It is a State requirement for foster parents to maintain up-to-date Medication Records and Adverse Reaction/Observation Logs on all foster children in their home, even if the child is using non-prescription drugs. The directions for filling out these monthly charts are found below (Part 1 & Part 2). Please refer to the example if you are confused about any section of the form. At the end of each month, you will be required to sign and return the completed, accurate forms to your social worker. These charts will be kept in the child’s record and in your licensing file. Do not wait until the end of the month to fill out these forms. This should be part of the daily routine in caring for the child in your home. It may seem challenging in the beginning, but the more you work with the forms, the easier it will become. Remember, this is a State requirement which must be completed and ALWAYS take these forms with you to EVERY appointment with a doctor.

**Part 1:** Medication Administration Record Instructions

1. Fill in Month and Year (ex: January 2012)

2. Write in the child’s name (ex: Mary Brown)

3. Now, fill in all drug information for EACH medication the child is taking.

   a. **Medication:** in the blank box, write in the name, strength, and directions of the medication DIRECTLY from the prescription label. (ex: Amoxil 500mg, Take 1 capsule by mouth three times daily for 10 days. Take with food.)

   b. **Start date:** Copy the very first fill date DIRECTLY from the prescription label. Do not write in the fill date of every refill, but the date the drug was first started. (ex: 01/01/2012)

   c. **End date:** Write in the date that you either 1) finished all of the treatment or 2) the doctor discontinued the medication (ex: 01/10/2012)

   d. **Prescribed by:** Write in the doctor’s name that gave you the prescription (ex. Dr. Do-Right)

   e. **Time to be given:** Write in each time the medication is to be given. (ex. Instructions read three times daily-breakfast, lunch, and dinner-Therefore, you write in 7:00am, 12:30pm, 7:00pm)

   f. **For:** Write in each time the medication is to be given. (ex: Mary was taken to the doctor because of fever, cough, and congestion. The doctor said she had respiratory infection. You will write in “infection”)

   g. **Known side effect:** Write in any side effects the doctor warns you about (ex: Dr. Do-Right tells you that this medication may upset Mary’s stomach. You will write in “upset stomach”)

**NOW YOU'RE READY FOR DAILY ENTRIES!**
4. **Codes:** H- Given at home, S-Given at school, R-Child Refused, X- Dose not given
   
a. These codes are used in the squares that represent the day you gave a child medication.  
   (ex: On January 1st, Mary was given Amoxil 500 mg at 7:00am at home. You write an “H” beside the 7:00am timeslot, under Jan 1. Mary got her second dose at school at 12:30pm. You write an “S” beside the 12:30pm timeslot, under the 1. Then, you gave Mary her 3rd dose at home, with dinner at 7:00pm. You write an “H” beside the 7:00pm timeslot, under the 1.)

5. **Page numbering:** Each form has spaces for FOUR different medications. If more than four medications are used in a given month, use an additional form, filling in all required information. **At the end of each month,** number the pages in the spaces provided in the upper right corner.  
   (ex: You had to use THREE forms in January 2012. On the first page, you write in “Page 1 of 3”. On the second page you write in “Page 2 of 3”. On the last page, you write in “Page 3 of 3”.

6. **Dates and signatures:** At the end of each month, you must sign and date the forms stating that the information you have provided is true and accurate. Write in the date that you returned the form to the social worker. Remember that all forms must be submitted at the end of every month by mail or given to your social worker.  
   a. If NO medication is given in a month, simply fill out: 1) Month & Year 2) Child’s Name 3) Write in “No medications given” 4) Date and sign your name and return to the social worker.

**SHOULD YOU HAVE QUESTIONS, CALL YOUR SOCIAL WORKER!**

**Now, go on to Part 2!**
Part 2: Observation Log Instructions

While keeping accurate, up to date medication lists and schedules is very important, reporting any changes in the child or reaction your child may have while taking a drug is even more important. Starting any new medication comes with side effects...of course some of those side effects are expected and wanted, which is why medication is given in the first place. However, sometimes side effects (also called reactions) may show up that are not wanted. Some examples of unwanted side effects are: rash, swelling of the face, daytime sleepiness, nausea, irritability, and inability to fall asleep. It is important to talk to the child’s doctor or pharmacist about expected and unexpected side effects a drug may have and know what to do if your child has one.

