

Consent for Use of Risperadone (Risperidol) for Child/Youth in DCF Custody

District Office: _____

Social Worker: _____

Prescriber Name and Title: _____

➤ I <input type="checkbox"/> do <input type="checkbox"/> do not consent to the administration of this medication protocol for this child for the next 180 days, beginning on _____ and ending on _____	
_____ Signature	_____ Date

Directions

- A. Social Worker (SW) reads and/or completes his/her sections.
- B. SW sends form to Prescriber and schedules time for phone discussion.
- C. Prescriber fill in his/her sections.
- D. SW and Prescriber complete the following sections together during phone discussion (2c if necessary, 3 f-h; 4 e-f; 6a; 6b at follow-up).
- E. SW determines if DCF policy requires consultation or if SW feels the need for a consultation.
- F. After consulting with supervisor, SW decides whether authorize; signs, provides to prescriber, copy to child's caregiver and child's case file.

	1. Child
(SW fills in a- d before sending to Prescriber.)	a. Name: DOB: Age:
	b. Height: Weight:
	c. <i>Family medical history?</i> <input type="checkbox"/> diabetes <input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> heart disease <input type="checkbox"/> thyroid <input type="checkbox"/> other (specify)
	d. <i>Medications currently on (include vitamins, herbal supplements):</i>
(SW reads a-e and discusses c with Prescriber if different.)	2. Medication a. <i>Generic name:</i> Risperidone
	b. <i>Product name:</i> Risperdal
	c. <i>Suggested dose level:</i> i. <i>Initial dosage:</i> <ul style="list-style-type: none"> • Children <44 lbs = 0.25 mg/day; Children >44 lbs = 0.5 mg/day • Adolescents: 0.5 mg/day ii. <i>Recommended daily dose:</i> <ul style="list-style-type: none"> • Schizophrenia in adolescents: Target dose of 3 mg; Effective range of 1 – 6 mg • Bipolar in children and adolescents: Target dose of 1 – 2.5 mg; Effective range of 1 – 6 mg

	<ul style="list-style-type: none"> Irritability associated with autistic disorder: Target dose of 0.5 mg if < 44 lbs; 1.0 mg if > 44 lbs; Effective range of 0.5 – 3.0 mg <p>iii. <i>Literature based maximum dosage:</i></p> <ul style="list-style-type: none"> Children: 3 mg/day Adolescents: 6 mg/day <p>iv. <i>FDA approved maximum dosage for children and adolescents:</i></p> <ul style="list-style-type: none"> Approved for tx of Schizophrenia (age 13-17 years) and Bipolar Mania or Mixed Episodes (age 10-17 years): 6 mg/day Approved for tx of irritability associated with autistic disorder (age 5-16 years): 3 mg/day <p>v. <i>Schedule:</i> once or twice/daily</p>
	<p>d. <i>How does this medication work?</i></p> <p>Cells in the brain communicate using chemicals called <i>neurotransmitters</i>. Too much or too little of these substances in parts of the brain can cause problems. Risperidone works by blocking the action of two of these neurotransmitters—dopamine and serotonin—in certain areas of the brain.</p>
	<p>e. <i>Common reasons for prescribing this medication:</i></p> <p>Risperidone is used to treat psychosis (e.g., in schizophrenia, mania, or very severe depression).</p> <ul style="list-style-type: none"> It can reduce positive symptoms such as hallucinations (hearing voices or seeing things that are not there); delusions (troubling beliefs that other people do not share); agitation; and very unusual thinking, speech, and behavior. It can lessen the negative symptoms of schizophrenia (e.g., lack of interest in doing things, lack of motivation, social withdrawal, and lack of energy. <p>May be used as a mood stabilizer in patients with bipolar disorder or severe mood swings....</p> <p>Sometimes used to reduce severe aggression or very serious behavioral problems in young people with conduct disorder, mental retardation, autism, or pervasive developmental disorder.</p> <p>May be used for behavior problems after a head injury.</p> <p>Used to reduce motor and vocal tics (fast, repeated movements or sounds) and behavioral problems in people with Tourette’s disorder.</p> <p>This medicine is very powerful and is used to treat very serious problems or symptoms that other medicines do not help. Positive effects may not appear for 2-3 weeks.</p>
<p>3. Efficacy</p> <p>(Prescriber fills out a-e and i.</p>	<p>a. Which <u>symptoms</u> of this child are the target for this prescription?</p> <p>b. What do you expect it to do for <u>this child</u>?</p>

<p><i>SW and Prescriber fill out f-h together.)</i></p>	<p>c. <i>How long does it typically take to see changes?</i></p>
	<p>d. <i>What is the probability of improvement with this child?</i></p>
	<p>e. <i>Is it important to use a specific brand of the medication for this child?</i></p>
	<p>f. <i>What psychosocial therapies do you recommend concurrently or sequentially to reduce target symptoms?</i></p>
	<p>g. <i>Have these psychosocial therapies been tried with this child without this medication? For how long? Results? If not, why not?</i></p>
	<p>h. <i>What other treatments are available to address the child's condition? How likely are they are to help?</i></p>
	<p>i. <i>What is likely to happen if no treatment and/or no medication is provided?</i></p>
<p>4. Risks</p> <p><i>(SW reads a-d and schedules time to discuss e-f with Prescriber.</i></p> <p><i>SW informs Prescriber ASAP if client becomes pregnant.)</i> <input type="checkbox"/></p>	<p>a. <i>What serious side effects are possible?</i></p> <p><u>Get immediate care for:</u></p> <ul style="list-style-type: none"> • Trouble breathing or chest tightness • Swelling of lips, tongue, or throat • Stiffness of tongue, jaw, neck, back, or legs • Seizure • Tardive dyskinesia or TD. [Very rare, but may not go away. Patients have involuntary movements of the body, especially the mouth and tongue. Jerky movements of the arms, legs, or body may occur. If you notice any unusual movements, be sure to tell the doctor.] • Extreme stiffness or lack of movement, very high fever, mental confusion, irregular pulse rate, or eye pain. [Very rare, but this is a medical emergency; go to emergency room right away.] • Sudden stiffness and inability to breathe or swallow. [Very rare; go to emergency room or call 911. Tell medical staff the patient is taking risperidone so other medications can treat problem fast.]
	<p>b. <i>What other, usually not serious, side effects are possible?</i></p> <p><i>Discuss with doctor when convenient.</i> Most decrease with time. Talk with doctor as some side effects may be lessened by taking a smaller dose, changing to a different medicine, or adding another medicine.</p> <ul style="list-style-type: none"> • Daytime sleepiness or tiredness • Dry mouth • Constipation

