### FOR CHILDREN IN LORAIN COUNTY CHILDREN SERVICES CUSTODY

# Psychotropic Medication Guidelines For Caregivers/Foster Parents

What is Informed Consent? The Agency must give permission for the psychotropic medication to

be prescribed, based on the child's age, diagnosis and dosage.

Who gives Informed Consent? The Agency Director, nurse, or supervisor

When is Informed Consent provided? At the time the child is prescribed the medication via a prescription

OR

At the time the dosage is changed and is more than the recommended

dosage for the child's age/diagnosis

**How is Informed Consent provided?** The prescribing doctor is to fill out the Psychotropic Medication

Administration Request form and fax it to Lorain County Children Services (LCCS). Once LCCS reviews it and it meets the recommending dosage, all attempts will be made to give informed consent within one

business day via a fax back to the physician.

The nurse/caseworker will also be contacting you, the caregiver, to inform you that the prescription may be filled and to answer any

questions you may have.

If you do not receive confirmation regarding informed consent, please call the Lorain County Children Services nurse or the caseworker to

inquire.

**How is Informed Consent documented?** All informed consents will be documented on the Psychotropic

Medication Administration Request form and entered into the child's

medical record.

## Role of the Caregiver:

- 1. Keep and attend all appointments for the child.
- 2. Ask questions and stay informed as to the medication being prescribed; ask questions.
- 3. If you are provided a new prescription or there is a change in the dosage for a psychotropic drug, remind the physician to fill out the form and follow the directions.
- 4. Caregivers should not fill the prescription until you receive confirmation from the Agency that informed consent has been given.
- 5. Make sure you follow the instructions on the label and give the medication accordingly.
- 6. Please call the LCCS nurse if you have any questions or concerns.

#### Role of the Social Worker/Supervisor:

- 1. Provide the caregivers with information regarding psychotropic medication via placement packet.
- 2. Discuss any concerns with caregivers or refer them to LCCS nurse.
- 3. Supervisor will be allowed to provide informed consent if the dosage falls within recommended guidelines and caregiver has not voiced concerns regarding side effects.
- 4. Discuss on a monthly basis with caregivers the medication needs or concerns.

This reference chart lists name-brand and generic drug names. Some drugs are available in extended release formulations, allowing for once-a-day dosing, and are not listed individually.

Table A.

I UDIC A			
Stimulants for the	treatment of Attention	Deficit Hyperactivity	Disorder (ADHD)
Generic name	Brand name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 yrs
Amphetamine and Dextroamphetamine	Adderall	40	40
Dexmethylphenidate	Focalin	20	20
Dextroamphetamine	Dexedrine	40	40
Lisdexamfetamine	Vyvanse	70	70
Methylphenidate	Concerta	54 .	90
Methylphenidate Patch	Daytrana TD	30	30
Methylphenidate CD	Metadata CD	60	60
Methylphenidate	Metadate	60	60
Methylphenidate	Methylin	60	60
Methylphenidate	Ritalin	60	60

Table B.

TUDIC D.			
	Other (non-stimulant)	ADHD treatments	
Generic name	Brand name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 yrs
Atomoxetine	Strattera (	≤100mg / day	≤100mg / day
Bupropion	Wellbutrin, Aplenzin, Forvivo	≤ 450mg	≤ 450mg
Clonidine	Catapres	0.4 mg	0.4 mg
Clonidine XR	Kapvay, Nexiclon	0.4 mg	0.4 mg
Guanfacine	Tenex	4 mg	4 mg
Guanfacine XR	Intuniv	4 mg	4 mg
Imipramine	Tofranil	≤300mg	≤300mg
Nortriptyline	Aventyl, Pamelor	≤150mg	≤150mg

Table C.