The Foster Child Observation Log form is a form you can use to keep track of side effects you see in your child throughout the month. By filling out the MAR and Observation Log, you will be able to show doctors how medications are affecting the child so changes can be made by the doctor to help him or her. You will also be able to show your social worker how you are helping your child manage his/her drug treatment.

1. Month & Year: Always start by filling in the Month & Year found in the upper right corner.

2. Child’s Information: Fill in the child’s name, birth date, complete address, phone number used as your home phone and cell phone number (if the child has one). Be sure to fill in your name and cell number (if you have one).

3. Important Names & Numbers: This is an important step in the case that your child has a side effect and you need to contact someone. It also serves as a contact record for your social worker and doctor viewing your report.

4. If you feel that the information you entered above will not change soon, this would be a good time to make copies of this form to use every month. Just be sure that you update all of this information every time it changes. Do not use a form with incorrect information listed.

5. Adverse Reactions and Observations
   a. Date of Observation: If you notice a change in the normal behavior of your child or any unwanted reaction, be sure to record the date you first noticed the side effect here.
   b. Description/Notes: Use this section to describe the side effect or new behavior. It is important to describe as much as you can about what you see so that the doctor will know what happened. Be sure your handwriting can be easily read! Also use a portion of this section (if you can) to go back and write in any results from your “Actions Taken” (see the next section!)

6. Actions Taken
   a. Date of Action: Record the date that you did something about the side effect.
   b. Check Boxes: Check the box that most closely describes what you did about the side effect. Is the side effect not so serious that you decided to talk to the doctor at the next follow-up visit (for example, are “bad” behaviors staying the same? Worse? Better?)? Did you call a doctor and he told you to hold one dose of a drug or discontinue the drug? (write changes the doc made to the drug in the Notes section!) Did you call Poison Control? (write what Poison Control tells you to do in the Notes section!) Did you call 911 because of a life-threatening emergency?
7. Monthly Signatures: (always your LAST step)

a. Foster Parent Signature: (REQUIRED) Be sure to record the date that you returned the form to your social worker and sign the form stating that the information you have provided is correct to your knowledge.

b. Social Worker: (REQUIRED) Your social worker will complete this section.

c. Physician Signature: If your child has unusual behavior or side effect, the child’s doctor needs to be aware of it. It is VERY important that you take the MAR and Reaction report with you to the doctor at every visit. During the appointment, give these forms to the doctor to review and ask that he signs and dates his portion.

Helpful Tips

☑ Fill out the MAR and Observation Log daily (if medication is used)

☑ Always print the information so that it can be read easily by anyone looking at the form

☑ Keep a good supply of forms on hand so that you do not run out and risk getting behind on your documentation

☑ Keep all of these forms together in ONE place

☑ Take these forms to EVERY appointment with the primary care doctor, psychiatrist, or specialist

☑ ASK questions. If you are not clear on what a medication is for, how to take a medication, or what effects the medication may have, ask your doctor and/or pharmacist. Write your questions down so you do not forget to ask

☑ Always sign and date your forms in ink

☑ Be honest! If a dose is missed because you forgot, document it. It is important that the doctor knows a dose is missed so he/she makes a good decision on the care of the child and does not make a decision based on incomplete information

☑ If something is confusing you about these forms, ASK your social worker for help!
Month & Year: 1/1/2012
Child's Name: Mary Brown

| Medication               | Codes       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Amoxil 500 mg caps       |             | H | H | H | H | H | H | H | H | H |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Take 1 capsule by mouth three times daily for 10 days. Take with food. |             | H | H | H | H | H | H | H | H | H |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Start: 01/01/12          | End Date: 01/10/12 |
| Prescribed by: Dr. Do-Right | For: Infection   | Known Side Effects: Stomach upset |
| Sertraline 50 mg         |             | H | H | H | H | H | H | H | H | H |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Take 1 tablet by mouth every morning |             | H | H | H | H | H | H | H | H | H |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Start: 10/4/11           | End Date: n/a |
| Prescribed by: Dr. Sheesh | For: Depression | Known Side Effects: Stomach upset, sleepiness or hyperactivity |

*TAKE CHILD’S CURRENT MAR & REACTION REPORT WITH YOU EVERY TIME YOU VISIT A DOCTOR (PEDIATRICIAN, PSYCHIATRIST, SPECIALIST)*

Date submitted to DSS: 1/30/2012 Foster Parent Sig: Amy Smith Date DSS Rec’d: Social Wrk Sig: 1/30/2012 Foster Parent Sig: Amy Smith
### Foster Child Medication Administration Record (MAR)

**Month & Year:** ____________________________  
**Child’s Name:** ____________________________  

**Codes:**  
- H: Given at Home  
- S: Given at School  
- R: Child Refused  
- X: Dose not Given

| Medication | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**Start:** ____________________________  
**End Date:** ____________________________  
**Prescribed by:** ____________________________  
**For:** ____________________________  
**Known Side Effects:** ____________________________

**Start:** ____________________________  
**End Date:** ____________________________  
**Prescribed by:** ____________________________  
**For:** ____________________________  
**Known Side Effects:** ____________________________

**Start:** ____________________________  
**End Date:** ____________________________  
**Prescribed by:** ____________________________  
**For:** ____________________________  
**Known Side Effects:** ____________________________

**Start:** ____________________________  
**End Date:** ____________________________  
**Prescribed by:** ____________________________  
**For:** ____________________________  
**Known Side Effects:** ____________________________

**Start:** ____________________________  
**End Date:** ____________________________  
**Prescribed by:** ____________________________  
**For:** ____________________________  
**Known Side Effects:** ____________________________

*TAKE CHILD’S CURRENT MAR & REACTION REPORT WITH YOU EVERY TIME YOU VISIT A DOCTOR (PEDIATRICIAN, PSYCHIATRIST, SPECIALIST)*

**Date submitted to DSS:** _______________  
**Foster Parent Sig:** ____________________________  
**Date DSS Rec’d:** _______________  
**Social Wrk Sig:** ____________________________

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**Community Care**  
**North Carolina**  
**Community Care Partners**  
**of Greater metropolitan area**
Foster Child Observation Log

<table>
<thead>
<tr>
<th>Name: Mary Brown</th>
<th>Date of Observation: 1/3/12</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date: 1/2/02</td>
<td>Description and Notes: Mary woke up this morning with a rash all over her neck, chest, belly and back. Nothing else was wrong or different about her. Called Dr. Do-right's office and he said she was having an allergic reaction to her amoxicillin and to stop the medication. He is calling in a new medicine for her infection today.</td>
<td>☐ Address at next MD appoint ☑ Held one dose per MD ☑ Stopped drug per MD ☑ Called Poison Control ☑ Called 911</td>
</tr>
<tr>
<td>Address: 101 Yellow Brick Rd Lincolnton, NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone #: 704-867-5309</td>
<td>Date of Action: 1/3/12</td>
<td></td>
</tr>
<tr>
<td>Foster Parent Name: Jane Smith</td>
<td>Date of Observation: 1/15/12</td>
<td>Actions Taken</td>
</tr>
<tr>
<td>Foster Parent Cell #: 704-867-5309</td>
<td>Description and Notes: Mary came home from school today and said she has been feeling sad for a few days. She has not played with her neighborhood friends at all this week and wants to stay in her room by herself more than she usually does. She says nothing hurts and she does not have a fever.</td>
<td>☑ Address at next MD appoint ☑ Held one dose per MD ☑ Stopped drug per MD ☑ Called Poison Control ☑ Called 911</td>
</tr>
<tr>
<td></td>
<td>Date of Action: 1/25/12 (next appt)</td>
<td></td>
</tr>
<tr>
<td>Important Names &amp; Numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Doc: Dr. Do-Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #: 704-735-0000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrist: Dr. Sheesh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #: 704-735-1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy: Lincoln Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #: 704-735-9800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker: Sandy Smith</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #: 704-732-9800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Control: 1-800-222-1222 (24-hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency: 911</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Take the child’s Observation Log & Current MAR with you EVERY time you visit a doctor (Pediatrician, Psychiatrist, Specialist)*
<table>
<thead>
<tr>
<th>Child's Information</th>
<th>Adverse Reactions and Observations</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Date of Observation:</td>
<td>Date of Action:</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone #:</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>Foster Parent Name:</td>
<td>Date of Observation:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>Foster Parent Cell #:</td>
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<tr>
<td>Primary Care Doc:</td>
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<tr>
<td>Phone #:</td>
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<tr>
<td>Psychiatrist:</td>
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<td>Phone #:</td>
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<tr>
<td>Pharmacy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Control:</td>
<td>1-800-222-1222 (24-hours)</td>
<td></td>
</tr>
<tr>
<td>Emergency:</td>
<td>911</td>
<td></td>
</tr>
<tr>
<td>Important Names &amp; Numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Parent</td>
<td>Date of Observation:</td>
<td></td>
</tr>
<tr>
<td>Date Forms Returned</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>FP Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>Date of Observation:</td>
<td></td>
</tr>
<tr>
<td>Date Forms Received</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>SW Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician (if applicable)</td>
<td>Date of Observation:</td>
<td></td>
</tr>
<tr>
<td>Date Reviewed</td>
<td>Description and Notes:</td>
<td></td>
</tr>
<tr>
<td>MD Signature</td>
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</tbody>
</table>

