



MEDICATION RED FLAG CRITERIA

Ask yourself these questions for every child taking medication on your caseload:

- ☐ Prescribed 4+ psychotropic medications?
- ☐ Prescribed two+ medications of the same type?
- ☐ 5 or younger?
- ☐ Prescribed high dosages?
- ☐ Experiencing bothersome side effects (not eating, eating too much, sleep difficulties)?

If **any** of these boxes are checked, request a Medication Review.

- Medication Reviews:
 - Are FREE!
 - Are available to all Alabama counties.
 - Do not Include behavioral services.



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REFERRALS



<https://cla.auburn.edu/apmrt/>

FDA-Approved Psychotropic and Sleep Medications in Children and Adolescents



It is important to note that some medications may be used to help manage symptoms, even if they are not FDA-approved for specific ages or diagnoses. This is a common and accepted practice in medical care, often referred to as "off-label" use. These treatment decisions should always be made in collaboration with healthcare providers and monitored closely by all stakeholders involved in the individual's care.

Medication (Generic)	Brand Name(s)	FDA-Approved Indications	Approved Age Range	Recommended Dosage Range
Amphetamine Mixed Salts	Adderall, Adderall XR	ADHD	≥3 years	IR (Immediate Release): 2.5–40 mg/day; XR (Extended Release): 5–30 mg/day
Aripiprazole	Abilify	Schizophrenia (13–17), Bipolar I (10–17), Autism Irritability, (6–17), Tourette's (6–18)	6–18 years	2–30 mg/day
Atomoxetine	Strattera	ADHD	6–17 years	Based on weight: 0.5–1.4 mg/kg/day or max 100 mg/day
Clomipramine	Anafranil	OCD (≥10 yrs)	≥10 years	25–200 mg/day
Clonidine ER	Kapvay	ADHD	6–17 years	0.1–0.4 mg/day
Dexmethylphenidate	Focalin	ADHD	≥6 years	Immediate Release: 2.5–20 mg/day
Diphenhydramine	Benadryl	Not FDA-approved (commonly used off-label for insomnia in children)	N/A	Based on weight: 1 mg/kg at bedtime (max ~50 mg)
Escitalopram	Lexapro	Major Depressive Disorder (≥12 yrs)	≥12 years	10–20 mg/day
Fluoxetine	Prozac	Major Depressive Disorder (≥8 yrs), OCD (≥7 yrs)	≥7 years	10–60 mg/day

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Fluvoxamine	Luvox	OCD (8–17 yrs)	8–17 years	25–200 mg/day
Guanfacine ER	Intuniv	ADHD	6–17 years	1–7 mg/day
Lisdexamfetamine	Vyvanse	ADHD, Binge Eating Disorder (≥18 yrs)	≥6 years	30–70 mg/day
Lithium	Lithobid	Bipolar I (Maintenance, ≥12 yrs)	≥12 years	900–1800 mg/day (serum-guided)
Lurasidone	Latuda	Schizophrenia (13–17), Bipolar Depression (10–17)	10–17 years	20–80 mg/day
Melatonin	Various Over the Counter	Not FDA-approved (commonly used off-label for insomnia)	N/A	0.5–5 mg at bedtime
Methylphenidate	Ritalin, Concerta	ADHD	≥6 years	Immediate Release: 5–60 mg/day Extended Release: 18–72 mg/day
Olanzapine	Zyprexa	Schizophrenia, Bipolar I (13–17)	13–17 years	2.5–20 mg/day
Quetiapine	Seroquel	Schizophrenia (13–17), Bipolar I (10–17)	10–17 years	100–800 mg/day
Risperidone	Risperdal	Schizophrenia (13–17), Bipolar I (10–17), Autism Irritability (5–16)	5–17 years	0.25–6 mg/day
Sertraline	Zoloft	OCD (≥6 yrs)	≥6 years	25–200 mg/day

Medications & Their Side Effects



There are many other types of medications used, these listed are the most common in children and adolescents

