

PROTOCOL FOR: Mood Stabilization Medication: Care of the Patient by APRN

DESIRED

- OUTCOMES:**
1. The patient will experience a reduction in identified symptoms.
 2. Side effects/complications will be identified and appropriately managed.
 3. The patient will verbalize an understanding of medication treatment.

CLINICAL ASSESSMENT AND CARE:

1. Physical Examination:
 - a. The patient will be referred for a physical examination if none has been done in the last year or if this is the patient's first episode.
 - b. Consult with patient's primary care provider as clinically appropriate.
 - c. Refer patient for a physical examination every 1-3 years and as clinically indicated.
2. A neurology consultation may be considered for patients with a history of seizure disorder.
3. Clinical lab work/tests: Before starting a patient on mood stabilizing therapy, the following baseline tests are recommended:

	Lithium	Carbamazepine	Depakote
CBC with differential and platelet count	Y	Y	Y
Liver function tests (LFTs): GGT, AST, ALT, LDH, Alk Phos, total and direct bilirubin		Y	Y
Thyroid Profile (T3, T4, TSH)	Y		
BUN, Creatinine	Y	Y	
Ionized Calcium	Y		
Pregnancy test as clinically indicated	Y	Y	Y
EKG	Y	Y	
Electrolytes	Y	Y	
Glucose	Y		
Urinalysis	Y		
Baseline weight	Y	Y	Y

4. Ongoing Monitoring:
 - a. **Drug Levels to be monitored**

Valproate Level

- After the first 5 days on valproate
- Then every 5 days after a dose change

Once a therapeutic level and response is reached:

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- At 1, 3, and 6 months
- Then annually and as clinically indicated

Carbamazepine Level

- After the first 5 days on valproate
- Then every 5 days after a dose change

Once a therapeutic level and response is reached:

- Every week for 2 months
- Then annually and as clinically indicated

Lithium Level

- After the first 5 days on valproate
- Then every 5 days after a dose change

Once a therapeutic level and response is reached:

- Every 4-6 months in the first year
- Then annually and as clinically indicated

b. Lab tests recommended frequency

Valproate therapy:

LFTs & CBC with differential

- Once a week for 1 month
- Then once a month for 4-6 months
- Then every 6 months to 1 year and as clinically indicated

Carbamazepine therapy:

CBC with differential

- 5 days after first dose
- Then every 5 days after a dose change
- Then once every 2 weeks for 1 month
- Then once a month for 1 month
- Then every 6 months and as clinically indicated

LFTs

- 5 days after first dose
- Then every 5 days after a dose change
- Then once a month for 3 months
- Then every 6 months and as clinically indicated

Lithium therapy:

CBC with differential, thyroid profile, electrolytes, glucose, bun/creatinine, ionized calcium, urinalysis, EKG

- Every 6 months in the first year
- Then annually and as clinically indicated

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c. Weight gain

5. Medication administration: (SEE Guidelines for: Advanced Practice Registered Nurse (APRN), Prescriptive Authority for Psychiatric Patients)
6. Side effect management: Continue monitoring and management of emergent side effects

PATIENT

- TEACHING:**
1. Discuss the risks/benefits of mood stabilizer with patient.
 2. Medication teaching to include the following:
 - a. Proper use of medications
 - b. Precautions while taking a mood stabilizer
 - c. Possible side effects
 - d. Need for lab follow-up
 - e. Symptoms of toxicity and steps to take if toxic

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 7/06

REVISION DATES: 6/07, 10/08

REVIEWED DATES: 10/09