

PMMC: Psychotropic Medication Monitoring Checklists

User Manual



Disclaimer

The authors do not intend that the PPMC should be used in lieu of comprehensive, appropriate care. Every reasonable effort has been made to ensure that the information provided in the PPMC is accurate and up to date. The potential side effects listed in the PPMC should be reviewed against current information relevant to each medication. The physician or prescriber should ensure through comprehensive assessment that medication is appropriate for the individual child before prescribing. Health professionals are responsible for providing appropriate clinical oversight and care subject to the professional practice regulations where the child receives care. Caregivers should tell their child's doctor about all potential side effects that the child experiences. Some of the side effects on the PPMC require urgent medical attention, and these are indicated with the words "NOTIFY MEDICAL". If the caregiver is unsure whether urgent medical attention is needed for a side effect that the child is experiencing, the caregiver should contact the child's appropriate health professional for advice.

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Note to Physicians

Purpose of the PMMC

The PMMC are used to track potential side effects that children may experience from psychotropic medication. These tools were designed to streamline the documentation and communication of potential side effects associated with the paediatric use of psychotropic medications. As you know, psychotropic medications have been used increasingly over the last few decades with children without comprehensive knowledge of safety, risks and adverse effects. This significantly amplifies the need to vigilantly monitor for such concerns. Tracking symptoms and interpreting the likelihood of side effects can be useful in directing and monitoring treatment, as well as preventing serious and seminal events related to medication use. Use of the PMMC has been demonstrated to improve various elements of side effect monitoring for children in residential care. For more details see:

Ninan, A., Stewart, S. L., Theall, L., King, G., Evans, R., Baiden, P., & Brown, A. (2014). Psychotropic medication monitoring checklists: Use and utility for children in residential care. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(1), 38-47.

Completing the PMMC

Each PMMC accommodates a full week of daily side effect monitoring. Supply the family with copies of the PMMC relevant to which medication is prescribed. The caregiver (or other responsible individual) is to indicate if a potential side effect was observed in the course of each day with a check mark . A “Baseline” column is also included for the caregiver to indicate if a potential side effect was present before beginning the medication. The next page provides notes for caregivers on using the PMMC.

The PMMC as a Tool in Comprehensive Clinical Care

Side effects listed on the PMMC are separated into the categories: **Common, Infrequent, and Rare But Serious**. Some of the side effect symptoms listed as common and infrequent may also pose a serious risk to the child. When providing the PMMC to the family, you may wish to review the potential side effects with the caregiver and child, and instruct on which symptoms represent an urgent concern requiring immediate medical attention, and which potential side effects can be communicated to you in the course of regular follow up appointments if observed.

Note to Caregivers

What is the PMMC?

The PMMC are sheets that list possible side effects that children might experience when taking certain types of medication. The PMMC are a tool to help you to be aware of what possible side effects to watch for in your child. The PMMC are also a way for you to document observed side effects to help you communicate these to your child's doctor.

The possible side effects are organized into 3 sections on each PMMC according to how likely each are to occur: Common, Infrequent, and Rare But Serious. It is important to keep in mind that even some of the side effects in the Common and Infrequent sections might be a serious medical concern for your child requiring urgent care. Talk to your child's doctor to find out which potential side effects would require an emergency response.

How do I use the PMMC?

Make side effect monitoring part of your daily routine. For example, at the end of each day read the list of potential side effects and think about if you noticed any that day with your child. You can also talk to your child about how he/she is feeling, and get other family members involved in monitoring as well.

- Use each PMMC sheet for a full week of monitoring for side effects. In the spaces provided at the top of the sheet, write the child's name, prescriber's name, and the date that the week starts.
- Place a check mark next to the name of each medication that your child is taking that week and record the dosage.
- There is a column labeled "Baseline" on each PMMC. If your child had one or more of the symptoms listed on the PMMC before beginning the medication then place a check mark in the Baseline column for the row that corresponds with the side effect symptom.
- When you notice a possible side effect, place a check mark in the space that corresponds to the row for the potential side effect you observed and column for the day(s) of the week that your child experienced it.
- Each day, be sure to check the last two rows on each sheet:
 - Check for each day that medication was administered
 - Check for each day if NO side effects observed

- There is space at the bottom of each PMMC for your comments. You can write in this space any questions or concerns you have to help you remember when you talk to your child's doctor. You can also write here if you think there may be another reason for the observed side effect symptom that is not related to medication (for example, the child had contact with poison ivy and that may be the cause of the observed rash).

What should I do if my child has one of the side effects listed?

You should tell your child's doctor about all potential side effects that your child experiences. Some of the side effects on the PMMC require urgent medical attention, and these are indicated with the words "NOTIFY MEDICAL". Your child's doctor may tell you if other potential side effects listed would also require urgent medical attention for your child.

