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Safer Use of Psychotropic Medications in Children and Adolescents Guideline

SCOPE: This Safer Use of Psychotropic Medications in Children and Adolescents Guideline is intended to offer psychotropic medication prescribing guidance for providers, clients, their parents, guardians, and the interested general public to increase the safety of psychotropic medication use in children and adolescents. It is not intended to be comprehensive in scope. These recommendations are not a substitute for clinical judgment. Decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual client.

STANDARDS: This document, and our daily practices, are guided by multiple well-accepted guidelines in our field, such as: American Academy Child and Adolescent Psychiatry (AACAP) Practice Parameters Regarding Psychotropic Medications, the Los Angeles County Department of Mental Health Parameters for Use of Psychotropic Medications in Children and Adolescents, and the California Department of Social Services and Department of Health Care Services (DHCS) Foster Care Quality Improvement Project California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care with an understanding that research findings and consensus regarding best practices in the field change over time.

Prior to consideration of psychotropic medications for a child or adolescent, a full psychiatric assessment (see relevant AACAP parameters) should be completed. Before prescribing, the prescriber should ensure that a multidisciplinary plan of treatments and interventions is in place to address the client's overall behavioral health needs.

We endeavor to collaborate with the client's primary care and relevant specialty care medical providers as appropriate to the client's needs.

The following physical and/or laboratory examinations should be considered at baseline and ongoing when indicated:

- Personal and family medical history, especially cardiac, metabolic, and neurologic issues.
- Body Mass Index, Abnormal Involuntary Movements Scale, blood pressure, heart rate, fasting glucose and lipid profile, liver function tests, blood urea nitrogen/creatinine, complete blood count with differential, toxicology
- Electrocardiogram as indicated
- Other examinations/studies as deemed relevant by the client's psychiatric and medical providers

Significant findings should be communicated to the client's medical provider(s).

BHS child psychiatry providers are respectful of the preferences and resources of the clients and families that we serve. In cases of client/family refusal or nonadherence with minimally acceptable standards for health monitoring, prescribers should document efforts made toward such adherence and the reasons given by clients, parents and guardians for the nonadherence.

REFERENCES:

American Academy of Child & Adolescent Psychiatry Practice Parameters. Found at:
http://www.aacap.org/aacap/resources_for_primary_care/practice_parameters_and_resource_centers/Practice_Parameters.aspx

Los Angeles County. Department of Mental Health Parameters 3.8 For Use of Psychotropic Medication in Children and Adolescents (2015). Found at: http://file.lacounty.gov/dmh/cms1_191102.pdf

California Department of Social Services and Department of Health Care Services Foster Care Quality Improvement Project. California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care. Found at: <http://youthlaw.org/wp-content/uploads/2015/05/Guidelines.pdf>

San Francisco Health Network Behavioral Health Services Medication Use Improvement Committee. Safer Prescribing of Antipsychotic Medications Guideline (2015). Found at:
<https://www.sfdph.org/dph/files/CBHSdocs/SaferAntipsychoticPrescribingGuideline.pdf>