Medication Type	Common Medications	Common Side Effects	Serious Side Effects	Recommended Lab Work & Monitoring
Antipsychotics* <i>(old/typical/first generation)</i>	Haldol (haloperidol) Trilafon (perphenazine) Thorazine (chlorpromazine)	Extrapyramidal Side Effects (akathisia, dystonia, muscle stiffness, tardive dyskinesia), dry mouth, eyes, constipation, weight gain, ED, sedation, low blood pressure, vision changes	Neuroleptic Malignant Syndrome (potentially fatal), seizures, cardiac effects, movement disorders (EPS)	<ul style="list-style-type: none"> Complete blood count (baseline) Comprehensive metabolic panel (liver/kidney function) EKG (QT interval monitoring) Prolactin (if breast changes or galactorrhea occur) Creatine kinase (if Neuroleptic Malignant Syndrome suspected)
Antipsychotics* <i>(new/atypical/second generation)</i>	Seroquel (quetiapine) Abilify (aripiprazole) Risperdal (risperidone)	Weight gain, increased cholesterol, insulin resistance (diabetes development), headache, agitation, insomnia, akathisia, tremor, fatigue, liver impairment, breast changes, vision changes	Neuroleptic Malignant Syndrome (less common), Extrapyramidal Side Effects (less common), death (cardiac or diabetic)	<ul style="list-style-type: none"> Fasting Glucose / HbA1c (baseline and annually) Lipid Panel (baseline and annually) Weight / BMI monitoring Comprehensive metabolic panel (liver function) Prolactin (if breast changes or galactorrhea occur) EKG (for QT-prolonging agents or cardiac risk)
ADHD Medications* <i>(stimulants)</i>	Adderall (dextroamphetamine and amphetamine salts) Focalin (dexamethylphenidate) Ritalin (methylphenidate)	Loss of appetite, headache, insomnia, abdominal pain, weight loss, anxiety, vomiting, increased heart rate, infection, nausea, emotional lability/mood swings/irritability, dizziness, diarrhea, tics	Abuse/dependence, sudden death (cardiac), toxic psychosis (rare), Tourette's Syndrome (rare), CNS overstimulation, upper respiratory tract infections, changes in menses	<ul style="list-style-type: none"> Blood pressure and heart rate (baseline and periodic) EKG (baseline if cardiac history or symptoms) Weight and growth monitoring (especially in children / adolescents) Liver Function Test (rare, only if clinically indicated)

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ADHD Medications (nonstimulants)	Tenex (guanfacine) Kapvay/Intuniv (clonidine) <i>Note: Guanfacine ER and Clonidine ER are often used for ADHD and sleep/aggression support</i>	Headache, dizziness, fatigue, skin reactions, dry mouth, constipation, low blood pressure, anxiety, nightmares, insomnia, abdominal pain, decreased appetite	Upper respiratory tract infection	<ul style="list-style-type: none"> Blood pressure and heart rate (baseline and periodically) EKG (if bradycardia or cardiac symptoms suspected) Comprehensive metabolic panel (monitor electrolytes and liver function if needed)
SSRIs (selective serotonin reuptake inhibitors)	Prozac (fluoxetine) Zoloft (sertraline) Lexapro (escitalopram)*	GI upset, headaches, sleep changes, irritability, behavioral activation	Suicidal thoughts (especially early in treatment), serotonin syndrome	<ul style="list-style-type: none"> Mood changes / increased agitation Suicidal ideation Appetite / weight changes
SNRIs (selective norepinephrine reuptake inhibitors)	Cymbalta (duloxetine) Effexor XR (venlafaxine)	GI upset, headaches, sleep changes, irritability, behavioral activation, sweating, increased heart rate, fatigue	Increased risk of behavioral activation, elevated blood pressure	<ul style="list-style-type: none"> Blood pressure Mood / behavioral shifts Adherence to prescription

Medications That May Require Extra Caution In Young Children

Antipsychotic*: May be necessary for severe behaviors, but carry significant metabolic and neurological risks; close monitoring is essential.

ADHD Medications (stimulants)*: High dosages can cause emotional instability, appetite suppression, and increased anxiety. Start low and monitor closely.

Trazodone: Often used for sleep, but sedation can be excessive in young children. Use with caution.

Polypharmacy with sedatives (Clonidine, Hydroxyzine, Trazodone combinations): Increases risk of daytime grogginess, cognitive dulling and safety concerns.

SSRIs / SNRIs in youth: Evaluate for increased irritability or restlessness, sleep changes or nightmares, sudden mood swings, talk about death/self-harm, appetite changes or weight loss, physical complaints (e.g., stomach or headaches) that may indicate emotional distress.

