HEALTHWEST

Practice Guideline

No: 12-008

Prepared by: Date: October 1, 2005 Revised: March 14, 2018

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Subject: Monitoring of Children and Adolescents Being Treated

with Antidepressants

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I. PRACTICE GUIDELINE

Monitoring of Children and Adolescents Being Treated with Antidepressants

II. PURPOSE

To ensure that all children and adolescents who are prescribed antidepressants from Agency Physicians or Physicians Assistants are monitored for suicidal thoughts and behavior.

III. <u>APPLICATION</u>

All individuals under the age of 18 who are prescribed antidepressants by Agency medical staff.

IV. PROTOCOL

A. The frequency and nature of the monitoring should be individualized to the needs of the Family and the consumer. CMH staff should enlist the parents/guardians in the responsibility of monitoring the individual at time of the prescription. The primary care worker or program Registered Nurse will contact the family during the first month of initiation of an antidepressant to monitor progress. If Family members become concerned about observed changes they should contact HealthWest (after hours 722-4357) if the child:

- 1. Expresses new or more frequent thoughts of wanting to die, or engages in self destructive behavior;
- 2. Shows signs of increased anxiety/panic, agitation, aggressiveness, or impulsivity;
- Experiences involuntary restlessness (akathisia), or an extreme degree of unwarranted elation or energy accompanied by fast, driven speech and unrealistic plans or goals.
- B. Adverse reactions to antidepressants are more likely to occur early in the course of treatment or in changes of the dose. It may become appropriate to adjust the dosage, change to a different medication, or stop using the medication.
- C. The Physician/PA should warn the parents/guardian of abruptly discontinuing the medication due to possible adverse withdrawal effects such as agitation or increased depression. The Psychiatrist/PA should convey the importance of consulting with their Provider before changing or terminating their child's antidepressant treatment.

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