, creatinine, glucose, calcium and electrolytes) • UA • Weight 	<ul style="list-style-type: none"> • 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

Antidepressants	Baseline Tests	Ongoing Tests Monitor all treated with antidepressants periodically for emergence of suicidal ideation or behavior
amoxapine (Asendin®)	<ul style="list-style-type: none"> • ECG • TD assessment • EPS evaluation (exam for rigidity, tremor, akathisia) • Sodium level (high risk patients) 	<ul style="list-style-type: none"> • 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 • ECG as clinically indicated • Prolactin level if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea, menstrual disturbance, erectile/ejaculatory disturbances)
bupropion (Wellbutrin®, Budeprion®, Zyban®)	<ul style="list-style-type: none"> • Blood pressure • CBC • Hepatic and renal function panels 	<ul style="list-style-type: none"> • Neuropsychiatric reactions (smoking cessation) • CBC, blood pressure, ECG, hepatic function panel, renal function as clinically indicated
esketamine (Spravato®)	<ul style="list-style-type: none"> • Blood pressure prior to each dose administration • Montgomery-Asberg Depression Rating Scale (MADRS) 	<ul style="list-style-type: none"> • 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®)	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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®)	<ul style="list-style-type: none"> • Hepatic function panel • Renal function • Blood pressure • Sodium level (high risk patients) 	<ul style="list-style-type: none"> • 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®)	<ul style="list-style-type: none"> • ALT, AST • ECG 	<ul style="list-style-type: none"> • 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®)	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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®)	<ul style="list-style-type: none"> • ECG (citalopram, escitalopram) • Electrolytes (high risk patients) • Height & BMI (children & adolescents) • Weight 	<ul style="list-style-type: none"> • 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®) • clomipramine (Anafranil®) • desipramine (Norpramin®, Pertofrane®) • doxepin (Sinequan®) • imipramine (Tofranil®) • maprotiline (Ludomil®) • nortriptyline (Pamelor®, Aventyl®) • protriptyline (Vivactil®) • trimipramine (Surmontil®)	<ul style="list-style-type: none"> • CBC (children & adolescents) (clomipramine) • ECG • Height & weight (children & adolescents) (clomipramine) • Hepatic function panel (clomipramine) • Sodium level (high risk patients) 	<ul style="list-style-type: none"> • 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) • ECG • Blood levels (not clomipramine) • Blood pressure • Height & weight (children & adolescents) (clomipramine) • Hepatic function panel (clomipramine) • Sodium level (high risk patients)
• trazodone (Desyrel®)	<ul style="list-style-type: none"> • CBC 	<ul style="list-style-type: none"> • CBC and ECG as clinically indicated

Substance Use Treatment	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> acamprosate (Campral®) 	<ul style="list-style-type: none"> CMP (renal) Eye exam 	<ul style="list-style-type: none"> Eye exam annually Monitor for worsening depression, suicidal ideation, or suicidal behavior CMP as clinically indicated
<ul style="list-style-type: none"> buprenorphine (Subutex®), buprenorphine/naloxone (Suboxone®) 	<ul style="list-style-type: none"> Liver function 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Liver function (periodically, and as clinically indicated)
<ul style="list-style-type: none"> disulfiram (Antabuse®) 	<ul style="list-style-type: none"> CMP (hepatic function, serum chemistries) CBC 	<ul style="list-style-type: none"> CMP within 2 weeks of initiation Optional ongoing tests if clinically indicated CBC, CMP, Eye Exam
<ul style="list-style-type: none"> naltrexone (ReVia®, Vivitrol®) 	<ul style="list-style-type: none"> Liver function 	<ul style="list-style-type: none"> Opioid withdrawal Depression and suicidal thinking Injection site reactions (Vivitrol®) Liver function (periodically and as clinically indicated)
<ul style="list-style-type: none"> topiramate (Topamax®) 	See Anticonvulsants	

ADHD/ADD Treatment	Baseline Tests	Ongoing Tests
<ul style="list-style-type: none"> dextroamphetamine (Dexedrine®) methylphenidate (Ritalin®, Concerta®, Metadate CD®) dextroamphetamine/amphetamine (Adderall®, Adderall XR®) 	<ul style="list-style-type: none"> Height and Weight (children) 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> atomoxetine (Strattera®) 	<ul style="list-style-type: none"> Height and Weight (children) 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> clonidine (Catapres®) guanfacine (Tenex®, Intuniv®) 	<ul style="list-style-type: none"> Blood pressure and heart rate ECG (known heart disease, history of syncope, family history of sudden death at under 40 years of age) 	<ul style="list-style-type: none"> Blood pressure and heart rate daily x4 days after initiation or dose increase and as clinically indicated