

## Appendix D: Antipsychotic Agents (Initiation and Monitoring Guidelines)

### QT Interval Monitoring:

- Obtain baseline 12 Lead ECG within 24 hours of antipsychotic initiation; ensure rate corrected QT interval (QTc) is < 500 ms prior to initiation of antipsychotics. Online QTc calculation: <http://www.medical-calculator.nl/calculator/QTc/> The formula for calculation of corrected QT =  $QT \text{ interval} / \sqrt{R - R \text{ interval}}$
- Correct magnesium and potassium deficits. Obtain order to keep magnesium  $\geq 1.0$  mmol/L.
- Analyze ECG rhythm strip Q6H during antipsychotic therapy; if QT interval is > 50% of R-R interval, reassess magnesium and potassium and notify physician
- Review medications with physician/pharmacist and discontinue other QT prolonging agents if possible (this may reduce the need to discontinue antipsychotics)

### Monitoring for Extrapyrarnidal Side-Effects (EPSE):

- Monitor for EPSE Q Shift including:
  - Akinesia (inability to initiate movement)
  - Akathisia (inability to remain motionless)
  - Dystonia (sustained contraction of muscles causing twisting and repetitive movement or abnormal positioning)
  - Pseudoparkinsonism (“cogwheel” wrist movement to passive range of motion; tremor, rigidity, postural instability)
- Report findings to physician

### Monitor for Neuroleptic Malignant Syndrome (NMS):

- Rigidity is the most important neurological finding (usually occurs first)
- Elevation in CK, potassium or fever may occur (later finding due to cell injury)
- NMS usually includes EPSE findings
- LFTs may be elevated