



Initiation of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Administration

Practitioner:

ID

PRINTED NAME

Document Purpose

This order set may be used for adult patients in both inpatient and outpatient care settings.

This order set is intended for patients who have had 0-1 adequate trials of antipsychotic medication.

An 'adequate trial of antipsychotic medication' for the purpose of this document considers adequacy in terms of dose,1 duration1 and adherence.2

- Duration: oral antipsychotic medication trial for a minimum of 6 weeks, 3,4 or long acting injectable (LAI) antipsychotic for at least 4 injection cycles
- · Estimated adherence: at least 75% of the time

2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited. **Working Diagnosis** ***Diagnosis based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)***5 Select one: ☐ Unspecified Schizophrenia Spectrum and Other Psychotic Disorder Reference Document Only Schizophrenia ☐ Schizoaffective Disorder ☐ Schizophreniform Disorder ☐ Brief Psychotic Disorder ☐ Delusional Disorder Other (specify): _ Comorbid Diagnoses (Medical and Psychiatric) \Box _ **Risk Assessment** Assess for suicide risk⁶: ☐ Clinical interview ☐ Validated screening tool: _____ Assess for risk of violence⁶: ☐ Clinical interview ☐ Validated screening tool: _____ **Substance Use Screening** Screen for substance use⁶: ☐ Clinical interview ☐ Validated screening tool: ☐ Alcohol Use Disorders Identification Test (AUDIT): ☐ Self-report ☐ Clinician guided ☐ Drug Abuse Screening Test, DAST-10: ☐ Self-report Clinician guided Other (specify): Refer for further concurrent disorders assessment/treatment Submitted by: ☐ Read Back PRINTED NAME ID YYYY-MM-DD HH·MM

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| Tobacco/Nicotine Use Screening ***Pharmacological treatment combined with counselling is more effective than pharmacological treatment alone*** □ Screen for smoking status ⁸ □ Refer for further smoking cessation assessment/treatment Pharmacological Smoking Cessation Management □ | 7 |
| Additional Information Obtain collateral information from: | roice ira |
| Further Assessments Antipsychotic Side Effect Assessment Tools Tool for Monitoring Antipsychotic Side Effects (TMAS) available at: http://epicanada.org/project/tool-for-monitoring-antipsychotic-side-effects/ Abnormal Involuntary Movement Scale (AIMS) available at: http://www.psychiatrictimes.com/clinical-scales-movemedisorders/clinical-scales-movement-disorders/aims-abnormal-involuntary-movement-scale Extrapyramidal Symptom Rating Scale (ESRS) Vitals/Monitoring Weigh patient, measure height: Weight ^{8,9} : Belieft: Weight ^{8,9} : Belieft: Waist circumference ^{8,9} : To Hard, RR3, RR3, BP8,9 as per policy/procedure To Hard, RC3, ALT3 ALT3 CBC3 with differential Creatinine ³ Electrolytes (Na+, K+, Cl-, HCO ₃) ³ Fasting glucose ^{8,9} HDL, LDL, Total Cholesterol, Triglycerides ^{2,8} Prolactin ² Urine β HCG Urine drug screen ³ Other (specify): Diagnostics | nce Docume |
| ***Routine neuroimaging is not recommended in first episode psychosis in the absence of neurologic signs and symptoms***6,12,13 CT Reason: MRI Reason: ECG ² Reason: Reason: Reason: | |
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| Initiation | of Treatment for Early Phas | se Psychotic Disorders | s Order Set | ACTION |
|---|---|------------------------------------|--------------------------|---------------|
| Allergies Allergies (list allergen and | reaction): | | | _ |
| Medication Review | ***Reduce antipsychotic polypha | | | |
| □ Document known current | t of current and past antipsychotic mo /prior antipsychotic trials and details: ame, dose, duration): | | | |
| Adherence: ☐ full Response: ☐ full | ☐ partial ☐ none ☐ unknown ☐ partial ☐ none | Comments: | | |
| ☐ Rationale for disco | ntinuation:name, dose, duration): | | | _ _ _ > |
| Response: | ☐ partial ☐ none ☐ unknown ☐ partial ☐ none | Comments: | | 0 |
| ☐ Rationale for disco | ntinuation:ions: | | | ocument |
| Psychiatric Symptoms | | | | e Do |
| Select one: 1 = Normal 2 = Borderline mentall 3 = Mildly ill 4 = Moderately ill 5 = Markedly ill 6 = Severely ill 7 = Among the most e | nical experience with this particular p | m Rating Scale available at: | ne patient at this time? | Reference |
| ☐ Capable | ent Capacity Assessment apacity definition/requirements by assessment required | | | |
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Management of Psychosis

It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients15

***It is recommended that LAI antipsychotic therapy is offered during all phases of psychotic disorders,
including the early phase***15,16

