

Medication Audit Criteria and Guidelines

Drug Audit Checklist 19

Reviewer:	Date:
Class:	
<i>Drug: ANTIPSYCHOTICS</i>	
chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Disorders with psychotic symptoms (schizophrenia, schizoaffective disorder, manic disorders, depression with psychotic features, drug-induced psychosis, psychosis associated with other organic conditions)			
	2. Tourette's disorder (haloperidol only)			
	3. Personality disorders – schizotypal, paranoid and borderline			
	4. Acute and/or short term use for management of aggressive or violent behavior			
	5. Stereotypies			

Contraindications	Absolute	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication			
		2. Severe CNS depression			
	Relative	1. Pregnancy/nursing mothers			
		2. History of drug-induced agranulocytosis or leukopenia			
		3. Breast Cancer			
		4. History of neuroleptic malignant syndrome			
		5. Narrow angle glaucoma (for chlorpromazine)			
		6. Impaired hepatic function			
		7. Prostatic hypertrophy (for chlorpromazine)			
		8. Parkinson's disease			
9. Severe cardiovascular diseases, including certain conduction disturbances					

Drug: ANTIPSYCHOTICS

chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

Patient #	Comments	Requires Phys.Review	
		Yes	No
Ordering Physician			

PATIENT MONITORING	Patient Monitoring Parameters	1. Pregnancy test – as clinically indicated.		
		2. BMI <u>and</u> waist circumference measurements – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated, and quarterly when the antipsychotic dose is stable.		
		3. Fasting plasma glucose level or hemoglobin A _{1c} – before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly.		
		4. Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl If no lipid screening has been done within the last 2 years, then a lipid profile should be obtained within 30 days of initiation of the drug.		
		5. Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly. If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly.		

Drug: ANTIPSYCHOTICS

chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

Patient#	Comments	Requires Phys.Review	
		Yes	No
Ordering Physician			

PATIENT MONITORING Continued	Patient Monitoring Parameters	6. Prolactin level – if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly.			
		7. EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase			
		8. Tardive dyskinesia evaluation – every 3 months and as clinically indicated			
		9. Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly			
		10. Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients.			

Dosing	See DSHS/DADS Drug Formulary for dosage guidelines.			
	Exceptions to maximum dosage must be justified as per medication rule.			

Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:
