

Medication Treatment Standards Work Group Recommendations (final) October 2010 (with CSOC recommendations)

Recommendations

1. Medically specific health indicators for the medical monitoring of psychotropic medication treatment, as recommended by professional organizational guidelines (AACAP, AAP, APA, AHA, ADA), are needed to ensure the health and safety of the children receiving these medications. The following indicators shall be measured at baseline and periodically:

- Baseline and periodic checks of weight
- Body Mass Index (BMI) should be determined at the same intervals as weight. A BMI calculator is available on-line and age-specific charts exist.
- Blood pressure and resting heart rate should be checked at baseline and periodically.
- Fasting lipid profile and fasting blood glucose levels should be checked as close as possible to the child being started on an antipsychotic medication. These tests should be repeated every 6 months (exceptions to this are treatments with ziprasidone, haloperidol, and thiothixene). If there are complications (difficulty getting test done), these should be documented in the medical record.

2. All physicians shall have access to the latest guidelines put forth by their respective professional organizations. This access could be electronic or hard copy.

3. All psychiatrists shall **attempt** to contact the child's primary care physician to discuss the child's condition and medical risk profile for taking psychotropic medications when there is a significant medical concern about the patient's ability to safely tolerate the proposed/current psychotropic medication. This contact can be by telephone, email, or by letter. Exceptions to this requirement include emergency situations (potential loss of life or limb), inability to contact the primary care physician (document efforts in the medical record), and patient refusal of permission to discuss his/her care with other doctors (documentation of this refusal should be in the chart).

4. All children and youth taking psychostimulant medication shall be assessed for the presence of cardiac illness. This includes asking about an individual history or family history of sudden death, cardiac arrhythmias, and fainting with exertion.

5. All physicians may refer their county-funded clients for a **non-binding second opinion** psychiatric evaluation. The types of cases that may be referred include:

- Children and youth with complicated, problematic, or unexpected responses to psychotropic medication
- Children and youth taking multiple psychotropic medications who experience significant side effects, inadequate control

- of their mental health symptoms, or whose signs and symptoms of illness threaten their health and safety.
- Children who present with complex and atypical signs and symptoms.
- Children who present with severe risk to their safety and the safety of others despite intensive treatment.

The second opinion evaluation should consist of a face-to-face meeting with the client, a review of the medical record, review of current assessments and treatments, and a request form from the treating doctor.

This second opinion is not an over-riding opinion. Instead, it is a consultation that the treating physician can use to better inform the care of their client. The second opinion will be a consultation that is meant to help the prescribing physician and child/youth/family manage the clinical problem. The recommendations should be viewed as expert advice. These evaluations are not meant to be a forum for criticism or discipline of the prescribing physician as responsibility for the care of the child/youth remains with that physician. The consultants can be a resource to the prescribing physician for an issue or for a specific case. These consultations should be used to improve effectiveness of treatment, support the safety of the treatment, and help educate the prescribing physician about other ways of managing a difficult clinical situation.

The second opinion evaluations should be done by a psychiatrist from an organization that is not in “conflict” with another organization (i.e. competition for same or similar work, do not provide similar service).

Complaints about a psychiatrist’s care of a child or youth should go through the agency responsible for the care of the child (Child Welfare Services for dependents, Probation Department for wards, Behavioral Health COTRs for care received by an organizational provider, OptumHealth for care received by a fee-for-service provider, and MediCal for any MediCal beneficiary who is unable to resolve the complaint with the above reviewing organizations).