SCOPE: This Safer Use of Psychotropic Medications in Children and Adolescents Guideline is intended to offer psychotropic medication prescribing guidance and resources 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.

RECOMMENDATIONS: Prior to consideration of psychotropic medications for a child or adolescent, a full psychiatric assessment (see relevant AACAP parameters) should be completed. As part of assessment and treatment, the prescriber will consider a multidisciplinary plan of treatment and interventions, and work to ensure these treatments are in place as indicated to address the client’s overall behavioral health needs.

Prescribers endeavor to collaborate with the client’s primary care and relevant specialty care medical providers as appropriate to the client’s needs. In addition to baseline height, weight, blood pressure and heart rate done annually on all clients followed by a prescriber, additional, physical and/or laboratory examinations should be considered at baseline and ongoing when indicated. For medication specific monitoring guidelines, please refer to the Medication Resources at the SFDPH website. Significant findings should be communicated to the client’s other medical provider(s).

Respect of client and family preferences and resource limitations is important. In cases of client/family refusal or non-adherence 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 non-adherence.

Additional resources for prescribers can be found in the Appendices to this guideline. These includes a list of FDA approved medications, as well as Healthy Choices Worksheets which are tools to aide in including children and adolescents in the medication assent process. The worksheets can be used when discussing medication with minors. These forms do not replace the Medication Consent forms which are reviewed with and signed by parents/guardians. However, we believe that
involving children and adolescents in the “assent process” engages them in treatment more effectively.

REFERENCES/RESOURCES:

American Academy of Child & Adolescent Psychiatry Practice Parameters. Found at: https://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. Found at: https://dmh.lacounty.gov/for-providers/clinical-tools/clinical-practice/

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; Updates on Prescribing Practices can be found under Medication Resources: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp

APPENDICES:

1. List of FDA Approved Medications for Children and Adolescents

2. Healthy Choices Worksheet which are designed to include children and adolescents in the medication assent process.

   2A Young Child Medication Assent Form

   2B School Age Child Medication Assent Form

   2C Adolescent Medication Assent Form
# Psychiatric Medications with FDA Approval in Children and Adolescents

## Antidepressants and Anxiolytics

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline</td>
<td>Depressive disorders</td>
<td>12+</td>
</tr>
<tr>
<td>Clomipramine</td>
<td>Obsessive-compulsive disorder</td>
<td>10+</td>
</tr>
<tr>
<td>Duloxetine</td>
<td>Generalized Anxiety Disorder</td>
<td>7-17</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>Major Depression</td>
<td>12+</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Depression</td>
<td>8-18</td>
</tr>
<tr>
<td></td>
<td>Obsessive-compulsive disorder</td>
<td>7-17</td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>Obsessive-compulsive disorder</td>
<td>8-17</td>
</tr>
<tr>
<td>Imipramine</td>
<td>Depression</td>
<td>12+</td>
</tr>
<tr>
<td></td>
<td>Enuresis</td>
<td>6+</td>
</tr>
<tr>
<td>Sertraline</td>
<td>Obsessive-compulsive disorder</td>
<td>6-17</td>
</tr>
</tbody>
</table>

## Antipsychotics and Mood Stabilizers

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole</td>
<td>Bipolar disorder</td>
<td>10+</td>
</tr>
<tr>
<td></td>
<td>Irritability associated with autistic disorder</td>
<td>6+</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>13+</td>
</tr>
<tr>
<td>Asenapine</td>
<td>Bipolar depression</td>
<td>10-17</td>
</tr>
<tr>
<td>Chlorpromazine</td>
<td>Schizophrenia/psychosis</td>
<td>6 months+</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Psychotic disorders</td>
<td>3-12</td>
</tr>
<tr>
<td></td>
<td>Tourette’s disorder</td>
<td>3-12</td>
</tr>
<tr>
<td>Lithium</td>
<td>Bipolar Disorder</td>
<td>7+</td>
</tr>
<tr>
<td>Lurasidone</td>
<td>Bipolar depression</td>
<td>10-17</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>13-17</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>Schizophrenia</td>
<td>13+</td>
</tr>
<tr>
<td></td>
<td>Bipolar disorder</td>
<td>13+</td>
</tr>
<tr>
<td>Paliperidone</td>
<td>Schizophrenia</td>
<td>12-17</td>
</tr>
<tr>
<td>Pimozide</td>
<td>Tourette’s disorder</td>
<td>12+</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>Bipolar disorder</td>
<td>10+</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>13+</td>
</tr>
<tr>
<td>Risperidone</td>
<td>Irritability associated with autistic disorder</td>
<td>5+</td>
</tr>
<tr>
<td></td>
<td>Bipolar mania</td>
<td>10-17</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>13-17</td>
</tr>
</tbody>
</table>

## ADHD Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine/dextroamphetamine</td>
<td>ADHD</td>
<td>3+ (IR); 6+ (XR)</td>
</tr>
<tr>
<td>Atomoxetine</td>
<td>ADHD</td>
<td>6+</td>
</tr>
<tr>
<td>Clonidine ER</td>
<td>ADHD</td>
<td>6+</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>ADHD</td>
<td>6+</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>ADHD</td>
<td>3+</td>
</tr>
<tr>
<td>Guanfacine ER</td>
<td>ADHD</td>
<td>6+</td>
</tr>
<tr>
<td>Lisdexamfetamine</td>
<td>ADHD</td>
<td>6+</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>ADHD</td>
<td>6+</td>
</tr>
</tbody>
</table>
HEALTHY CHOICES WORKSHEET

Name:       Date:

Things that are good and special about me:

The medicine I’m going to take is called:

It’s supposed to help me with:

Things I need to watch out for are:

If I feel worse, or if the medicine doesn’t help me or it bothers me,
I will talk to:
HEALTHY CHOICES WORKSHEET

Name: ___________________________ Date: ___________________________

Things I do well are:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

I came to my doctor for help with:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

The medicine that we decided to try for me is called:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

It may also help with (circle the ones that are true):
• Sadness
• Easily getting mad or upset
• Worries
• Attention
• Moving around too much
• Nightmares
• Hearing/seeing things others don’t

Like all medications, mine might cause side effects. These could include:
• Harmful thoughts
• Worrying more
• Tiredness, sleepiness
• Muscle stiffness
• Headaches
• Upset stomach
• Getting fatter
• Getting skinnier
• Getting more hungry
• Not hungry enough
• Can’t fall or stay asleep

People I can trust to help me are:
1. ___________________________ Contact: ____________________________
2. ___________________________ Contact: ____________________________

Other things I can do to help me feel/do better are:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
HEALTHY CHOICES WORKSHEET

Name: ___________________________ Date: ________________

My medication treatment goal is:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

The name of my medication is:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

It also may help with:
• Sadness
• Mood swings
• Worries
• Paying attention
• Hyperactivity
• Nightmares
• Hearing/seeing things others don’t.
• Being able to sleep.
• Becoming easily angry.
• Thinking things through before I act or react.

My medication might cause side effects, which could include (circled items):
• Harmful thoughts
• Increased worries
• Feeling tired, sleepy
• Muscle stiffness
• Headaches
• Upset stomach
• Weight gain
• Weight loss
• Trouble sleeping
• Increased appetite
• Decreased appetite

Some of my strengths are:
__________________________________________________________________
__________________________________________________________________
In addition to taking medicine, some things I can do to feel/do better are:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

People I can trust to call for help or questions are:
1. _____________________________ Contact: ____________________________
2. _____________________________ Contact: ____________________________