

# ADHD Medication Management Plan

Date: \_\_\_\_\_

To the family of \_\_\_\_\_, please refer to this plan between visits if you have questions about care. If you are still unsure, call us at \_\_\_\_\_ for assistance.

Patient \_\_\_\_\_'s doctor is \_\_\_\_\_

Pager # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

School Name \_\_\_\_\_

School Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Key Teacher Contact Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's E-mail Address \_\_\_\_\_

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**Goals** What improvements would you most like to see? Specific behavior you would like to see improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Plans** to reach these goals:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## Medication

1. \_\_\_\_\_ Time \_\_\_\_\_ am/pm Time \_\_\_\_\_ am/pm Time \_\_\_\_\_ am/pm

Dose 1 \_\_\_\_\_ mg Dose 2 \_\_\_\_\_ mg Dose 3 \_\_\_\_\_ mg

2. \_\_\_\_\_ Time \_\_\_\_\_ am/pm Time \_\_\_\_\_ am/pm Time \_\_\_\_\_ am/pm

Dose 1 \_\_\_\_\_ mg Dose 2 \_\_\_\_\_ mg Dose 3 \_\_\_\_\_ mg

- Medication to be given on nonschool days
- School authorization signed by parent and MD
- Side effects explained/information given
- Medication given for \_\_\_\_\_ number of days
- R<sub>x</sub> written for duplicate bottle for administration at school

**Common Side Effects:** Decreased appetite, sleep problems, transient stomachache, transient headache, behavioral rebound; atomoxetine (Strattera): sedation or insomnia, stomach upset, slight increase in blood pressure; alpha-2 agonists (Intuniv, Kapray): sedation or drowsiness, dry mouth, decreased appetite, rebound hypertension

**Call your doctor immediately if any infrequent side effects occur:** Weight loss, increased heart rate and/or blood pressure, dizziness, growth suppression, hallucinations/mania, exacerbation of tics and Tourette syndrome (rare); atomoxetine (Strattera): liver failure (rare), suicidal thoughts

## Further Evaluation

- School testing scheduled Date \_\_\_\_\_
- Parent and Teacher Vanderbilt Completed \_\_\_\_\_

## Additional Resources and Treatment Strategies

- Follow-up Parent Vanderbilt given Completed \_\_\_\_\_
- Follow-up Teacher Vanderbilt given to parent  Follow-up Teacher Vanderbilt faxed to school Completed \_\_\_\_\_
- Behavioral modification counseling referral to \_\_\_\_\_
- Parenting tips sheet given  CHADD phone number given: 800/233-4050
- Community resources/referrals: \_\_\_\_\_

Next Follow-up Visit: \_\_\_\_\_

Note: Drugs listed on this tool do not appear in any order of importance. The appearance of the names American Academy of Pediatrics, Quality Improvement Innovation Network, and National Initiative for Children's Healthcare Quality does not imply endorsement of any product or service. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

