

‘Ohana Medicaid

Assessment, Screening and Monitoring Tool for Pediatric Members Prescribed an Atypical Antipsychotic Medication

Web Address: www.ohanahealthplan.com/providers.html

PATIENT INFORMATION				
Patient Name (last, first):	‘Ohana Patient ID #:	DOB (mm/dd/yyyy):	Gender: <div style="text-align: right; margin-top: 5px;">Male Female</div>	
Provider/Practice:		Date of Visit (mm/dd/yyyy):		
SYMPTOMS				
Please describe the patient’s target symptoms:				
DIAGNOSES				
Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:
FAMILY HISTORY				
Type 1 Diabetes: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Type 2 Diabetes: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Cardiovascular Disease: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Hyperlipidemia: <div style="text-align: center; margin-top: 5px;">Yes No</div>	
Seizures: <div style="text-align: center; margin-top: 5px;">Yes No</div>		Adverse Events associated with AAAs: <div style="text-align: center; margin-top: 5px;">Yes Medication No</div>		
Schizophrenia: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Bipolar Disorder: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Psychosis: <div style="text-align: center; margin-top: 5px;">Yes No</div>	Other Mental Health Conditions: <div style="text-align: center; margin-top: 5px;">Please describe</div>	
PSYCHOSOCIAL CARE				
Has the patient been seen by a mental health practitioner in the past 30 days? Yes No				
If YES, please complete the following:		If NO, please complete the following:		
Date of last appointment:		Date of referral to Mental Health Practitioner:		
Practitioner Name/Organization:		Practitioner Name/Organization:		
Mental Health Records received:	Yes No	Appointment Date/Time:		
PATIENT HEALTH ASSESSMENT				
Comorbid Medical Conditions:			Current Medications and Dosages:	
Alcohol/Tobacco/Substance Use:	Yes, please describe No	Frequency of Use:		
Physical Activity/Exercise:	Yes, please describe No	Frequency:		

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MONITORING		
	Baseline (Prior to Treatment)	3 Month
Date (mm/dd/yyyy)		
Height (in.)		
Height percentile		
Weight (lbs.)		
Weight percentile		
BMI		
BMI percentile		
Waist circumference		
Waist circumference percentile		
Blood pressure (systolic/diastolic)	/	/
Blood pressure percentile	/	/
Neurological screening Abnormal Involuntary Movement Scale (AIMS) or Neurological Rating Scale (NRS)	Completed <input type="checkbox"/>	Completed <input type="checkbox"/>
*Plasma Glucose or HbA1c Results		
Fasting Blood Glucose Levels		
*HDL-C		
*LDL-C		
*Total cholesterol		
*Triglycerides (*fasting if possible)		
AST		
ALT		
Prolactin		
Other lab: _____		

DRUG SPECIFIC MONITORING		
EEG (Clozapine only)	Completed <input type="checkbox"/>	Completed <input type="checkbox"/>
Ophthalmologic exam (Quetiapine only)	Completed <input type="checkbox"/>	Completed <input type="checkbox"/>
EKG (Ziprasidone only or with family history of cardiac/cardiovascular abnormalities)	Completed <input type="checkbox"/>	Completed <input type="checkbox"/>

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INTERVENTIONS		
	Baseline (Prior to Treatment)	3 Month
Date (mm/dd/yyyy)		
Discuss metabolic risks		
Risk/benefit assessment		
Education provided to patient to identify risk factors associated with Atypical Antipsychotic Use		
Diet assessment		
Refer to dietician		
Refer to outpatient mental health practitioner		
Refer to other specialized services: _____		

This tool is based on the American Academy of Child and Adolescent Psychiatry’s (AACAP) “Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents” (2011). To access the complete parameter, please visit the AACAP site at: http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf.

This tool is provided as a resource and is not a substitute for the professional medical judgment of treating physicians or other health care practitioners.

References:

American Academy of Child and Adolescent Psychiatry. “Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents” (2011).
http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf.

Ronsley, R., Raghuram, K., Davidson, J., et al. “Barriers and Facilitators to Implementation of a Metabolic Monitoring Protocol in Hospital and Community Settings for Second-Generation Antipsychotic-Treated Youth.” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 20(2) (May 2011): 134-141. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3085673/>.