

Consent for Use of Quetiapine (Seroquel) for Child/Youth in DCF Custody

District Office: _____

Social Worker: _____

Prescriber Name and Title: _____

<p>➤ 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 _____</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

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	<p><i>a. Name: DOB: Age:</i></p> <hr/> <p><i>b. Height: Weight:</i></p> <hr/> <p><i>c. Family medical history?</i></p> <p><input type="checkbox"/> diabetes <input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> heart disease</p> <p><input type="checkbox"/> thyroid <input type="checkbox"/> other (specify)</p> <hr/> <p><i>d. Medications currently on (include vitamins, herbal supplements):</i></p>
2. Medication	<p><i>a. Generic name: Quetiapine</i></p> <hr/> <p><i>b. Product name: Seroquel</i></p> <hr/> <p><i>c. Suggested dose level:</i></p> <p><i>i. Initial dosage:</i></p> <ul style="list-style-type: none"> • through age 9: 12.5 – 25 mg/day • age 10 – 17 years: 50 mg/day <p><i>ii. Recommended dose level:</i></p> <ul style="list-style-type: none"> • Schizophrenia: age 13-17 years: 400 – 800 mg/day • Bipolar I Disorder, manic Acute monotherapy: age 10 – 17 years: 400 – 600 mg/day <p><i>iii. Literature based maximum dosage:</i></p> <ul style="list-style-type: none"> • through age 9: 500 mg/day • age 10 – 17 years: 800 mg/day

	<p>iv. FDA approved maximum dosage for children and adolescents:</p> <ul style="list-style-type: none"> • Approved for tx of Bipolar Mania (age 10 – 17 years): 600 mg/day • Approved for tx of Schizophrenia (age 13 – 17 years): 800 mg/day <p>v. Schedule: 2 – 3 times/daily</p>
	<p>d. How does this medication work?</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. Quetiapine works by blocking the action of two of these neurotransmitters, <i>dopamine</i> and <i>serotonin</i>, in certain areas of the brain.</p>
	<p>e. Common reasons for prescribing this medication:</p> <p>Quetiapine is used to treat psychosis, such as in schizophrenia, mania, or very severe depression.</p> <ul style="list-style-type: none"> • It can reduce <i>positive symptoms</i> 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 is also used to lessen the <i>negative symptoms</i> of schizophrenia, such as lack of interest in doing things (apathy), lack of motivation, social withdrawal, and lack of energy. <p>Quetiapine may be used as a <i>mood stabilizer</i> in patients with bipolar disorder (manic-depressive illness) or severe mood swings. It can reduce mania and may be able to help maintain a stable mood over the long term.</p> <p>Sometimes quetiapine is 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>Quetiapine may be used for behavior problems that arise after a head injury. It is also 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. Be patient; the positive effects of this medicine may not appear for 2–3 weeks.</p>
<p>3. Efficacy</p> <p>(Prescriber fills out a-e and i.</p> <p>SW and Prescriber fill out f-h together.)</p>	<p>a. Which <u>symptoms</u> of this child are the target for this prescription?</p> <hr/> <p>b. What do you expect it to do for <u>this child</u>?</p> <hr/> <p>c. How long will it typically take to see changes?</p> <hr/> <p>d. What is the probability of improvement with this child?</p>

	<p>e. <i>Is it important to use a specific brand of the medication for this child?</i></p> <p>f. What psychosocial therapies do you recommend concurrently or sequentially to reduce target symptoms?</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></p>	<p>a. <i>What serious side effects are possible?</i></p> <ul style="list-style-type: none"> • Stop the medicine and get <u>immediate</u> medical care: <ul style="list-style-type: none"> • Trouble breathing or chest tightness • Swelling of lips, tongue, or throat • Stiffness of the tongue, jaw, neck, back, or legs • Seizure (fit, convulsion)—This is more common in people with a history of seizures or head injury. • Extreme stiffness or lack of movement, very high fever, mental confusion, irregular pulse rate, or eye pain—This is a medical emergency. Go to an emergency room right away. [rare] • Sudden stiffness and inability to breathe or swallow—Go to an emergency room or call 911. Tell the paramedics, nurses, and doctors that the patient is taking quetiapine. Other medicines can be used to treat this problem fast. [rare] • <i>Neuroleptic malignant syndrome</i> is a very rare side effect that can lead to death. The symptoms are severe muscle stiffness, high fever, increased heart rate and blood pressure, irregular heartbeat (pulse), and sweating. It may lead to unconsciousness. If you suspect this, call 911 or go to an emergency room right away. • Tell the doctor in a day or two (if possible, before the next dose of medicine): <ul style="list-style-type: none"> • Hives, itching, or rash. • Increased thirst, frequent urination (having to go to the bathroom often), lethargy, tiredness, dizziness, and blurred vision—These could be signs of diabetes (especially if your child is overweight or there is a family history of diabetes). • Illness, yellowing of eyes or skin, stomach pain—This may mean damage to the liver.

Black Box Warning:

Not approved for depression in under age 18. Increased the risk of suicidal thinking and behavior in short-term studies in children and adolescents with major depressive disorder and other psychiatric disorders.

b. What other, usually not serious, side effects are possible?

Discuss with doctor when convenient. 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.

