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Initiation of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Allergies

Allergies (list allergen and reaction): _____

Medication Review

Reduce antipsychotic polypharmacy where possible^{3,4}

- Complete an assessment of current and past antipsychotic medication trials⁶
- Document known current/prior antipsychotic trials and details:
 - Current Medication (name, dose, duration): _____
 Adherence: full partial none unknown Comments: _____
 Response: full partial none Comments: _____
 Side Effects: _____
 Rationale for discontinuation: _____
 - Previous Medication (name, dose, duration): _____
 Adherence: full partial none unknown Comments: _____
 Response: full partial none Comments: _____
 Side Effects: _____
 Rationale for discontinuation: _____
 - Other current medications: _____

Psychiatric Symptoms Assessment Tools

- Clinical Global Impression-Severity (CGI-S) Scale¹⁴:
 Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
 Select one:
 - 1 = Normal
 - 2 = Borderline mentally ill
 - 3 = Mildly ill
 - 4 = Moderately ill
 - 5 = Markedly ill
 - 6 = Severely ill
 - 7 = Among the most extremely ill patients
- Brief Psychiatric Rating Scale (BPRS) 4-Item Positive Symptom Rating Scale available at:
<http://www.sccp.sc.edu/sites/default/files/45107%20padforproofing.pdf>
- Other (specify): _____

Antipsychotic Treatment Capacity Assessment

- Capable
- Incapable, as per local capacity definition/requirements
- Further treatment capacity 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 patients***¹⁵
- ***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 formulation***¹⁵

Refer to Antipsychotic Treatment Selection Tool available at: <https://vivomap.ca/lib/surveyStandalone/psychosis.php>
 Refer to the OPTIMA Tool, available at: http://epicanada.org/wp-content/uploads/2017/03/M238-OPTIMA-Patient-decision-aid-Questionnaire-FINAL_no-numbers.pdf

Atypical Antipsychotics

Oral Medication with LAI Formulations

- aripiprazole _____ mg PO _____ (frequency) _____ [caution-geriatric]
- paliperidone _____ mg PO _____ (frequency) _____ [caution-geriatric,renal]
- risperidone _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]

LAI Antipsychotic Medication

Tolerability with equivalent oral antipsychotic should be established prior to initiating treatment with LAI formulation¹⁷

- aripiprazole monohydrate _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric]
- paliperidone palmitate _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric,renal]
- risperidone microspheres _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric,hepatic,renal]

Oral Medication

- asenapine _____ mg Sublingual _____ (frequency) _____ [caution-geriatric,hepatic]
- brexpiprazole _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- lurasidone _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- olanzapine _____ mg PO _____ (frequency) _____ [caution-geriatric]
- quetiapine _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic]
- ziprasidone _____ mg PO _____ (frequency) _____ [caution-geriatric]
- Other (specify): _____

OR

Alternate Antipsychotics

- Alternate antipsychotic: _____
- Rationale for using alternate antipsychotic therapy:
 - Patient/substitute decision-maker choice
 - Side effect concerns with above medications (specify): _____
 - Continuation of current medication
 - _____

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Additional Orders

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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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