

- Women's & Children's Hospital**
- Child & Adolescent Mental Health Service**  
(please tick check box for appropriate site)

**ANTIPSYCHOTIC MONITORING CHART**

**PATIENT LABEL**

UR Number: .....

Surname: .....

Given Names: .....

D.O.B.: ..... Sex: .....

**User Guide**

A new chart should be started when:

**Initiating Antipsychotic** - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but omit "Ongoing Starting Point")

**Switching Antipsychotics** - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but omit "Ongoing Starting Point")

**Ongoing (starting to monitor but not initiating)** - start in "Ongoing Use" sections, fill in "Ongoing Starting Point" (because a real baseline can't be obtained) and then follow with recommended monitoring to the right

**Ongoing (previous chart is full)** - start in "Ongoing Use" sections, omit "Ongoing Starting Point" (because baseline on a previous chart) and follow with recommended monitoring to the right

**NOTE:** A detailed User Guide is available at: <http://www.wch.sa.gov.au/antipsychotic>

**Chart data** (fill out when starting each new chart)

Antipsychotic Name: \_\_\_\_\_

Chart N<sup>o</sup> for Patient: \_\_\_\_\_ Date Chart Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Antipsychotic Use Status: [please tick one] 1. Initiating  2. Switching  3. Ongoing

**1. Risk factors** (check at baseline & annually) [tick if applicable]

- smoking  personal/family history of diabetes  low level of activity
- personal/family history of heart disease  poor diet  overweight or obese
- ethnicity (please specify) .....(eg Indigenous Australian, Pacific Islander, Asian, African)
- other medications (please specify) .....

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. Measures recommended for all antipsychotics** (baseline, monthly for 3 months, then every 3 months)

Investigations	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Date of measurement								
Daily Dosage (mg)								
Weight (kg)								
Height (m)								
Blood Pressure (sitting)								
<b>Name, Signature &amp; Designation</b>								
Calculations	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Body Mass Index (BMI) (kg/m <sup>2</sup> )								
BMI-For-Age Percentile								
BMI Z Score (if BMI>97th percentile)								
<b>Name, Signature &amp; Designation</b>								

Please File Original in Medical Record

Continued over page

### 3. Blood tests recommended for all antipsychotics (baseline, at 3 months, then yearly)

*Bloods should be taken in the morning in a fasting state and before giving medication*

Investigations	New Antipsychotic		Ongoing Starting Point	Ongoing Use
	Baseline	Month 3		Month 12
Date of blood taken				
Total Cholesterol *				
Triglycerides *				
Blood Glucose				
White Blood Cell (WBC) Count †				
Neutrophil Count †				
Liver Function Tests (Normal Y/N) #				
Urea & Electrolytes (Normal Y/N) #				
Prolactin **				
<b>Name, Signature &amp; Designation</b>				

### 4.1 Questions to ask for all antipsychotics to monitor for extrapyramidal side effects \*\*

(baseline, monthly for 3 months, then every 3 months)

Observations <i>(please indicate with a tick = yes, x = no)</i>	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any muscular tremors or spasms ie dystonia?								
Any muscular stiffness or rigidity ie Parkinsonism?								
Any restlessness or agitation ie akathisia?								
Any involuntary hyperkinetic movements ie dyskinesia?								

### 4.2 Questions to ask or consider for all antipsychotics to monitor for hyperprolactinaemia \*\*

(baseline, monthly for 3 months, then every 3 months)

Observations <i>(please indicate with a tick = yes, x = no)</i>	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any milk leakage from your breasts?								
Any breast enlargement?								
Have menstrual periods ceased or become irregular?								
Any loss of sexual function or desire?								
Stunted growth or delayed puberty?								
<b>Name, Signature &amp; Designation</b>								

### 5. Interventions required

	Baseline	Month 1	Month 2	Ongoing Starting Point	Month 3	Month 6	Month 9	Month 12
Intervention required if abnormality detected	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<b>Name, Signature &amp; Designation</b>								

Legend: \* if any abnormalities are detected, a complete lipid profile is recommended  
 † optional for patients prescribed clozapine because mandatory blood monitoring involving weekly testing for the first 18 weeks then monthly thereafter is recorded elsewhere  
 # if No, indicate abnormality  
 \*\* pay particular attention with risperidone, amisulpride, olanzapine and first generation antipsychotics

mg = milligram  
 kg = kilogram  
 m = metres  
 BMI = Body Mass Index  
 Y = Yes  
 N = No