



Government of South Australia  
Children, Youth and Women's  
Health Service



Women's  
& Children's  
Hospital  
ADELAIDE

PATIENT LABEL

UR Number: .....  
Surname: .....  
Given Names: .....  
D.O.B. .... Sex: .....

**ANTIPSYCHOTIC PHYSICAL HEALTH  
MONITORING CHART**

**User Guide**

A new chart should be started when:

- **Initiating Antipsychotic** - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but **omit** "Ongoing Starting Point")
- **Switching Antipsychotics** - start in "New Antipsychotic" sections, fill in "Baseline" and follow with recommended monitoring to the right (but **omit** "Ongoing Starting Point")
- **Ongoing (starting to monitor but not initiating)** - start in "Ongoing Use" sections, fill in "Ongoing Starting Point" (because a real baseline can't be obtained) and then follow with recommended monitoring to the right
- **Ongoing (previous chart is full)** start in "Ongoing Use" sections, **omit** "Ongoing Starting Point" (because baseline on a previous chart) and follow with recommended monitoring to the right

**NOTE:** A detailed User Guide is available at: <http://www.wch.sa.gov.au/antipsychotic>

**Chart Data** (fill out when starting each new chart)

Antipsychotic Name: .....

Chart No for Patient: ..... Date Chart Started: / /

Antipsychotic Use Status: [tick one] 1. Initiating  2. Switching  3. Ongoing

**1. Risk factors** (check at baseline & annually) [tick if applicable]

- smoking  personal/family history of diabetes  low level of activity  
 personal/family history of heart disease  poor diet  overweight or obese  
 ethnicity (please specify) ..... (eg Indigenous Australian, Pacific Islander, Asian, African)  
 other medications (please specify) .....

Name: ..... Signature: ..... Designation: ..... Date: / /

**2. Measures Recommended for all Antipsychotics** (baseline, monthly for 3 mths, then every 3 mths)

Investigations	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Date of measurement								
Dosage (mgs)								
Weight (kgs)								
Height (m)								
Blood Pressure (sitting)								
<b>Name, Signature &amp; Designation</b>								
Calculations	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Body Mass Index (BMI) (kg/m <sup>2</sup> )								
BMI-For-Age Percentile								
BMI Z Score (if BMI >97 <sup>th</sup> percentile)								
<b>Name, Signature &amp; Designation</b>								

Please File Original in Medical Record

Continued over page

### 3. Blood Tests Recommended for all Antipsychotics (baseline, at 3 months, then yearly)

Investigations	New Antipsychotic		Ongoing Starting Point	Ongoing Use
	Baseline	Month 3		Month 12
Date of blood taken				
Total Cholesterol *				
Triglycerides *				
Blood Glucose (please specify if fasting or random)				
White Blood Cell (WBC) Count †				
Neutrophil Count †				
Liver Function Tests (Normal Y/N) #				
Urea & Electrolytes (Normal Y/N) #				
<b>Name, Signature &amp; Designation</b>				

**LEGEND:** \* if any abnormalities are detected, a complete lipid profile is recommended  
 † optional for patients prescribed clozapine because mandatory blood monitoring involving weekly testing for the first 18 weeks then monthly thereafter is recorded elsewhere  
 # if No, indicate abnormality

### 4.1 Questions to ask for all Antipsychotics to Monitor for Extrapyrimal Side Effects \*\* (baseline, monthly for 3 months, then every 3 months)

Observations (if yes "tick" box, if not place "x" in box)	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any muscular tremors or spasms ie dystonia?								
Any muscular stiffness or rigidity ie Parkinsonism?								
Any restlessness or agitation ie akathisia?								
Any involuntary hyperkinetic movements ie dyskinesia?								

### 4.2 Questions to ask or consider for all Antipsychotics to Monitor for Hyperprolactinaemia \*\* (baseline, monthly for 3 months, then every 3 months)

Observations (if yes "tick" box, if not place "x" in box)	New Antipsychotic			Ongoing Starting Point	Ongoing Use			
	Baseline	Month 1	Month 2		Month 3	Month 6	Month 9	Month 12
Any milk leakage from your breasts?								
Any breast enlargement?								
Have menstrual periods ceased or become irregular?								
Any loss of sexual function or desire?								
Stunted growth or delayed puberty?								
<b>Name, Signature &amp; Designation</b>								

\*\* pay particular attention with risperidone, amisulpride, olanzapine and conventional antipsychotics

### 5.1 Additional Cardiac Monitoring ONLY FOR CLOZAPINE Normal (Y/N)

Date	Baseline	Week 1	Week 2	Month 6
ECG				
Troponin T				
Echo				
<b>Name, Signature &amp; Designation</b>				

### 5.2 Additional Prolactin Monitoring ONLY IF Clinical Symptoms of Hyperprolactinaemia

Date	Prolactin Level	Name, Signature & Designation