- Daytime sleepiness or tiredness
Do not allow your child to drive, ride a bicycle or motorcycle, or operate machinery if this happens. This problem may be lessened by taking the medicine at bedtime.
- Dry mouth
Have your child try using sugar-free gum or candy.
- Constipation
Encourage your child to drink more fluids and eat high-fiber foods; if necessary, the doctor may recommend a fiber medicine such as Benefiber or a stool softener such as Colace or mineral oil.
- Dizziness
This side effect is worse when the child stands up quickly, especially when getting out of bed in the morning; try having the child stand up slowly.
- Increased appetite
- Weight gain
Many people who take quetiapine gain weight. Children seem to have more problems with this than adults. The weight gain may be from increased appetite and from ways that the medicine changes how the body processes food. Quetiapine may also change the way that the body handles glucose (sugar) and cause high levels (hyperglycemia). People who take quetiapine, especially those who gain a lot of weight, are at increased risk of developing diabetes and of having increased fats (lipids—cholesterol and triglycerides) in their blood. Over time, both diabetes and increased fats in the blood may lead to heart disease, stroke, and other complications. The FDA has put warnings on all atypical agents about the increased risks of hyperglycemia, diabetes, and increased blood cholesterol and triglycerides when taking one of these medicines. It is much easier to prevent weight gain than to lose weight later. When your child first starts taking quetiapine, it is a good idea to be sure that he or she eats a well-balanced diet without “junk food” and with healthy snacks like fruits and vegetables, not sweets or fried foods. He or she should drink water or skim milk, not pop, sodas, soft drinks, or sugary juices. Regular exercise is important for maintaining a healthy weight (and may also help with sleep). Seek nutritional counseling; provide your child with low-calorie snacks and encourage regular exercise.
- Increased restlessness or inability to sit still
- Shaking of hands and fingers
One very rare side effect that may not go away is tardive dyskinesia (or TD). Patients with tardive dyskinesia have involuntary movements (movements that they cannot help making) of the body, especially the mouth and tongue. The patient may look as though he or she is making faces over and over again. Jerky movements of the arms, legs, or body may occur. There may be fine, wormlike, or sudden repeated

	<p>movements of the tongue, or the person may appear to be chewing something or smacking or puckering his or her lips. The fingers may look as though they are rolling something. If you notice any unusual movements, be sure to tell the doctor. The doctor may use the AIMS test to look for these movements.</p> <ul style="list-style-type: none"> • Decreased or slowed movement and decreased facial expressions <p><i>c. Is there any way to minimize the chances of experiencing these side effects?</i></p> <p><i>d. Does this medication cause any reactions when taken with other medications?</i></p> <p>Regular (twice/day) formulation can be taken with or without food. It is recommended that extended release (once/day) quetiapine be taken without food or a very light meal (300 calories).</p> <p>Carbamazepine (Tegretol) and phenytoin (Dilantin) may decrease levels of quetiapine, making it not work as well.</p> <p>It is better to limit drinks with caffeine (coffee, tea, soft drinks) because caffeine works in the opposite way from this medicine, and the positive effects might be decreased.</p> <p><i>e. What are the risks if the youth uses alcohol or other substances?</i></p> <p>Do not take alcohol; it may make some of the side effects worse.</p> <p><i>f. What are the risks if the young woman becomes pregnant?</i></p> <p>Talk to doctor immediately. Limited data available. Should be used during pregnancy only if the potential benefit outweighs the potential risk to the fetus.</p>
<p>5. Instructions</p> <p><i>(SW reads a-d and schedules time to discuss e on phone with Prescriber.)</i></p>	<p><i>a. How is this medication taken?</i></p> <p>Either immediate release or extended release tablets taken once daily, preferably in the evening. Should be swallowed whole, not split, chewed, or crushed.</p> <p><i>b. Are there any food or lifestyle suggestions or restrictions?</i></p> <p>Taking this medicine could make overheating or heatstroke more likely. Have your child decrease activity in hot weather, stay out of the sun, and drink water to prevent this.</p> <p>It is better to limit drinks with caffeine (coffee, tea, soft drinks) because caffeine works in the opposite way from this medicine, and the positive effects might be decreased.</p> <p><i>c. If a dose is late or missed, what should be done?</i></p> <p>For extended release form, take the missed dose as soon as it is noticed. If it is almost time for the next dose, just skip the missed dose and take the next dose at the regular time. Do not take two doses at the same time.</p> <p><i>d. What could happen if this medication is stopped suddenly?</i></p> <p>Involuntary movements, or withdrawal dyskinesias, may appear within 1–4 weeks of lowering the dose or stopping the medicine. Usually these go away, but they can last for days to months. If quetiapine is stopped suddenly, emotional disturbance (such as irritability, nervousness, moodiness, or oppositional</p>

	<p>behavior) or physical problems (such as stomachache, loss of appetite, nausea, vomiting, diarrhea, sweating, indigestion, trouble sleeping, trembling, or shaking) may appear. These problems usually last only a few days to a few weeks. If they happen, you should tell your child's doctor. The medicine dose may need to be lowered more slowly (tapered). Always check with the doctor before stopping a medicine.</p> <p>e. What needs to occur for you to consider starting a process to taper off?</p>
<p>6. Monitoring (SW discusses with Prescriber at 6-month follow-up.)</p>	<p>a. How will the use of the medication be monitored with this child?</p> <p>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>b. At follow-up:</p> <ul style="list-style-type: none"> i. When were these tests done? ii. Any undesirable or abnormal results?

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.