

Instruction Guidelines for Completing Antipsychotic Weight & Waist Record

1. **BLOOD LABS-** Required blood labs for monitoring all antipsychotics will be ordered, followed and documented just like those for valproic acid, carbamazepine and lithium. The psychiatrist will order the labs, then sign the lab sheets when they are reviewed and document the results in the progress note as appropriate.
2. **WEIGHT/WAIST-** The psychiatrist/CNS and MH nursing staff will work together to find the most practical, efficient method of collecting the required weight and waist measurements.
 - a. In most clinics where the psychiatrist has a consistent office space that would accommodate a body weight scale, it will generally be recommended that the psychiatrist gather the body weight and waist measurements.
 - b. In some clinics or situations where it is not practical for the psychiatrist, the nurse will gather body weight and waist measurements.
 - c. The gathering and/or ordering, as well as the assessment of these measurements is the responsibility of the physician. If the physician is not able to gather the measurement the physician has the responsibility to make arrangements to have the nurse do it; either by prior agreement or by a physician's order.

* The Antipsychotic Weight & Waist Record will be kept in **Section 5** of the **Medical Chart**. No copy is needed in the mental health chart.

* The reason for having a weight and waist measurement flow sheet is to enable the mental health team to have a single place to put these measurements so that teams of doctors and nurses will always know where to go to see if the required measurements are being drawn. This will be especially important when a patient may be in one setting at a facility where the decision is that the nurse will do both weight and waist yet when the patient moves to another setting at that facility where it has been decided that the doctor will gather and document weight and waist there will be a consistent place to keep the data.

* Body weight will be gathered a minimum of every 3 months. If more frequent monitoring is thought to be necessary, either have it done in your clinic or teach and recommend self-monitoring of weight between clinic visits.

*While BMI is still a very useful way of assessing and following weight, it has been decided that it is more common and more practical for us to use weight in **pounds (lbs.)**.

* Weight and waist measurements will be taken on all patients taking antipsychotics; atypical and typical. Since many patients may switch back and forth and have variable compliance with treatment, it is more practical to simply keep an ongoing record of weight and waist measurements with the purpose of helping the patient monitor for possible side effects of their medication.

***REMINDER.** We are required to monitor the following labs at a minimum (See SOP for full detail):

MEDICATION	INITIATING	MAINTENANCE	
LITHIUM	CBC, BUN, CREAT, LYTES, TSH (or TFT), U/A, HcG $\frac{\square}{\square}$, level at 7 days, ECG (OLDER THAN 45)	Q 6 MONTH- BUN, Creat, lytes TFT	YEARLY- same as initial and lithium level *Level W/I 7 days of dose change
CARBAMAZEPINE	CBC, HcG $\frac{\square}{\square}$, LFT (AST), Bld level monthly for 2 Mo	Q 6 MONTH- Bld. level	
VALPROIC ACID	CBC, HcG $\frac{\square}{\square}$, LFT (AST)	Repeat initial testing at 6 months	
ANTIPSYCHOTICS	Waist, Weight, BP, FBS, HgA1C, Lipid panel Repeat all one quarter after initiating Rx	QUARTERLY- Weight, BP, FBS, HgA1C, Lipid panel	YEARLY- Waist, Weight, BP, FBS, HgA1C, **Lipid Panel yearly only if abnormal otherwise every 5 years.