Nursing Service Guidelines Inpatient Behavioral Health



Title: CARE OF THE PATIENT ON PSYCHOTROPIC MEDICATION

Responsibility: Registered Nurse (RN) or any other personnel trained in obtaining vital signs

- Equipment:
- 1. Electronic Blood Pressure Monitor
- 2. Blood Pressure
- 3. Stethoscope
- 4. Watch with second hand

Procedure

If assessing for orthostatic hypotension:

- 1. Record admission or baseline orthostatic pulse and blood pressure (BP) on special report sheet and place in MAR.
- 2. Obtain child's pulse and BP prior to giving medication.
 - a. Have child sit quietly for no less than 10 minutes.
 - b. Take pulse and BP in sitting position
 - c. Have child stand up, then take his/her pulse and BP immediately while in standing position.
 - d. Record time, pulse, and BP on special report sheet along with any complaints from the child
 - e. Hold medication and notify physician if findings fall outside of established parameters
 - f. Retake pulse and BP 3-4 hours after dose unless child is sleeping. When Ritalin is administered-BP and pulse should be taken before administration and 1-2 hours after. This is to be done for 3 consecutive days and 3 days following dose increases.
- 3. Notify the physician if a change in the pulse or BP falls outside of the established parameters.

Age	BP less than	BP greater than
4-7	70/35	120/80
8-12	80/40	130/85
13-18	85/45	140/90

4. Take sitting and standing pulse and BP for 5 days when medication is initiated and for 3 days when dose is increased.

When orthostatic hypotension is NOT a major side effect:

- a. Take pulse and BP before morning dose and 2-3 hours after.
- b. Take pulse and BP for 5 days when

Point of Emphasis

Orthostatic changes are sometimes seen with the administration of several psychotropic medications. (See attached "Table of Psychotropic Meds")

See parameters below.

Take pulse and BP in sitting position unless specific instructions or parameters are written as MD orders.

2 Care of the Patient on Psychotropic Medication Guidelines

Procedure

medication is initiated and for 3 days when dose is increased.

5. Due to the emergence of suicidal ideation, clinicians should be vigilant about suicidal thought and actions in adolescents being treated with psychotropic medications.

Documentation:

Document the following on a Special Report Sheet and place in MAR:

- 1. time, pulse, and BP (indicating sitting or standing position)
- 2. any complaints from the patient
- 3. if the medication was held
- 4. if the physician was notified

HOLD medication and NOTIFY physician for:

 Newly irregular pulse Pulse less than 50 beats per minute Pulse greater than 130 beats per minute

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 References:
 Wong's Clinical Manual of Pediatric Nursing Hockenberry, 9th edition, Marilyn J. Hockenberry, St. Louis MO Mosby 2011.

 Mosby's Nursing Skills 2011

Point of Emphasis

Table of Psychotropic Medications and Possible Side Effects

<u> Trade Name / Name</u>	<u>Orthostatics</u>	<u>Vitals</u>	<u>Falls</u>	<u>Seizures</u>
Abilify / Aripiprazole	XX		xx	xx
Cogentin / Benztropine		XX		
Wellbutrin / Buproprion	XX			XX
Buspar / Busppirone		XX	XX	
Tegretol / Carbamazapine	XX		XX	XX
Thorazine / chlorpromazine	XX			
Clozaril / clozapine	XX			XX
Valium / diazepam		XX	XX	
Prozac / fluoxetine		XX		
luvox / fluvoxamine maleate	XX			
Neurontin / gabapentin		XX		
Haldol / Haloperidol	XX		XX	
Tofranil / imiprimine	XX			
Lamictal / lamotrigine		XX	XX	
Eskalith,Lithobid / lithium	XX			
Ativan / lorazepam		XX	XX	
Ritalin / Methylphenidate	XX			
Remeron / mirtazapine		XX		
Serzone / nefazodone	XX		XX	
Zyprexa / olanzapine		XX		
Nardil / phenylzine sulfate		xx(q 2 -4		
Seroquil / quetiapine	XX		XX	XX
Risperidal / risperidone	XX		XX	XX
Zoloft / Sertraline		XX		
Topamax / topiramate		XX		XX
Effexor xp / venlafaxine		XX	XX	
Geodon / ziprasidone HCl		XX	XX	
Ambien / zolpidem		XX		
Adderall/amphetamine/		XX		
/Dextroamphetamine				XX
Paxil / Paroxetine	XX			
Focalin/Dexmethylphenidae	XX			
Straterra/ Atomoxetine	XX			
Clonidine/Hyprochloride carbonate/citrate	XX			