Managing Common Side Effects

Headache	Nausea / GI Issues	Dry Mouth	Sexual Dysfunction	Fatigue, Sedation or Somnolence	Weight Gain
<p>Acetaminophen (unless liver concerns)</p> <p>Ibuprophen (unless kidney concerns)</p> <p>Adequate hydration</p> <p>Rest in a dark room</p> <p>Heat/massage therapy</p> <p>Gentle pressure</p> <p>Massage</p> <p>Change medication if persistent</p>	<p>Constipation: exercise, fiber, increased fluid intake</p> <p>Diarrhea: probiotics, zero sugar sports drinks</p> <p>Nausea: take medication with food, small frequent meals, bland foods (if vomiting, switch medications)</p>	<p>Regular dental appointments</p> <p>Chew hard candy or gum (sugar free)</p> <p>Increase water intake</p> <p>Low sugar/acid diet</p>	<p>Avoid other substances that contribute</p> <p>Consider adding Wellbutrin or ED medications (men)</p> <p>Change medication if persistent</p>	<p>Reduce dose</p> <p>Switch to bedtime</p> <p>Change medication If persistent</p>	<p>Exercise</p> <p>Reduce caloric intake</p> <p>Eat more slowly</p> <p>Increase water intake</p> <p>Ensure adequate sleep</p> <p>Change medication if persistent or severe</p>

Severe Side Effects

Antipsychotics	ADHD Medications	Antidepressants (SSRIs / SNRIs)	Other Serious Side Effects
Changes in movements Muscle rigidity Tremors Confusion / change in mental capabilities Drooling Excessive sedation	Chest pain Extreme aggression or agitation, paranoia, hallucinations Seizures New or worsening tics	Comments about self-harm or suicide Extreme agitation or confusion Seizures Muscle rigidity or tremors	Dark urine Rash and / or blistering Sedation interfering with daily life

If you notice any “Severe Side Effects,” or other abrupt changes in the child’s behavior or mental status, immediately contact the child’s medical provider to identify next steps.



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APMRT Referrals

Psychiatric Diagnostic Exclusion Chart

A diagnosis in the left column cannot co-occur with any diagnoses in the right column. *Example: Disruptive Mood Dysregulation Disorder (DMDD) cannot be diagnosed with Bipolar Disorder and Oppositional Defiant Disorder.*

If a child has conflicting diagnoses, consult the current provider to clarify and update the diagnostic impression.

Disorder	Cannot Be Diagnosed Concurrently With
Disruptive Mood Dysregulation Disorder (DMDD)	Bipolar Disorder, ODD
Major Depressive Disorder (MDD)	Manic or Hypomanic Episode
Bipolar I Disorder	None (but rule out other psychotic disorders first)
Bipolar II Disorder	Manic Episode (would be Bipolar I)
Oppositional Defiant Disorder (ODD)	DMDD (if criteria met)
Conduct Disorder	None (can co-occur, but consider antisocial PD in adults)
Schizophrenia	Schizoaffective, Mood Disorders with Psychotic Features
Schizoaffective Disorder	Schizophrenia, Mood Disorders, Substance Use Disorders
Autism Spectrum Disorder (ASD)	Intellectual Disability (if symptoms better explained)
ADHD	None (often co-occurs but must not be better explained by another disorder)
Generalized Anxiety Disorder (GAD)	None (can co-occur but must not be due to substance or medical condition)
Obsessive-Compulsive Disorder (OCD)	None (but distinguish from OCD-related disorders like hoarding, BDD)
Intermittent Explosive Disorder (IED)	DMDD, Conduct Disorder, Antisocial Personality Disorder

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If a child has conflicting diagnoses, consult the current provider to clarify and update the diagnostic impression.

Disorder	Cannot Be Diagnosed Concurrently With
Substance-Induced Psychotic Disorder	Primary Psychotic Disorders (e.g., Schizophrenia, Bipolar with Psychotic Features)
Persistent Depressive Disorder (Dysthymia)	Major Depressive Disorder (if MDD criteria are currently met)
Posttraumatic Stress Disorder (PTSD)	Acute Stress Disorder (if PTSD criteria are met)
Acute Stress Disorder	PTSD, Adjustment Disorder (if full PTSD criteria are met)
Adjustment Disorder	Any disorder that better explains the symptoms (e.g., MDD, GAD, PTSD)
Reactive Attachment Disorder (RAD)	Autism Spectrum Disorder (if social issues better explained by ASD)
Disinhibited Social Engagement Disorder (DSED)	Autism Spectrum Disorder (if social issues better explained by ASD)
Insomnia Disorder	MDD, GAD, PTSD (if insomnia is entirely explained by these)
Nightmare Disorder	PTSD (if nightmares are part of PTSD criteria)
Narcolepsy	Medical conditions or substance use (if better explains symptoms)
Sleep Apnea (Breathing-Related Sleep Disorder)	Medical conditions or substance use (if better explains symptoms)