* Take the child’s Observation Log & Current MAR with you EVERY time you visit a doctor (Pediatrician, Psychiatrist, Specialist)*
Sleep Hygiene for Children

• Keep consistent bedtimes and wake times every day of the week. Late weekend nights or sleeping-in can throw off a sleep schedule for days.
• Avoid spending lots of non-sleep time in bed—spending hours lying on a bed doing other activities before bedtime keeps our brains from associating the bed with sleep time.
• Child’s bedroom should be cool, quiet and comfortable. Children who stare at clocks should have their clocks turned away from them.
• Bedtime should follow a predictable sequence of events, such as brushing teeth and reading a story.
• Avoid high stimulation activities just before bed, such as watching television, playing videogames, communication with friends, or exercise. Do not do these things during a nighttime awakening either. It is best not to have videogames, televisions, computers or phones in the child’s bedroom.
• Having physical exercise as a part of the day often helps with sleep time many hours later.
• Relaxation techniques such as performing deep, slow abdominal breaths or imagining positive scenes like being on a beach can help a child relax.
• Avoid caffeine (sodas, chocolate, tea, coffee) in the afternoons/evenings. Even if caffeine doesn’t prevent falling asleep it can still lead to shallow sleep or frequent awakenings.
• If child is awake in bed tossing and turning, it is better for them to get out of bed to do a low stimulation activity, (i.e. reading) then return to bed later. This keeps the bed from becoming associated with sleeplessness. If still awake after 20-30 minutes, spend another 20 minutes out of bed before lying down again.
• Worry time should not be at bedtime. Children with this problem can try having a “worry time” scheduled earlier when they are encouraged to think about and discuss their worries with a parent.

• Children should be put to bed drowsy, but still awake. Letting them fall asleep other places forms habits that are difficult to break.

• Security objects at bedtime are often helpful for children who need a transition to feel safe and secure when their parent is not present. Try to include a doll, toy or blanket when you cuddle or comfort your child, which may help them adopt the object.

• When checking on a child at night, checks should be “brief and boring.” The purpose is to reassure the child you are present and that they are okay.

• If your child is never drowsy at the planned bedtime, you can try a temporary delay of bedtime by 30 minute increments until the child appears sleepy, so that they experience falling asleep more quickly once they get into bed. The bedtime should then be gradually advanced earlier until the desired bed time is reached.

• Keep a sleep diary to keep track of naps, sleep times and activities to find patterns and target problem areas when things are not working.

Robert Hilt, MD
Primary Reference: A Clinical Guide to Pediatric Sleep, by Jodi Mindell and Judith Owens
Brief Information List on Psychotropic Medications

A

**Abilify (aripiprazole)** - antipsychotic used to treat schizophrenia, bipolar disorder, and agitation. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight, height and has a black box warning for suicidal thinking in children and young adults as do all mood stabilizers/antipsychotics on this list.

**Adderall and Adderall XR (amphetamine D, L)** - stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

**Ambien (zolpidem)** - used as a sleep aid

**Antabuse** - used to treat alcohol addiction

**Aricept (donepezil)** - used to slow the progression of dementia

B

**BuSpar (buspirone)** - an anti-anxiety medication

**Benzodiazepines** – a class of drugs that work on the same receptor as alcohol does and are used for seizures and anxiety. Users can build tolerance to medication and depending on the formulation, can be highly addictive and can be lethal in combination with alcohol.

C

**Catapres (clonidine)** – an antihypertensive used for ADHD, tics, sleep problems. Heart rate and blood pressure needs to be monitored

**Celexa (citalopram)** - an antidepressant of the SSRI class (Selective serotonin reuptake inhibitor). Has a black box warning for suicidal thinking in children and young adults as do all antidepressants on this list.

**Clozaril (clozapine)** - an antipsychotic (Atypical)

**Concerta (methylphenidate D, L)** - used to treat ADD/ADHD. Requires monitoring of heart rate, blood pressure, weight and height.

**Cymbalta (duloxetine)** - an antidepressant of the SSNRI (Selective Serotonin and Norepinephrine Reuptake Inhibitor) class and is often used for neuropathic pain

D

**Depakote (valproic acid)** – an anti-seizure medication used as a mood stabilizer and also used for aggression. Blood levels and liver function tests need to be monitored.
Desyrel (trazodone) – antidepressant most typically used now as a sleep aid

Dexedrine (amphetamine D) - stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

Effexor (venlafaxine) - an antidepressant of the SSNRI (or SNRI) class

Elavil (amitriptyline) - a tricyclic antidepressant (TCA), less commonly used these days

Eskalith (lithium) - a type of Lithium, which is a mood stabilizer used to treat bipolar disorder. Lithium is highly lethal in overdose.

Fanapt (Iloperidone) – an atypical antipsychotic used to treat schizophrenia. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

Focalin and Focalin XR (methylphenidate D) - stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

Gabitril (tiagabine) – a seizure medication used as a mood stabilizer and anti-anxiety agent

Geodon (ziprasidone) - an "atypical" or second generation antipsychotic used for schizophrenia and bipolar disorder. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

Guanfacine – antihypertensive used for ADHD, tics, anxiety and PTSD

Haldol (haloperidol) - a "typical" antipsychotic, one of the oldest, usually given in conjunction with "cogentin", an antispasmodic. This is due to the high occurrence of tardive dyskinesia in patients with prolonged Haldol use. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

Imipramine - a tricyclic antidepressant (TCA) which is sometimes used to treat bulimia, panic disorder, or related disorders

Inderal (propranolol) - a beta blocker used for acute anxiety
**Intuniv (guanfacine ER)** – Used for ADHD and has shown benefit in ODD. Need to monitor heart rate and blood pressure.

**Invega (paliperidone)** – second generation antipsychotic used to treat schizophrenia. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height. Invega also requires monitoring of prolactin, a hormone that can cause breast growth and lactation.

**Kapvay (clonidine ER)** – extended release form of clonidine that is approved for treatment of ADHD. Need to monitor heart rate and blood pressure.

**Klonopin (clonazepam)** – anti-anxiety medication of the benzodiazepine class.

**Lamictal (lamotrigine)** - a mood stabilizer of the anticonvulsant class. Need to monitor for rare rash that can progress to organ failure.

**Latuda (lurasidone)** – a second generation antipsychotic approved for the treatment of schizophrenia. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Lexapro (escitalopram)** - an antidepressant

**Librium (chlordiazepoxide)** - antianxiety medication of the benzodiazepine class

**Lithobid (slow release lithium)** - a type of Lithium, which is a mood stabilizer used to treat bipolar disorder. Blood levels, kidney and thyroid function need to be monitored.

**Loxitane (loxapine)** - an antipsychotic, today rarely used. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Lunesta (eszopiclone)** - a sleep aid

**Luvox (fluvoxamine)** - an antidepressant of the SSRI class, often used to treat Obsessive-compulsive disorder

**Mellaril (thioridazine)** - an antipsychotic, today rarely used. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.
Metadata CD (methylphenidate D, L) - stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

Methylin and Methylin ER (methylphenidate D, L) - stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

N

Namenda (memantine) - used to slow the progression of Alzheimer's Dementia

Navane (thiothixene) - an antipsychotic, today rarely used. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

Neurontin (gabapentin) - an anticonvulsant (anti-seizure medication) which is sometimes used as a mood stabilizer, to treat chronic pain or for sleep disorders.

O

P

Paxil (paroxetine) - an SSRI antidepressant, used frequently to treat depression and anxiety disorders

Pristiq (desvenlafaxine) - an SNRI antidepressant

Prolixin (fluphenazine) - an antipsychotic. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

Prozac (fluoxetine) - an SSRI antidepressant

Q

Provigil (modafinil) - is used to improve wakefulness in those who experience excessive sleepiness, due to a defined sleep disorder

R

Remeron (mirtazapine) - an antidepressant which is often used as a sleep aid

Reminyl (galantamine) - used to slow the progression of Alzheimer's Dementia

Restoril (temazepam) - a sleep aid of the benzodiazepine class

ReVia (naltrexone) – an opioid antagonist used in treatment of alcohol and opioid dependence

Risperdal (risperidone) - an "atypical" antipsychotic. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height. Risperdal requires the monitoring of prolactin as well.
**Ritalin and Ritalin DA (methylphenidate D,L)** - a stimulant used to treat ADHD/ADD. Requires monitoring of heart rate, blood pressure, weight and height.

**Rozerem (ramelteon)** – a melatonin receptor agonist used for sleep disorders

**Saphris (asenapine)** - a second generation antipsychotic used to treat bipolar and schizophrenia. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Serax (oxazepam)** - anti-anxiety medication of the benzodiazepine class, often used to help during detoxification from alcohol or other drugs of abuse

**Seroquel (quetiapine)** - an "atypical" antipsychotic, sometimes is used as a sleep aid when given in low doses. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Serzone (nefazodone)** – antidepressant rarely used due to concerns about liver toxicity

**Stelazine (trifluoperazine)** - an older antipsychotic, today rarely used. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Strattera (atomoxetine)** - a non-stimulant medication used to treat ADD/ADHD. Rare incidence of liver toxicity and has the black box warning for suicidal thinking in children and young adults.

**T**

**Topamax (topiramate)** - a mood stabilizer, also used for migraine headaches. Known to cause cognitive difficulties

**Tegretol (carbamazepine)** – anti-seizure medication used as a mood stabilizer. White blood cell counts and blood levels need to be monitored.

**Thorazine (chlorpromazine)** - an older antipsychotic, used for acute agitation in the hospital setting. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.

**Trileptal (oxcarbazepine)** - a mood stabilizer used to treat bipolar disorder. Can cause low blood sodium.

**U**

**V**

**Valium (diazepam)** - anti-anxiety medication of the benzodiazepine class
**Viibryd (vilazodone)** – antidepressant with effects via the serotonin system

**Vistaril (hydroxyzine)** - an antihistamine for the treatment of itches and irritations, an antiemetic, as a weak analgesic, an opioid potentiator, and as an anxiolytic.

**Vyvanse (lisdexamfetamine)** - a stimulant used to treat Attention Deficit Hyperactivity Disorder. Requires monitoring of heart rate, blood pressure, weight and height.

**W**

**Wellbutrin (bupropion)** - a antidepressant of the NDRI class Norepinephrine and Dopamine Reuptake Inhibitor, structurally identical to Zyban, a stop -smoking aid. Wellbutrin is used as an antidepressant and as a non FDA approved treatment for ADHD.

**X**

**Xanax (alprazolam)** - an antianxiety medication of the benzodiazepine class

**Y**

**Z**

**Zoloft (sertraline)** - an antidepressant of the SSRI class.

**Zyprexa (olanzapine)** - an "atypical" antipsychotic medication used in the treatment of schizophrenia, schizoaffective disorder and bipolar disorder. Requires monitoring of fasting blood sugars, cholesterol, heart rate, blood pressure, waist circumference, abnormal movements, weight and height.