

PROTOCOL FOR: Neuroleptic Malignant Syndrome (NMS) / Tardive Dyskinesia: Care of the Patient

POLICY: 1. All patients receiving neuroleptic medications will be assessed on an ongoing basis for symptoms which may indicate NMS or tardive dyskinesia.

DEFINITION: NMS is an uncommon but potentially fatal idiosyncratic reaction to neuroleptics. Etiology and predisposing factors are speculative. A widely accepted theory is that NMS is related to the decreased availability of dopamine in the brain.

Tardive Dyskinesia (TD) means frequently irreversible abnormal movements, or neurological syndromes caused by prolonged use of antipsychotic medications. It is manifested as coordinated, rhythmic, stereotyped, involuntary movements.

DESIRED
PATIENT OUTCOMES:

1. The patient's physical well-being and safety will be maintained throughout hospitalization and/or course of the syndrome.
2. Patient will be adequately hydrated and physiologic homeostasis will be restored.
3. Patient will verbalize risks and benefits of medication.

CLINICAL
ASSESSMENT
AND CARE:

1. The following criteria will be considered when assessing any patient who is on neuroleptics:
 - a. Elevated temperature
 - b. Muscle rigidity
 - c. Tachycardia
 - d. Changes in level of consciousness (confusion → coma)
 - e. Increase or decreased blood pressure
 - f. Dysphagia
 - g. Mutism
 - h. Profuse diaphoresis
 - i. Tremor
 - j. Incontinence
 - k. Increase serum CPK
 1. Leukocytosis (transient urine findings - proteinuria, hyaline casts, WBC's and RBC's)
 - m. motor manifestations of tardive Dyskinesia
 1. Ocular blinking, facial tics, grimaces
 2. Oral - lip smacking, puckering, sucking, pouting, cheek puffing, chewing, lateral jaw movements, choreoathetoid tongue movements, tongue protrusion
 3. Pharyngeal - clonic soft palate movements, involuntary swallowing, abnormal sounds
 4. Neck - torticollis, retrocollis

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5. Tonical - shoulder shrugging, pelvic thrusting or rotation, rocking, diaphragmatic movements
 6. Limb - choreoathetoid finger movement, wrist flexion or torsion, ankle flexion or rotation, toe movement, foot tapping
 7. Miscellaneous - generalized rigidity, myoclonic jerks
2. If any one of the assessment criteria are present, the nurse will notify the physician / LIP.
 3. Collaborate with the physician and interdisciplinary team regarding the patient's condition and implementation of a treatment plan.
 4. Provide fluids to assure adequate hydration.
 5. Encourage patient with NMS to restrict level of activity to a minimum.
 6. Maintain environment with minimal stimulation (low lighting, quiet room)and that promotes safety from potential accidents due to involuntary movements.
 7. Utilize supportive means to assist with temperature regulation (antipyretics, hypothermic blanket), as ordered.
 8. Maintain patient's physical mobility by providing range of motion exercises.
 9. Provide support and reassurance to patient. Assist patient in developing coping mechanisms to deal with fear and embarrassment of TD.

- PATIENT TEACHING:
1. Educate patient regarding symptoms and treatment of NMS and TD.
 2. Educate patient with NMS to the extreme importance of adequate fluid intake.
 3. Educate patient to activity and stimulation and treatment of NMS. Educate patients with TD regarding potential irreversibility of the condition.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/90

REVISION DATES: 1/91, 10/92, 10/93, 7/96, 6/99, 10/00, 10/03, 6/06, 7/08

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