	<ul style="list-style-type: none"> • Dizziness • Increased appetite • Weight gain: May change the way the body handles glucose (sugar) and cause high levels (hyperglycemia). Increased risk of developing diabetes and of having increased fats (lipids—cholesterol and triglycerides) in the blood. Over time, both diabetes and increased fats in the blood may lead to heart disease, stroke, and other complications. • Increased risk of sunburn, overheating, or heatstroke • Nausea • Vomiting • Insomnia • Drooling • Increased restlessness or inability to sit still • Shaking of hands and fingers • Decreased or slowed movement and decreased facial expressions • Decreased sexual interest or ability • Changes in menstrual cycle • Increase in breast size or discharge from the breasts (in both boys and girls)
	<p>c. <i>Is there any way to minimize the chances of experiencing these side effects?</i></p> <p>These side effects often can be helped by lowering the dose, changing the times taken, or adding another medicine. Patients experiencing persistent somnolence may benefit from administering half the daily dose twice daily.</p> <p>Because many young people gain weight when they take risperidone, it is important to be sure the child:</p> <ol style="list-style-type: none"> 1. eats a well-balanced diet without “junk food” and with healthy snacks (fruits and vegetables, not sweets or fried foods); 2. drinks water or skim milk (not soda or sugary juices), and 3. gets regular exercise.
	<p>d. <i>Does this medication cause any reactions when taken with other medications?</i></p> <p>Paroxetine (Paxil), fluoxetine (Prozac), and other selective serotonin reuptake inhibitor (SSRI) antidepressants can increase the levels of risperidone and increase the risk of side effects.</p> <p>Carbamazepine (tegretol) can decrease the levels of risperidone so that it does not work as well.</p> <p>Heart problems are more common if other medicines that affect the heart are being taken.</p>
	<p>e. <i>What are the risks if the youth uses alcohol or other substances?</i></p> <p>Avoid alcohol.</p>
	<p>f. <i>What are the risks if the young woman becomes pregnant?</i></p> <p>Talk to doctor immediately if pregnancy occurs. Should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.</p>

<p>5. Instructions for Medication</p> <p><i>(SW reads a-d and schedules time to discuss e on phone with Prescriber.)</i></p>	<p><i>a. How will this medication be taken?</i> <input type="checkbox"/> tablets <input type="checkbox"/> orally disintegrating tablets <input type="checkbox"/> oral solution</p> <hr/> <p><i>b. Are there any food or lifestyle suggestions or restrictions?</i> Better to limit caffeine (coffee, tea, soft drinks) because caffeine works in the opposite way from this medicine, and the positive effects might be decreased. Decrease activity in hot weather, stay out of the sun, and drink water to prevent overheating or sunstroke. Use sunscreen to prevent sunburn.</p> <hr/> <p><i>c. If a dose is late or missed, what should be done?</i> Take the missed dose as soon as realize it was missed. If it is almost time for the next dose, skip the missed dose. Do not try to make up for a missed dose.</p> <hr/> <p><i>d. What could happen if this medication is stopped suddenly?</i> Involuntary movements, or withdrawal dyskinesias, may appear within 1-4 weeks of lowering the dose or stopping. Usually these go away, but they can last for days to months. Possible emotional disturbance (e.g., irritability, nervousness, moodiness, or oppositional behavior) Possible physical problems (e.g., stomach ache, loss of appetite, nausea, vomiting, diarrhea, sweating, indigestion, trouble sleeping, trembling, shaking) These problems usually last only a few days to a few weeks. If they happen, tell the child's doctor.</p> <hr/> <p><i>e. What needs to occur for you to consider starting a process to taper off?</i></p>
<p>6. Monitoring</p> <p><i>(SW discusses a with Prescriber during initial phone call and b at 6-month follow-up.)</i></p>	<p><i>a. How will the use of the medication be monitored with this child?</i> Be sure to tell the doctor if anyone in the family has diabetes, high blood pressure, high cholesterol, or heart disease. Policy recommendations are:</p> <ul style="list-style-type: none"> i. personal and family history at baseline and annually ii. waist circumference at baseline and annually iii. weight and BMI at baseline, every 4 weeks up to 12 weeks, and then quarterly iv. blood pressure at baseline, twelve weeks, and then annually v. fasting plasma glucose at baseline, 12 weeks, and annually vi. fasting lipid profile at baseline, 12 weeks, and annually

	<p><i>b. At follow-up:</i></p> <ul style="list-style-type: none"><i>i. When were these tests done?</i><i>ii. Any undesirable or abnormal results?</i>
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Information adapted from: Dulcan MK (editor): *Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts*, Third Edition. Washington, DC, American Psychiatric Publishing, 2007.