Side effects that do not require an urgent medical response can be communicated to the doctor during a regular follow up appointment. If you are unsure whether urgent medical attention is needed for a side effect that your child is experiencing, contact your child's doctor to ask.

Brief Definitions of Potential Side Effects¹

Abnormal Eye Movements: Side to side, up and down or rotatory movements of eyes, or both eyes looking in different directions.

Abdominal Pain: Lower belly ache.

Acne: Pimples.

Agitation: Confused, restless and excited, extreme emotional disturbance, extreme worry or anxiety that is reflected in someone's behaviour, movements or voice.

Appetite Change: Change in desire to eat food.

Appetite Decrease: Less interest in eating food.

Appetite Loss: No desire to eat food.

Bedwetting: Urination at night in bed.

Blurred Vision: Not seeing sharp outlines clearly, hazy appearance.

Bruising: Areas of reddish purple discolouration of skin.

Chest Pain: Discomfort in the chest.

Clumsy: Poor balance and coordination, accident prone.

Confusion: Inability to think clearly.

Constipation: When bowel movements occur less often than usual or consist of hard, dry stools that are painful or difficult to pass. Although bowel habits vary, 3 or less bowel movements a week may be an indicator of constipation.

Depressed Affect: Feeling low or down.

Diarrhea: Increase frequency or unusual frequency of bowel movements and/or decreased consistency/increased liquidity or looseness of stools.

Dizziness: Light-headedness.

Drooling: Excessive salivation.

Drowsiness: Difficulty staying awake.

Dry Eyes: Decreased tears.

Dry Mouth: Decreased saliva in mouth.

Dry Nose: Decreased mucus in nose, possibly with nose bleeding.

Dry Skin: Decreased skin moisture and itchiness.

Easy Bruising: Prone to reddish purple discolouration of skin with minimal pressure on the skin.

Euphoria: Exaggerated, unrealistic and intense feeling of well-being or happiness.

Excessive Sweating: Increased perspiration or wet skin.

Eye Pain: Burning, throbbing, aching or stabbing sensation in or around the eye.

¹ Definitions based on source www.thefreedictionary.com, in combination with pharmacist and physician input.

Fast Heart Rate / Heart Palpitations: Feeling the heart is racing.

Feeling Cold: Feeling an uncomfortable lack of warmth, may include shivering or chills.

Fever: High temperature or very warm body.

Focusing Problems: Difficulty concentrating or paying attention.

Hair Loss: Hair falling out.

Hallucinations: Seeing, hearing, smelling, tasting or feeling things that do not exist.

Headache: Pain in head.

Heart Burn: Painful burning in chest or throat.

Inability to Breathe or Swallow: Choking or gagging sensation.

Insomnia: Trouble falling or staying sleep.

Irregular Pulse Rate: Variation in heart rate and rhythm.

Irritability: More excitable or bad tempered than normal.

Lack of Movement: Being still or stiff.

Metallic Taste: Abnormal salty or rancid taste in mouth.

Mood Swings: Extreme and rapid highs and lows in mood.

Mouth Ulcers: Canker sores in mouth.

Muscle Stiffness: Muscle tightness or soreness.

Nausea: Uneasiness in the stomach with urge to vomit.

Nervousness: Apprehensiveness in conjunction with being scared and/or highly excitable.

Rash or Hives: Welts or flat-topped bumps.

Restless: Always in motion, not calm.

Sedation: The bringing about of calmness, of mental and physical relaxation.

Seizures: Convulsion or part of the body shaking rapidly and uncontrollably, or losing the ability to control a part of the body temporarily.

Serotonin Syndrome: A group of symptoms caused by too much serotonin in the body, can be extremely serious. Symptoms include at least some of the following: Agitation, confusion, sweating, dilated pupils rapid heart rate, shivering, tremor, eyelid spasms, muscle twitches, muscle stiffness.

Severe Rash: Change in colour or texture of a large area of skin generally with itching.

Skin – Itchy: Sensation of feeling the need to scratch skin, with or without a visible rash.

Skin Rash: Change in colour or texture of skin generally with itching.

Sleep Disturbance: Over arousal or increased sleepiness.

Sleepiness: Feeling the need for sleep.

Slowed Movements: Sluggish or lethargic.

Slurred Speech: Decreased clarity of spoken words.

Sore Throat: Painful redness of the throat.

Stiffness of Tongue: Weakness in the tongue or feeling unable to move the tongue.

Stomach Pain: Upper belly ache.

Sudden Stiffness: Rigidity or decreased flexibility.

Suicidal Ideation: Having thoughts and/or intent to kill oneself.

Sustained Involuntary Muscle Contraction: Spasm.

Swelling: Enlargement or increase in size of an area.