Table C.	Antidepr	accants	
Generic Name	Antidepr Brand name	Maximum dose (mg)	Maximum dose (mg) Adolescents 13-17 years
Citalopram	Celexa	40	40
Escitalopram	Lexapro	20	20
Fluoxetine	Prozac, Sarafem, Selfemra	60	60
Fluvoxamine .	Luvox	200	300
Paroxetine	Paxil	Not approved	Not approved
Sertraline	Zoloft	200	200
Desvenlafaxine	Pristiq	Not enough information	Not enough information
Duloxetine	Cymbalta	Not enough information	Not enough information
Venlafaxine	Effexor	Not enough information	Not enough information

Table D.

Table D.	Antins	vehotics			
Antipsychotics  Note: Some can be given as an injection at the provider's office					
Chlorpromazine	Thorazine	. 75	800		
Haloperidol	Haldol	4	6		
Perphenazine	Trilafon	6	64		
Aripiprazole	Abilify	15	30		
Asenapine	Saphris	Not enough info.	Not enough info.		
Clozapine	Clozaril, Fazaclo	300	600		
lloperidone	Fanapt	Not enough info.	Not enough info.		
Olanzapine	Zyprexa	12.5	30		
Paliperidone	Invega	Not enough info.	Not enough info.		
Quetiapine	Seroquel	300	600		
Risperidone	Risperdal	6	6		
Ziprasidone	Geodon	Not enough info.	160		
Pimozide	Orap	Weight-based	10		

Table E

Mood and Behavior Disorder				
Generic Name	Brand name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years	
*Carbamazepine	Carbitrol, Tegretol	800	1200	
*Divalproex (sodium)	Depakote	Symptom Improvement	Symptom Improvement	
*Lamotrigine	Lamictal	Symptom Improvement	Symptom Improvement	
Lithium	Eskalith	blood level	blood level	
Lithium	Lithobid	blood level	blood level	

<sup>\*</sup>Can also be used as an anticonvulsant/antiseizure medication.

# Lorain County Children Services PSYCHOTROPIC MEDICATION ADMINISTRATION REQUEST

LCCS Worker:	RANGE SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PROPER	(Please type or		S Supervisor: EARLY)			
CHILD'S INFORMATION:							
Child's Name:	DOB:	Age:	List any allergies to medications:		Male	Gender:  Male Female	
PRESCRIBING PHYSICIAN INFORMATION	ON:						
Name:			P	ractice/Facility	y Name:		
Address:			С	ity:		State:	Zip:
Phone Number:			F	Fax Number:			
PLACEMENT/SUBSTITUTE CAREGIVER	INFORMATIO	)N					
Placement: (Foster, Residential, etc.)		- Contract	P	lacement/Care	egiver's Name:	* * * * * * * * * * * * * * * * * * *	
Address:	. P. G. Starter		C	ity:	- Landson - Utto-	State:	Zip:
Phone Number:			F	ax Number:	-	Lander	
DIAGNOSIS: (1)		(2)			(3)		
RX INFORMATION: Please submit in				drug interact	tions with this	request.	
Name of Rx:	Dosage- Frequency	Maximun dose allowa	-	(Check as a		Reason for	Medication:
				Begin Continue	Other Increase		
1.				Discontinue	Decrease	and a second	
				Begin	Other		
2				Continue	☐ Increase		
2.			-   -	Discontinue Begin	Decrease Other		
				Continue	Increase		
3.				Discontinue	Decrease		
				Begin	Other		******
				Continue	☐ Increase		
4.				Discontinue	Decrease		
				Begin	Other		
_			L	Continue	Increase		
5.	<u></u>	<u>.</u>		Discontinue	Decrease		AUT.
Emergency Request? Yes	☐ No		770000				
Pursuant to S.B. 262 and O.R.C. 3313.71 the child be dispensed this medication by	3 – "Administr based on the po	ation of Presc olicy adopted	ribed M by the s	edication in Sch chool's Board c	nool," while at scl of Education?	hool, can	Yes No
		00.000	Act y (iii)				
Signature of Prescribing Physician						Date	

\*\*\* PLEASE FAX THIS COMPLETED DOCUMENT TO TANAS WILCOX AT 440-329-5378 \*\*\*