1-125 Psychotropics oral dose

TIPS Question:

What is the safest practice when introducing medications in the home when these clients live alone. Medications such as respiridone.

Response:

The general "rule of thumb" when introducing a new psychotropic to an older person is "start low and go slow".

A typical first time dose for an older person may be 0.125 to 0.25mg per day with small increments every 3 to 5 days. When a client lives in the community, a clinician is dependent on family or community providers to observe response and/or side effects.

- Looking at section V of your manual (page 12) dizziness, agitation (early), somnolence and hypotension are listed for the atypicals. One would ask a family or provider to observe for the person being unsteady on their feet, especially when arising from a bed or chair. If a PSW should be assisting with bathing, they should be particularly observant when helping the person from the tub. Should there be a particular reason to be concerned the client may experience hypotension, I have asked for a B.P. for 1 - 2 days following the initiation of the medication or an increase in medication.

- Most importantly, think about what key issues need observation and how can this be related to the community provider or family so that they are able to relate the necessary observations to the Community Care Access Centre.

- A similar process would be utilized for any of the psychotropics: what needs to be observed and what is a simple way for caregivers/providers to observe and report this information.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*