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San Francisco Health Network  
Behavioral Health Services

## **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 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 SFPDPH 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](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

<b>Antidepressants and Anxiolytics</b>		
<b>Medication</b>	<b>Indication</b>	<b>Age Range</b>
Amitriptyline	Depressive disorders	12+
Clomipramine	Obsessive-compulsive disorder	10+
Duloxetine	Generalized Anxiety Disorder	7-17
Escitalopram	Major Depression	12+
Fluoxetine	Depression	8-18
	Obsessive-compulsive disorder	7-17
Fluvoxamine	Obsessive-compulsive disorder	8-17
Imipramine	Depression	12+
	Enuresis	6+
Sertraline	Obsessive-compulsive disorder	6-17
<b>Antipsychotics and Mood Stabilizers</b>		
<b>Medication</b>	<b>Indication</b>	<b>Age Range</b>
Aripiprazole	Bipolar disorder	10+
	Irritability associated with autistic disorder	6+
	Schizophrenia	13+
Asenapine	Bipolar manic and mixed episodes	10-17
Chlorpromazine	Schizophrenia/psychosis	6 months+
Haloperidol	Psychotic disorders	3-12
	Tourette's disorder	3-12
Lithium	Bipolar Disorder	7+
Lurasidone	Bipolar depression	10-17
	Schizophrenia	13-17
Olanzapine	Schizophrenia	13+
	Bipolar disorder	13+
Paliperidone	Schizophrenia	12-17
Pimozide	Tourette's disorder	12+
Quetiapine	Bipolar disorder	10+
	Schizophrenia	13+
Risperidone	Irritability associated with autistic disorder	5+
	Bipolar mania	10-17
	Schizophrenia	13-17
<b>ADHD Medications</b>		
<b>Medication</b>	<b>Indication</b>	<b>Age Range</b>
Amphetamine/ dextroamphetamine	ADHD	3+ (IR); 6+ (XR)
Atomoxetine	ADHD	6+
Clonidine ER	ADHD	6+
Dexmethylphenidate	ADHD	6+
Dextroamphetamine	ADHD	3+
Guanfacine ER	ADHD	6+
Lisdexamfetamine	ADHD	6+
Methylphenidate	ADHD	6+

## 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:**

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

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

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**It may also help with** (circle the ones that are true):

- |                               |                                      |                                 |
|-------------------------------|--------------------------------------|---------------------------------|
| • Sadness                     | • Moving around too much             | • Sleep problems                |
| • Easily getting mad or upset | • Nightmares                         | • Getting along with my parents |
| • Worries                     | • Hearing/seeing things others don't | • Thinking before I do things   |
| • Attention                   |                                      |                                 |

**Like all medications, mine might cause side effects. These could include:**

- |                         |                       |                             |
|-------------------------|-----------------------|-----------------------------|
| • Harmful thoughts      | • Headaches           | • Not hungry enough         |
| • Worrying more         | • Upset stomach       | • Can't fall or stay asleep |
| • Tiredness, sleepiness | • Getting fatter      |                             |
| • Muscle stiffness      | • Getting skinnier    |                             |
|                         | • Getting more hungry |                             |

**People I can trust to help me are:**

1. \_\_\_\_\_ Contact: \_\_\_\_\_  
2. \_\_\_\_\_ Contact: \_\_\_\_\_

**Other things I can do to help me feel/do better are:**

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# HEALTHY CHOICES WORKSHEET

Name:

Date:

**My medication treatment goal is:**

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**The name of my medication is:**

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**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:**

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**In addition to taking medicine, some things I can do to feel/ do better are:**

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**People I can trust to call for help or questions are:**

1. \_\_\_\_\_ Contact: \_\_\_\_\_
2. \_\_\_\_\_ Contact: \_\_\_\_\_