Swelling – General: Widespread swelling of the body.

Thirsty: Cravings for fluids.

Tics: Sudden repetitive movement of an area of the body.

Tingling in Fingers or Toes: Tickling or pricking sensation in fingers or toes.

Tiredness: Fatigue, exhaustion, feeling depleted of strength and/or energy.

Tremor: Trembling or quivering.

Twitching: Jerky or spasmodic movement.

Unable to Sit Still: On the move always.

Unsteady: Unable to firmly remain upright.

Unsteady Gait: Abnormal walk.

Urination – Burning: Pain while urinating.

Urination – Frequent: Need to pass urine more than usual.

Urinating Trouble: Dribbling, or difficulty starting urination and weak urine stream.

Urine Dark or Feces Pale: Change in colour of urine or feces.

Vomiting: Throwing up or puking.

Weight Gain: Increase in body weight.

Weakness: Lack of strength.

Worsened Suicidal Ideation: An increased preoccupation of killing oneself that has become more regular or consistent.

Yellow Skin/ Eyes: Jaundice, changing colour of the skin or whites of the eyes.

Psychotropic Medication Monitoring Checklist (PMMC)

ALPHA AGONISTS

Child's Name:	Prescriber:	Week Start Date:
Check all meds given this week and record dosage: <input type="checkbox"/> CLONIDINE (CATAPRES) _____ <input type="checkbox"/> GUANFACINE XR (INTUNIV) _____		

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Constipation								
Dry Mouth								
Drowsiness								
Sedation								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Agitation								
Headache								
Nervousness								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Seizure								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								

COMMENTS:

Psychotropic Medication Monitoring Checklist (PMMC)

ANTICONVULSANTS

Child's Name:	Prescriber:	Week Start Date:
Check all meds given this week and record dosage:	<input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) _____ <input type="checkbox"/> GABAPENTIN (NEURONTIN) _____ <input type="checkbox"/> LAMOTRIGINE (LAMICTAL) _____	<input type="checkbox"/> OXCARBAZEPINE (TRILEPTAL) _____ <input type="checkbox"/> TOPIRAMATE (TOPAMAX) _____ <input type="checkbox"/> VALPROATE (DIVALPROEX, VALPROIC ACID) _____

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Abnormal Eye Movements								
Appetite Change								
Blurred Vision								
Dizziness								
Focusing Problems								
Nausea								
Stomach Pain								
Tiredness								
Vomiting								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Abdominal Pain								
Bruising								
Constipation								
Depressed Affect								
Diarrhea								
Hair Loss								
Hallucinations								
Headache								
Insomnia								
Nervousness								
Rash or hives (NOTIFY MEDICAL)								
Restless								
Sore Throat								
Swelling								
Tingling in Fingers or Toes								
Tremor								
Unsteady Gait								
Urination - Burning								
Urination - Frequent								
Urine Dark or Feces Pale								
Weakness								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Mouth Ulcers								
Severe Rash								
Yellow Skin/ Eyes								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								
COMMENTS (continue on back of page if needed):								

Psychotropic Medication Monitoring Checklist (PMMC)

ANTIPSYCHOTICS

Child's Name:	Prescriber:	Week Start Date:
Check all meds given this week and record dosage:	<input type="checkbox"/> ARIPIPRAZOLE (ABILIFY) _____	<input type="checkbox"/> METHOTRIMEPRAZINE (NOZINAN) _____
	<input type="checkbox"/> ASENAPINE (SAPHRIS) _____	<input type="checkbox"/> OLANZAPINE (ZYPREXA) _____
	<input type="checkbox"/> CHLORPROMAZINE (LARGACTIL) _____	<input type="checkbox"/> PALIPERIDONE (INVEGA) _____
	<input type="checkbox"/> CLOZAPINE (CLOZARIL) _____	<input type="checkbox"/> QUETIAPINE (SEROQUEL) _____
	<input type="checkbox"/> HALOPERIDOL (HALDOL) _____	<input type="checkbox"/> RISPERIDONE (RISPERDAL) _____
	<input type="checkbox"/> LOXIPINE (LOXITANE) _____	<input type="checkbox"/> ZIPRASIDONE (ZELDOX) _____
	<input type="checkbox"/> LURASIDONE (LATUDA) _____	

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Blurred Vision								
Constipation								
Dizziness								
Drooling								
Dry mouth								
Muscle Stiffness								
Nervousness								
Skin – Itchy								
Skin Rash								
Sleepiness/ Tiredness								
Tremors/ Slowed Movements								
Unable to Sit Still								
Urinating Trouble								
Weight Gain								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Extreme stiffness or lack of movement, very high fever, mental confusion, irregular pulse rate, eye pain (EMERGENCY RESPONSE)								
Fever, sore throat, yellowing of eyes/skin, easy bruising								
Seizure								
Stiffness of Tongue								
Sustained involuntary muscle contraction								
Sudden stiffness and inability to breathe or swallow (EMERGENCY RESPONSE)								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								

