Irreversible Side Effects of Psychotropic Medication Policy
Extrapyramidal Side Effects, Tardive Dyskinesia Jaundice, and Neuroleptic Malignant Syndrome

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Regulation(s) supporting the need for this policy: 10 CCR 2505-10 8.609.6 D8d & D8e

POLICY:
All staff and providers who serve individuals who are prescribed a medication that could lead to irreversible side effects will be knowledgeable about the dangers of the irreversible side effects of psychotropic medication, and know when and how to report these side effects.

PROCEDURE:

WHAT TO DO WHEN IRREVERSIBLE SIDE EFFECTS ARE DETECTED:

1) If the symptom is life or limb threatening, call 911 immediately.
2) As soon as possible, contact the site Nurse Case Manager. The Nurse Case Manager can provide additional instructions as needed.
3) As soon as possible, contact the psychiatrist or prescribing physician. The physician or nurse you talk to may provide additional instructions as well.

MEDICATIONS THAT CAN LEAD TO IRREVERSIBLE SIDE EFFECTS

NEUROLEPTICS:
• Abilify (Aripiprazole)
• Clozaril (Clozapine) (may also treat the condition)
• Geodon (Ziprasidone)
• Haldol (Haloperidol)
• Loxitane / Loxapac (Loxapine)
• Mellaril (Thioridazine)
• Navane (Thiothixine)
• Orap (Pimozide)
• Piportil (Pipotiazine)
• Prolixin / Modecate (Fluphenazine)
• Risperdal (Risperidone)
• Serentil (Mesoridazine)
• Seroquel (Quetiapine)
• Stelazine (Trifluoperazine)
• Thorazine (Chlorpromazine)
• Trilafon (Perphenazine)
• Zyprexa (Olanzapine)

NON-NEUROLEPTICS:
• Asendin (Amoxapine)
• Cocaine and other street drugs
• Elavil (Amitriptyline)
• Lithium
• Nardil (Phenelzine)
• Prozac (Fluoxetine)
• Reglan (Metoclopramide)
GENERAL GUIDELINES

PREVENTION, TREATMENT & OUTLOOK

The prescribing physicians should attempt prevention by prescribing the lowest effective dose of these medications for the shortest possible time. After a diagnosis of tardive dyskinesia, decreasing dosage or discontinuing the problem drug(s) may solve the problem, or it may cause symptoms to worsen. If they do get worse, they may eventually go away, or they may continue indefinitely. Thus, it is important to get an early diagnosis if you suspect the consumer is exhibiting symptoms of this disorder.

A number of medications have been used to try to control the symptoms of Tardive Dyskinesia, including Clozaril (clozapine), Botox (botulinum toxin), benzodiazepines such as Klonopin (clonazepam), and several others. Treatment is not always successful.

Call the Prescribing Psychiatrist immediately if you notice the consumer experiences any of the symptoms listed above; take along the medication history to the doctor visit. While the consumer’s prescribing doctor should have their medication history the consumer may not be able to visit that particular doctor.

TRAINING & TRACKING

All Innovations staff and providers who serve an individual who is prescribed one or more of the medications listed above will receive training on irreversible side effects of psychotropic medication. For the Staffed Sites, this training will be documented in the site Nursing Education Book and a copy will be filed in the employee’s personnel record. In addition, all employees receive training in side effects as part of their orientation. When a new medication from the list above is prescribed for a Staffed Sites consumer, the Nurse will leave notes on the potential side effects of the medication in the Purple Nursing Binder, and will provide training at the next Staff Meeting. For the Contract Sites, the site Nurse will review the side effects when she or he does a site visit, which is documented in the Nursing Notes section of the consumer’s Medical Book. In addition, for the Contract Sites training on side effects is documented on the Informed Consent form for each new psychotropic medication. Both Staffed and Contract Sites will have a Side Effects book at the site with a list of all of the side effects for each medication for each consumer at the site.

For both Staffed and Contract Sites, a task in MedSupport will be created for each medication on the list above. This task will prompt staff to note any Irreversible Side Effects noted, and will remind them to follow the instructions listed above for reporting these side effects.

SPECIFIC CONDITIONS

Extrapyramidal Side Effects
Extrapyramidal symptoms (EPS) may develop after a single dose or after prolonged use.

What Symptoms to Look For:
- Tremor
- Rigidity
- Restlessness
- Fatigue or weakness of arms legs and continual movements of hands, mouth and body
Tardive Dyskinesia
Tardive dyskinesia is a movement disorder caused by long-term use of certain medications called neuroleptic drugs, along with some other drugs that increase the brain's sensitivity to the neurotransmitter dopamine. It is characterized by uncontrolled facial movements such as protruding tongue, chewing or sucking motions and making faces.

Tardive dyskinesia is a very serious side effect of antipsychotic medications in particular, and patients taking such drugs should know what to watch for. Drugs that can cause tardive dyskinesia are mainly antipsychotic medications.

What Symptoms to Look For:
Tardive dyskinesia is characterized by repetitive, involuntary, purposeless movements such as:

- Fine, worm-like movements of the tongue
- Lip smacking
- Chewing or sucking movements
- Grimacing (making faces)
- Puckering or pursing the lips
- Tongue protrusion
- Rapid eye blinking
- There may also be uncontrolled movements of the arms, legs and body. According to an article at Wikipedia, "Impaired movements of the fingers may appear as though the patient is playing an invisible guitar or piano."

Jaundice
Jaundice is a serious liver disorder that can be caused by Neuroleptic medications.

What Symptoms to Look For:
Jaundice can be easily identified by a yellow discoloration of the skin and the whites of the eyeballs. It can be confirmed through lab work.

Neuroleptic Malignant Syndrome
Neuroleptic Malignant Syndrome is a life-threatening, neurological disorder most often caused by an adverse reaction to neuroleptic or antipsychotic drugs. In most cases, the disorder develops within the first 2 weeks of treatment with the drug. However, the disorder may develop any time during the therapy period. It can progress to multi-system failure.

What Symptoms to Look For:

- High fever (102° - 104°)
- Sweating
- Unstable blood pressure
- Stupor
- Muscular rigidity
- Autonomic dysfunction
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- Altered consciousness
- Seizures and tremors