

Washtenaw County Community Mental Health

Laboratory Tests and Vital Signs – (policy)

PURPOSE

- Insure compliance with standards regarding the frequency of laboratory testing and vital signs measurement for WCCMH recipients to whom psychotropic medications are prescribed

POLICY

- WCCMH medical staff and/or nursing staff will order and review indicated laboratory tests and take vital sign measurements on individuals to whom psychotropic medications are prescribed, according to evidenced based practice guidelines.
- Documentation of results will be completed in the electronic medical record (EMR).

STANDARDS

Standards for monitoring psychotropic medications:

1. Standards for monitoring **Lithium**:
 - A. Obtain baseline renal and thyroid function tests.
 - B. Lithium levels should be obtained 5-7 days after initiation of treatment with lithium, or following each subsequent dosage adjustment. Lithium levels should be checked every 6 months in a stable person, unless the person's clinical status suggests the need for more frequent levels.
 - C. Renal and thyroid function tests should be checked once or twice during the first 6 months of treatment with lithium. Subsequently, renal and thyroid functions may be checked every 6 months – 1 year in a stable person or whenever clinically indicated (i.e. the presence of breakthrough affective symptoms, changes in side effects, or new general medical or psychiatric signs or symptoms).
2. Standards for monitoring **Valproic Acid** (Depakote)
 - A. Obtain baseline liver function tests and platelet count.
 - B. Valproic acid levels would be obtained 2-4 days after initiation of treatment with Valproic acid, following each dose adjustment, or after the addition of a medication that can significantly affect serum Valproic acid concentration. Valproic acid levels may be checked every 6 months in a stable person, unless the person's clinical status suggests the need for more frequent levels.
 - C. Liver function tests and platelet count should be obtained with each Valproic acid level.
3. Standards for monitoring **Carbamazepine** (Tegretol)
 - A. Obtain baseline CBC, platelets and liver function tests
 - B. Carbamazepine levels should be obtained 5-7 days after initiation of treatment with Carbamazepine, following dosage adjustment, or after the addition of a medication that can significantly affect serum Carbamazepine level. Carbamazepine levels should be checked every 6 months in a stable

- person, unless the person's clinical status suggests the need for more frequent levels.
- C. CBC, platelets and liver function tests should be obtained with each Carbamazepine level.
4. Standards for monitoring **second generation (atypical) antipsychotic** related metabolic changes.
- A. A nurse will obtain baseline vital signs (B/P, P) when people are prescribed atypical antipsychotics, and monitor vital signs at minimum quarterly of persons taking atypical antipsychotic medication
 - B. A nurse will obtain baseline height and weight when people are prescribed atypical antipsychotic medication, and will obtain weight measurements monthly for 6 months, and then twice a year.
 - C. The medical staff will obtain baseline metabolic panel labs (serum triglycerides, LDL, HDL, total cholesterol and HgA1C).
 - D. The medical staff will monitor metabolic profile monthly for 3 months, and annually thereafter, unless changes in values indicate a need for more frequent monitoring.

DEFINITIONS

Psychotropic medications : For the purposes of this policy, psychotropic medications are medications prescribed to treat mood instability, thought disorder, or behavioral dyscontrol. Generally, the following medication categories are considered psychotropic medications: antipsychotic agents, antidepressants, lithium and other mood stabilizing agents, sedative/hypnotic agents, psycho-stimulants and anticholinergic agents used in the treatment of movement disorders.

Medical staff: A physician, mental health nurse practitioner, or clinical nurse specialist who is licensed to practice and prescribe medications in the State of Michigan.

Nursing Staff: A registered nurse who is licensed to practice in the State of Michigan

Electronic Medical Record (EMR): E-II system utilized by WCCMH for documentation of personal health information and treatment

PROCEDURE(S)

See procedures manual

REFERENCES/NOTES

Reference:	Check if applies:	Standard Numbers:
DCH Policy, "Psychotropic Medication Guidelines"	X	07-R-7158/GL
APA Guidelines, "Practice Guidelines for Treatment of Patients with Bipolar Disorder"	X	
"Due Criteria – Criteria for Use of Valproate in Adult Psychiatric Inpatients and Outpatients" in Am J Health-Syst Pharm (1996); 53:1187-1188.	X	
"Diagnosis and Management of the Metabolic Syndrome" in Circulation (2005); 112:2735-2752.	X	
TJC- Behavioral Health Standards	X	MM.07.01.01