COMMENTS:

Psychotropic Medication Monitoring Checklist (PMMC)

ATOMOXETINE (STRATTERA)

Child's Name:	Prescriber:	Week Start Date:
Check if med is given this week and record dosage: <input type="checkbox"/> ATOMOXETINE (STRATTERA) _____ **Contraindicated in Glaucoma**		

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Abdominal Pain								
Appetite Loss								
Dizziness								
Mood Swings								
Nausea								
Tiredness								
Vomiting								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Insomnia								
Sedation								
Tremors								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Jaundice (Yellow Skin or Eyes)								
Suicidal Ideation								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								

COMMENTS:

Psychotropic Medication Monitoring Checklist (PMMC)

LITHIUM

Child's Name:	Prescriber:	Week Start Date:
Check if med is given this week and record dosage: <input type="checkbox"/> LITHIUM _____ (LITHANE, CARBOLITH, APO-LITHIUM, PMS-LITHIUM, DURALITH, LITHMAX)		

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Diarrhea								
Nausea								
Stomach Pain								
Thirsty								
Tremor								
Urination - Frequent								
Vomiting								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Acne								
Appetite Change								
Bedwetting								
Blurred Vision								
Clumsy								
Confusion								
Dizziness								
Dry Skin								
Feeling Cold								
Hair Loss								
Headache								
Metallic Taste								
Swelling - General								
Rash or Hives								
Sleepiness or Tiredness								
Tingling in Fingers/ Toes								
Weakness								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Hallucinations								
Seizures								
Slurred Speech								
Unsteady								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								
COMMENTS:								

Psychotropic Medication Monitoring Checklist (PMMC)

**SSRI - SELECTIVE
SEROTONIN REUPTAKE INHIBITORS**

Child's Name:	Prescriber:	Week Start Date:
Check all meds given this week and record dosage:	<input type="checkbox"/> CITALOPRAM (CELEXA) _____ <input type="checkbox"/> ESCITALOPRAM (CIPRALEX) _____ <input type="checkbox"/> FLUOXETINE (PROZAC) _____ <input type="checkbox"/> FLUVOXAMINE (LUVOX) _____	<input type="checkbox"/> PAROXETINE (PAXIL) _____ <input type="checkbox"/> SERTRALINE (ZOLOFT) _____ <input type="checkbox"/> VORTIOXETINE (TRINTELLIX) _____

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Appetite Change								
Constipation								
Diarrhea								
Dizziness								
Dry Mouth / Eyes / Nose								
Headache								
Nausea								
Nervousness								
Heart Burn								
Sleepiness / Tiredness								
Twitching								
Weakness								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Agitation								
Blurred Vision								
Euphoria								
Insomnia								
Irritability								
Rash or Hives								
Restlessness								
Excessive Sweating								
Tremor								
Urination Trouble								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Symptoms of Serotonin Syndrome: Confusion, Sweating, Seizure, Agitation, Diarrhea, Tremors, Chest Pain								
Worsened Suicidal Ideation								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								
COMMENTS:								

Psychotropic Medication Monitoring Checklist (PMMC)

STIMULANTS

Child's Name:	Prescriber:	Week Start Date:
Check all meds given this week and record dosage:	DEXTROAMPHETAMINE: <input type="checkbox"/> DEXEDRINE _____	METHYLPHENIDATE: <input type="checkbox"/> BIPHENTIN _____
	DEXTROAMPHETAMINE + AMPHETAMINE: <input type="checkbox"/> ADDERALL XR _____	<input type="checkbox"/> CONCERTA _____
	LISDEXAMFETAMINE: <input type="checkbox"/> VYVANSE _____	<input type="checkbox"/> RITALIN _____
		<input type="checkbox"/> RITALIN-SR _____

Instructions: Place a check mark in the correct space for observed side effects. To indicate days when no monitoring took place (i.e., child was away) place a line down the length of the column(s).

COMMON:	BASELINE	MON	TUE	WED	THUR	FRI	SAT	SUN
Appetite Decrease								
Mood Swings								
Sleep Disturbance								
INFREQUENT:	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Abdominal Pain								
Fast Heart Rate / Heart Palpitations								
Hallucinations								
Headache								
Skin Rash								
Tics								
Tremor								
RARE BUT SERIOUS (NOTIFY MEDICAL):	BASELINE	MON	TUES	WED	THUR	FRI	SAT	SUN
Seizure								
Check for each day that medication was administered:								
Check for each day if NO side effects observed:								

COMMENTS: