

Purpose

The purpose of this policy is to monitor the metabolic side effects of antipsychotic and psychotropic medication in order to provide safe and effective patient treatment.

Introduction

Patients with serious mental illness are predisposed to increased morbidity and mortality including increased prevalence of Diabetes Mellitus and cardiovascular disease. The potential effects of psychotropic medications on appetite, body weight and metabolic indicators require integration of general medical and psychiatric care.

Scope

Establish a structured system with a multidisciplinary approach including weight management, nutritional assessment, blood work, healthy activity, smoking cessation and patient education for efficient screening and management of metabolic risk.

Admission Procedure

1. **Admission Physician's Responsibility:**
Complete the admission standard laboratory work-up. The Admission Orders include fasting triglycerides, blood cholesterol, and fasting glucose.
2. **Nursing's Responsibility:**
Implement the Vital Signs Form that includes waist circumference and Blood Pressure. This will be completed following the admission to the unit.
3. **Dietician's Responsibility:**
Within 30 days of admission, the dietician will score the metabolic risk by assessing the following on the "Risk for Metabolic Syndrome Assessment" form:
 - a) Central obesity as measured by the waist circumference;
 - b) Fasting blood triglycerides;
 - c) Blood HDL cholesterol,
 - d) Blood pressure;
 - e) Fasting glucose

Score 0–1: Low Risk for Metabolic Syndrome
 Score 2: High Risk for Metabolic Syndrome
 Score 3 or more: Metabolic Syndrome

4. Psychiatrist/Somatic Responsibility:

- a) The somatic provider and the psychiatrist will review the score and if the patient scores a 3,
- b) the ITP will be revised by the Team to include Metabolic Syndrome.

5. Scoring Results:

- a) If the patient is not cooperative in obtaining the results needed to perform an accurate assessment, a no score (NS) result will be documented on the form. The Treatment Team will document this in the ITP and identify the measures to address this problem. A reassessment will be completed annually by the dietician.
- b) Score 0-1 (Low Risk) will trigger an annual dietician reassessment of metabolic risk.
- c) Score 2 (High Risk) will trigger reassessment of metabolic risk every six months by the dietician.
- d) Score 3 (Metabolic Syndrome) will be documented by the Treatment Team in the ITP. A reassessment will occur every six (6) months by the dietician.
- e) The Annual Psychiatric Assessment will include the results of "Metabolic Syndrome Assessment" under Section V, intercurrent illness, somatic treatment, diagnostic procedure and results.

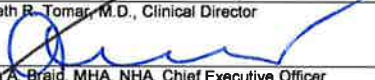
Reference:

Nursing Vital Signs Form
 Risk for Metabolic Assessment Form

Approved by



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Andrea A. Braid, MHA, NHA, Chief Executive Officer

7/2/17

Date

DRK/js

Typed: 2/12/2010

Revised: 5/9/13, 11/17/16, 7/13/17

Risk for Metabolic Syndrome Assessment

KEY

Central Obesity

As measured by waist circumference:

- Men — Greater than or equal to 40 inches
- Women — Greater than or equal to 35 inches

TG

Fasting Blood triglycerides greater than or equal to 150 mg/dL

HDL

Blood HDL cholesterol:

- Men — Less than 40 mg/dL
- Women — Less than 50 mg/dL

BP

Blood Pressure greater than or equal to 130/85 mmHg

FBS

Fasting glucose greater than or equal to 100 mg/dL

N/S

Not Scored — data unavailable

SCORING

- 3 or more** = Metabolic Syndrome
- 2** = High Risk for Metabolic Syndrome
- 0-1** = Low Risk for Metabolic Syndrome

SIGNATURE

INITIALS

Date

N/S No = 0 pt Yes = 1 pt

Central Obesity			
TG			
HDL			
BP			
FBS			
TOTAL			<input type="text"/>

Initials: RD MD

Date

N/S No = 0 pt Yes = 1 pt

Central Obesity			
TG			
HDL			
BP			
FBS			
TOTAL			<input type="text"/>

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N/S No = 0 pt Yes = 1 pt

Central Obesity			
TG			
HDL			
BP			
FBS			
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Central Obesity			
TG			
HDL			
BP			
FBS			
TOTAL			<input type="text"/>

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Central Obesity			
TG			
HDL			
BP			
FBS			
TOTAL			<input type="text"/>

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N/S No = 0 pt Yes = 1 pt

Central Obesity			
TG			
HDL			
BP			
FBS			
TOTAL			<input type="text"/>

Initials: RD MD

fm_MetabolicSyndromeAssmnt_tg / sgh-050510-A

Vital Signs Flow Sheet

Side 2

Date	Time	Temp.	Pulse	Resp.	Blood Pressure	Weight	Waist Circumference	Finger Stick Glucose	Oxygen (room air, etc.)	Pulse Ox% Sat.	Bowel Move.	Last Menstr. Cycle	Total Oral Intake	Total IV Intake	Total Output	Notes Letter of box below	Staff Initials

Notes

G	H	I
J	K	L

Signature

Initials