EXHIBITS

- A. Laboratory Requisition form



Washtenaw County
Community Mental Health
Laboratory Order

LOCATION CODE:
(circle one)
M Labs: MHST/6247
Or WCL0/6247
SJMh

Name:		E-II Consumer Number:	
DOB:		ICD Code: T50905A or Z79.899	
Send test results to:			
<input checked="" type="checkbox"/> Washtenaw Community Mental Health via PCE - FAX (248) 406-1241 <input type="checkbox"/> Genoa Pharmacy - FAX (734) 222-0441 <input type="checkbox"/> Other Pharmacy: _____ FAX: (____) ____-_____ <input type="checkbox"/> Primary Care Provider: _____ FAX: (____) ____-_____ 			
Ordering Prescriber: Please check and place your initial next to chosen prescriber Date Ordered: _____			
<input type="checkbox"/> Tim Florence, MD UM# 139988 / SJ# 190522	<input type="checkbox"/> W. Craig Washington, MD UM# 606883 / SJ# 103351	<input type="checkbox"/> Thomas Atkins, MD UM# 016665 SJ# 0114038	
<input type="checkbox"/> Judith Gentz, NP UM# 594398 /SJ# 206645	<input type="checkbox"/> Andrea Mobilio, MD UM# 14038 / SJ# 107801	<input type="checkbox"/> Michele Gargan NP UM# 143773 SJ# 0202321	
<input type="checkbox"/> Sharon Stetz, NP UM# 139092 / SJ# 112168	<input type="checkbox"/> Martha Hashimoto, MD UM# 589389 / SJ# 294276	<input type="checkbox"/> Jessica Bright MD UM# 125931/ SJ# 0106697	
<input type="checkbox"/> Daniel Healy, MD UM# 137422 / SJ# 101309	<input type="checkbox"/> Michelle Shauger, MD UM# 138430 / SJ# 102393	<input type="checkbox"/> Leah Husby NP UM# 147080/ SJ# 0116171	
<input type="checkbox"/> Daniel Mayman, MD UM# 611001/SJ# 0104753	<input type="checkbox"/>	<input type="checkbox"/>	
New Client and Annual Lab:			
<i>You may eat and drink on the morning of your test, but please tell staff if you ate prior to the test</i>			
<input type="checkbox"/> Complete Mental Health Profile			
<input type="checkbox"/> COMP (comprehensive metabolic panel)		<input type="checkbox"/> CBCPD (complete blood count with platelets and differentials)	
<input type="checkbox"/> Thyroid Panel (TSH)		<input type="checkbox"/> Hgb. A1C	
<input type="checkbox"/> Lipid Profile (LDL, HDL, Triglycerides)			
Baseline and every six months:			
<i>Instructions: Do not take your morning dose of Lithium, Depakote or Tegretol the day of the test!</i>			
<input type="checkbox"/> Lithium Level, Basic metabolic panel, TSH (ICD-F319)			
<input type="checkbox"/> Depakote (Valproic acid) Level, CBCPD, Hepatic Function Panel (ICD-F319)			
<input type="checkbox"/> Tegretol (Carbamazepine) Level, CBCPD, Hepatic Function Panel (ICD-F319)			
Other:			
<input type="checkbox"/> HIV-suspected exposure (Z20.6 if more than annually)			
<input type="checkbox"/> Vit. D level (E55.9)	<input type="checkbox"/> Urinalysis (R82.90)	<input type="checkbox"/> Lithium level only (Z51.81)	
<input type="checkbox"/> Beta HCG (O02.81)	<input type="checkbox"/> Drug Screen (blood sample) (Z02.83)	<input type="checkbox"/> Prolactin level (E22.1)	
<input type="checkbox"/> Drug Screen (urine) (R82.5)	<input type="checkbox"/> TSH plus free T4 (R94.6)	<input type="checkbox"/> _____	
Special Instructions: _____			
Clozaril: (for UM, CIRCLE location code "WCL0" at top of page/"St. Joe's" circle SJMH) Standing Order: <input type="checkbox"/> Yes			
<input type="checkbox"/> CBCPD <input type="checkbox"/> Clozaril (Clozapine) level			
Insurance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Blue Cross	<input type="checkbox"/> HAP
	<input type="checkbox"/> Medicare	<input type="checkbox"/> BCN	<input type="checkbox"/> MiChild
			<input type="checkbox"/> Priority Health
			<input type="checkbox"/> Other:

*If you do not have insurance, or your insurance does not cover lab testing, you may be billed directly for the costs of the tests***

Revised
09/2017