To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation15

| | | | | • | eyStandalone/psychosis.php 3/M238-OPTIMA-Patient-decision- | |
|----------------------------|------------------|----------------|----------------------|--------------------|---|---|
| aid-Questionnaire-FINA | L no-numbers.p | <u>df</u> | | | | |
| Atypical Antipsycho | otics | | | | | |
| Oral Medication with I | _AI Formulations | S | | | | |
| aripiprazole | mg PO | | (frequency) | | [caution-geriatric] | |
| paliperidone | | | | | [caution-geriatric,renal] | |
| | | | | | [caution-geriatric,hepatic,renal] | |
| LAI Antipsychotic Med | dication | | | | | |
| | | svchotic shou | ıld be established p | rior to initiating | treatment with LAI formulation***17 | |
| | | | | | (start date) [caution-geriatric] | 1 |
| | | | | | (start date) [caution-geriatric,renal] | |
| ☐ risperidone microspl | | | | | | |
| [caution-geriatric,hepa | | _ • | , 、 , | | , | |
| Oral Medication | | | | | | |
| asenapine | mg Sublingua | l | (frequency) | | [caution-geriatric,hepatic] | |
| ☐ brexpiprazole | | | | | [caution-geriatric,hepatic,renal] | ! |
| ☐ lurasidone | mg PO | | (frequency) | | [caution-geriatric,hepatic,renal] | 1 |
| olanzapine | mg PO | | (frequency) | | [caution-geriatric] | , |
| quetiapine | mg PO | | (frequency) | | [caution-geriatric,hepatic] | ٥ |
| ziprasidone | mg PO | | (frequency) | | [caution-geriatric] | |
| Other (specify): | | | | | | |
| OR | | | | | | |
| Alternate Antipsych | otics | | | | | |
| ☐ Alternate antipsycho | | | | | | |
| □ Rationale for using a | | hotic therapy: | | | | |
| ☐ Patient/substitute | • • | | | | | |
| ☐ Side effect conce | | | pecify): | | | |
| ☐ Continuation of c | | , , | | | | |
| | | | | | | |
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|---|--|--|--|
| Benzodiazepines: Other Anticonvulsants: Antidepressants: Other (specify): Other (specify): Cognitive Behavioural | Therapy | vioural therapy (CBT) for psychosis? | |
| ☐ Patient appropriate for CB ☐ Yes ☐ No Refer for CBT²: ☐ Individ | T? ☐ Further assessment i ual ☐ Group | | |
| Diagnosis and course of Treatment options, incl Alternate treatment options Risk of relapse and red Risk of suicide and mo Impact of substance us Importance of adheren ***Prescriber to c Offer family intervention to Provide education on heal Provide patient and family | ont on the following topics very soft illness/prognosis/recovery uding their potential efficacy ions, including clozapine cognition of warning signs are intoring for warning signs are (particularly cannabis), in the with treatment and follow consider use of the iHope too provide family-focused psy thy eating, physical activity ² with contact information for | erbally, in writing, and electronically, as y y and side effects Indirect relapse prevention strategies Including interactions with treatment option as well as adherence enhancement ol, available at: http://epicanada.org/new/choeducation and support ^{2,16,18} | ions as well as illness ¹⁹ nt strategies ews/ihope-tool/*** |
| Referrals Family Intervention ^{2,18} OT - Reason: Concurrent Disorders Trea Other (supported employm | | SW - Reason:Peer Support - Reason | |
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| Additional (| | reatment for Early Phase | Psychotic Disorders | Order Set | Document Only |
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Early Intervention

in Psychosis

ACTION

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Implementation Considerations

- ***The recommendations in this document are intended as general guidance, and do not replace clinical judgement. Physicians must consider relative risks and benefits in each patient when applying these recommendations***
- Antipsychotic Adequate Trial Duration: This order set includes a definition for duration of adequate trial of antipsychotic medication, according to review of current treatment guidelines 3,4 and expert consensus.
- Choice of Antipsychotics: This order set reflects the general preference toward initiation of atypical antipsychotics prior to typical antipsychotics, according to review of current treatment guidelines^{3,20} and expert consensus.
- Diagnostic Imaging: Evidence suggests that routine neuroimaging in first episode psychoses does not yield findings which alter clinical management in a meaningful way. 12 Consider selective use of neuroimaging to exclude organic causes of psychosis where patient's symptoms, or other aspects of their presentation, suggest a higher likelihood of an underlying organic cause. 13
- Discharge Planning from Inpatient Admission: Arrange for community follow-up appointment within 7 days of discharge from inpatient setting. 16 When discharging patient from inpatient setting, send the patient's care plan to their community team/provider who is accountable for coordinating, communicating and providing their care. 16
- Drug-specific Reminders: Drug-specific reminders are intended to alert prescribers to potentially harmful drug properties for certain susceptible patients. The following caution flags are for the organization's consideration when developing an order set: [caution-geriatric,hepatic,renal]. For a comprehensive list of drug cautions and contraindications, consult product monographs and/or alternative resources.

References

Key references¹⁻²⁰ Other references^{21,22}

All medications have been reviewed using Lexicomp and Compendium of Pharmaceuticals and Specialties (eCPS).

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