

Affix patient label within this box

## Antipsychotics Safety Monitoring Recommendation Record (*Adults*)

Complete for all patients on Antipsychotics and document results in the relevant boxes. Abnormal results should also be recorded in the patient chart, and practitioners notified. Please proceed with appropriate treatment or referrals and document the intervention. This form is for guidance purposes only and can be used as a patient engagement tool to help identify needs and formulate plans. Clinicians are encouraged to consider the recommendations in the context of the specific clinical situation. This form is not intended to reflect a complete list of appropriate monitoring (monitoring needs vary with each patient)

### Patient Data

Patient First Name	Patient Last Name	Date of Birth (yyyy-Mon-dd)
Diagnosis		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Psychiatrist	Primary Care Physician	

### Risk Factors

Family History of Diabetes	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes ( <i>specify type</i> )	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2
	<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
Family History of Hyperlipidemia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	
Family History of Cardiovascular Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	
Comorbid Medical Conditions ( <i>describe</i> ) _____				
Smoking	<input type="checkbox"/> No	<input type="checkbox"/> Yes, _____	cigarettes/day	
Pregnant	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Breast Feeding	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Planning to Conceive	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Discuss Interventions ( <i>diet and/or refer to dietitian, physical activity, extrapyramidal side effects, smoking cessation, metabolic risks and conduct a risk/benefit assessment</i> )				

**Background Information**

### Antipsychotic History

Past Antipsychotics	Date Discontinued	Past Antipsychotics	Date Discontinued

### General Information

	Baseline	1 month	2 month	3 month	6 month	9 month	12 month
Assessment Date (yyyy-Mon-dd)							
Mental Status (yyyy-Mon-dd)							
Antipsychotic prescribed ( <i>with dose</i> )							
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Physical Examination	Baseline	1 month	3 month	12 month
Height (cm)				
Weight (kg)				
BMI (kg/m <sup>2</sup> ) <i>25- 29.9 overweight greater than 30 obese</i>				
Waist Circumference (cm) <i>at level of umbilicus - increased risk factors if greater than 102 cm for males and greater than 88 cm for females</i>				
Vitals (Temperature, Pulse, Respiratory rate and Blood Pressure)				

\*\*\*Can be repeated more frequently if clinically indicated and/or abnormal and based on physical assessment

Laboratory Evaluations		Baseline	3 month	12 month
Test	Normal Target Values			
HDL Cholesterol*	<i>greater than 1.03 mmol/L males; greater than 1.29 mmol/L females</i>		**	
Triglycerides*	<i>less than 1.7 mmol/L</i>		**	
LDL Cholesterol*	<i>less than 3.35 mmol/L</i>		**	
Fasting or Random Blood Glucose	<i>less than 5.6 mmol/L</i>		**	
HbA1c***	<i>4 - 5.9%</i>			
Optional ( <i>Hepatic effects, TSH, Prolactin</i> )				
CBC  <i>(clozapine requires special monitoring, see AMH Clozapine Initiation &amp; Maintenance Protocol)</i>  <i>(w/in 90 days - non-clozapine, w/in 28 days for clozapine)</i>		Done <input type="checkbox"/> Yes <input type="checkbox"/> No		Done <input type="checkbox"/> Yes <input type="checkbox"/> No

\*The Framingham Risk Score calculation (FRS) should be used to calculate and individual patient's risk. To calculate FRS go to: <http://www.dynalifedx.com/HealthProfessionals/LabInformation/FraminghamRiskCalculator/tabid/1391/Default.aspx>

\*\*If abnormal more frequent monitoring/intervention may be required

\*\*\*Can be repeated more frequently if clinically indicated

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Symptom/Assessment/ Examinations	Baseline	1 month	2 month	3 month	6 month	9 month	12 month
Heart Rate							
ECG/QTc Assessment***		***	***	***	***	***	***
Anticholinergic Effects							
Drug induced movement disorders							
Sexual Function/Menstrual Changes							

\*\*\*ECG is recommended when starting or increasing the dose of an antipsychotic known to cause QTc prolongation (ex. ziprasidone, quetiapine). Periodic ECG investigations may be required during the course of therapy if medications known to prolong QTc are added or doses increased.

**Data Recorded By**

### Post Treatment

Look at patient's trends and then discuss post-treatment.  
Was metabolic monitoring included in the treatment plan?

- Copy provided to patient and/or guardian
- Copy emailed/sent/faxed to primary care provider (specify date \_\_\_\_\_)
- Other \_\_\_\_\_

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**Transfer of Care (sending provider)**

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**Transfer of Care (receiving provider)**

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