Policy: This directive establishes minimal protocols for laboratory work-up on patients who are on psychoactive medication.

Purpose: It is the policy of the Division to monitor the appropriate laboratory evaluation of patients who are receiving medications.

Definitions:

- Chemistry Panel – (also called Metabolic Panel) – includes Glucose test, Alkaline Phosphatase, ALT (SGOT), AST (SGPT), BUN, Creatinine, Sodium, Potassium, Chloride, Calcium, Carbon Dioxide, Total Protein, Total Bilirubin, Albumin, and Direct Bilirubin.
- Lipid Panel – includes Total Cholesterol, Triglycerides, HDL Cholesterol, VLDL Cholesterol calculated, and LDL Cholesterol calculated.
- Thyroid Panel – includes Thyroxine (T4) Free, Direct, Triiodothyronine (T3), and
- Thyroid Stimulating Hormone (TSH).
- Liver Function Test – includes Albumin, Alkaline Phosphatase, ALT (SGOT), AST (SGPT), Total Bilirubin, Direct Bilirubin, and Total Protein.

Abbreviations:

Chem Panel = Metabolic Panel = Chemistry Panel
BUN = Blood Urea Nitrogen
IV - Intravenous
EKG = Electrocardiogram
UA = Urinalysis
CBC = Complete Blood Count
CR = Creatinine
PT/PTT = Prothrombin Time
Partial Prothrombin Time
LFT = Liver Function Test

Procedures:

I. All patients on chemotherapy for psychiatric or related conditions should undergo the following laboratory work-up:

A. EKG - any patient over forty (40) years of age or if their history is positive for cardiovascular disease, diabetes, renal disease, or hypertension.

B. Chemistry panel, UA.

C. CBC with differential.

II. The tests listed in I, A through C above need not be performed if:

A. The results of these tests are available before the medication is prescribed and were done within the past three (3) months.

B. EKG done in the past six (6) months.

C. Results are obtained from another reliable facility that meet the above criteria and are available prior to starting treatment.

III. These tests can be concurrently ordered with prescription of psychotropic medication if clinically indicated in case of need for rapid treatment or in historically healthy adults.

IV. CBC and chemical panel and UA will be done yearly or sooner if indicated.

V. The following work-up and follow-up tests are indicated for specific groups of drugs in addition to the general work-up as indicated in I, A through C.

A. Those patients with cardiovascular disease:

EKG must be done with the initiation of medication and every six months thereafter.

B. Lithium:
1. Pre-treatment work-up as in I, A through C.
2. Thyroid panel within two (2) weeks of initiation of medication and yearly thereafter, and sooner if Thyroid values indicate a pathological trend.
3. Serum Lithium level:
   a) Within two (2) weeks after initiation of medication.
   b) Recheck within three months and every six months thereafter.
   c) Within (2-3) weeks after each change in dose.
   d) Blood Urea Nitrogen and Creatinine every six (6) months.
4. If Lithium toxicity is suspected, such as drowsiness, muscular weakness, ataxia, vomiting, diarrhea, or fever over 100 degrees:
   a) Hold Lithium.
   b) Check Lithium level, Blood Urea Nitrogen and CR.
   c) Treat clinically and restart Lithium if and when appropriate.

C. Carbamazepine:
   1. Pretreat work-up, as in I, A through C. plus PT/PTT.
   2. Serum Carbamazepine level:
      a) Carbamazepine level and CBC with differential within two(2) weeks after initiation of treatment then every month for three months and every six (6) months thereafter.
      b) Within (2-3) weeks after each change in dose.
   3. If blood dyscrasia is suspected CBC with differential, PT/PTT, and LFT's will be rechecked.
   4. Levels of other concurrent and anti-epileptic drugs will be obtained along with the Carbamazepine level.

D. Valproic Acid:
   1. Pretreatment work-up as in I, A through C.
   2. Follow-up treatment work-up:
      a) Valproic Acid level within two weeks after initiation of treatment.
      b) Valproic Acid level CBC with differential within two (2) weeks after initiation of treatment then every month for three months and every six (6) months thereafter.
      c) Within (2-3) weeks after each change in dose.
   3. Levels of other concurrent and anti-epileptic drugs will be obtained along with the Valproic Acid level.

E. Clozaril: See division policy #4.033 entitled "Clozaril Protocol."

F. Antipsychotics Monitoring Protocol for Obesity and Diabetes:
   1. Pretreatment work-up as in I, A through C
   2. At Baseline, obtain Personal/Family History, Weight (BMI), Waist Circumference, Blood Pressure, Fasting glucose, Fasting Lipid Profile
   3. Thereafter, the Personal History is done annually; the Waist Circumference is done quarterly for the first year, and annually after the first year; The Blood Pressure is done quarterly for the first year and annually after the first year; the Fasting glucose is done quarterly for the first year and annually after the first year; the Fasting Lipid Profile is done one time at the end of the first quarter and every 5 years after the end of the first quarter.

VI. Each agency shall develop and maintain a monitoring system (chart review) to ascertain ongoing compliance with this policy.

VII. Each division agency shall perform an annual evaluation of its client population load to determine cost estimates for compliance to this policy. The cost estimate

is to be used in developing budget requests for laboratory.

VIII. Each division agency shall develop specific written procedures to implement the procedures of this policy or shall incorporate this policy into the agency policy manual.

Administrator

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