



OMHCC

Omaha Metropolitan Healthcare Coalition Psychiatric Medication Resources in Emergencies©

ANTIDEPRESSANTS

| ANTIDEPRESSANTS (SSRIs*) | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|--------------------------|--|-------------------------|---|
| Fluoxetine (Prozac) | Initial: 20 mg PO QAM MAX: 80 mg PO daily | 5-10 mg PO QAM | |
| Sertraline (Zoloft) | Initial: 50 mg PO daily MAX: 200 mg PO daily | 12.5-35 mg PO daily | |
| Paroxetine (Paxil) | Initial: 20 mg PO daily MAX: 50 mg PO daily | None | |
| Citalopram (Celexa) | Initial: 20 mg PO daily MAX: 40 mg PO daily; 20 mg PO daily (> 60 years old) | 10 mg PO daily | Citalopram and escitalopram may cause QTc prolongation |
| Escitalopram (Lexapro) | Initial: 10 mg PO daily MAX: 20 mg PO daily | >12 yrs: 10 mg PO daily | Monitor for nausea, vomiting, diarrhea or an increase in suicidal thinking, especially early in therapy |

*SSRIs are first-line agents for depression, anxiety, and PTSD

| ANTIDEPRESSANTS (SNRIs) | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|--------------------------|--|----------------------------------|---|
| Venlafaxine (Effexor) | Initial: 37.5-75 mg PO daily MAX: 225 mg PO daily | Reserved for treatment resistant | |
| Desvenlafaxine (Pristiq) | Initial: 50 mg PO daily MAX: 100 mg PO daily | Not approved | |
| Duloxetine (Cymbalta) | Initial: 60 mg PO daily MAX: 120 mg daily | 30 mg PO QD; MAX 120 mg daily | Similar side effect profile to SSRIs, however, may induce more nausea, insomnia, dry mouth, and in rare cases elevated blood pressure |

| OTHER ANTIDEPRESSANTS | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|------------------------|---|------------------------------------|---|
| Bupropion (Wellbutrin) | Initial: 150 mg daily (IR, XL) MAX: 150 mg TID (IR), 450 mg PO QD (XL) | 1.5-3 mg/kg/day MAX: 300 mg/day | Increased risk of seizures, contraindicated in patients with active eating disorders or seizure disorders |
| Mirtazapine (Remeron) | Initial: 7.5-15 mg PO QHS MAX: 45 mg PO QHS | Not approved | Drowsiness, sedation, increased appetite/weight gain |

- Monitor for signs and symptoms of Serotonin Syndrome (altered mental status, muscle twitching, agitation) with all antidepressants.
 - Higher risk when increasing dose or adding other serotonergic drugs
- If discontinuing a SSRI or other newer antidepressant drug, a gradual reduction in the dose over several weeks is required rather than an abrupt cessation, consult a physician or pharmacist regarding appropriate guidance for medication discontinuation.
- Many medications have extended-release (ER) and immediate-release (IR) formations.



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ANTIPSYCHOTICS

| ANTIPSYCHOTICS | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|--|--|---|---|
| Aripiprazole** (Abilify) | Initial: 5-10 mg PO daily MAX: 30 mg daily | 1.5-2 mg PO daily; MAX 10 mg daily | |
| Risperidone** (Risperdal) | Initial: 1-2 mg PO daily MAX: 3 mg BID PO daily | 0.25-0.5 mg PO daily MAX: 3 mg PO daily | Elderly Patients with Dementia-Related Psychosis: Increased risk of death and increased incidence of cerebrovascular adverse events |
| Ziprasidone (Geodon) | Initial 20-40 mg PO BID with food MAX: 160 mg BID with food Acute short-acting injection: 10-20 mg IM PRN (max 30 mg/day) | 10-20 mg PO BID with food MAX: 80 mg BID with food Acute short-acting injection: 10 mg IM PRN (max 20 mg/day) | All medications may cause QTc prolongation |
| Quetiapine (Seroquel) | Initial: 50-100 mg PO nightly MAX: 800 mg PO nightly | None | Monitor for hyperglycemia, hyperlipidemia, Neuroleptic Malignant Syndrome, QT prolongation, weight gain, cataracts, acute dystonic reaction, akathisia, pseudoparkinsonism, tardive dyskinesia, orthostatic hypotension, leukopenia, and the emergence of suicidality |
| Olanzapine** (Zyprexa) | Initial: 5-10 mg PO nightly MAX: 30 mg PO nightly Acute short-acting injection: 10 mg IM PRN | 4-6 yrs: 1.25 mg PO nightly 6-12 yrs: 2.5 mg PO nightly Acute short-acting injection: 5 mg IM Q4H PRN | **Long-acting injectable antipsychotics are FDA-approved and available, however are generally complex and are not typically initiated in the acute setting (require a test dose, dosing titrations, insurance coverage, close monitoring, oral transitions, etc.) |
| Haloperidol** (Haldol) | Initial: 0.5-5 mg daily MAX: 5 mg TID PO daily Acute short-acting injection: 5 mg IM PRN | Children: 0.5-2 mg PO daily Adolescents: 2-5 mg PO daily Acute short-acting injection: Children: 0.5-2 mg IM Q1H PRN (max 6 mg/day) Adolescents: 2-5 mg IM Q1H PRN (max 15 mg/day) | Severe neutropenia (need regular white blood cell monitoring), seizures, orthostatic hypotension, potentially fatal bowel obstruction/constipation, drooling, myocarditis |
| Clozapine (Clozaril) <i>Should only be used/initiated after failure of two or more other antipsychotics</i> | Initial: 12.5-25 mg PO nightly MAX: 600 mg PO nightly | Initial: 6.5-12.5 mg PO nightly MAX: 200-400 mg nightly | |



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ACUTE ANTI-ANXIETY & MOOD STABILIZERS

| ACUTE ANTI-ANXIETY | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|--|----------------------------|------------------------|--|
| Hydroxyzine (Vistaril) Non-controlled | 25-50 mg PO QID PRN | 12.5 mg PO QID PRN | Sedation, anticholinergic effects, QTc prolongation |
| Alprazolam (Xanax) Short-acting | 0.25-0.5 mg PO TID/QID PRN | Limited data | |
| Lorazepam (Ativan) Intermediate-acting | 1-2 mg PO BID/TID PRN | 0.5-1 mg BID/TID PRN | Sedation; Caution in patients with potential for substance use/abuse |
| Clonazepam (Klonopin) Long-acting | 0.5-1 mg BID PO PRN | 0.25-0.5 mg PO BID PRN | |

| MOOD STABILIZERS | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|------------------------|--|--|---|
| Lithium | Initial: 300-600 mg PO daily Dose based on serum levels (Goal: 0.6-1.0 mEq/L) | Initial: 150 mg PO daily Dose based on serum levels (Goal: 0.6-1.0 mEq/L) | Monitor for signs of lithium toxicity (altered mental status; worsening tremors, nausea, vomiting) |
| Divalproex (Depakote) | Initial: 500-750 mg PO daily Dose based on serum levels (goal: 50-125 mcg/L) | Initial: 250 mg PO daily Dose based on serum levels (goal: 50-125 mcg/L) | Pancreatitis, hepatitis/liver failure, altered mental status |
| Lamotrigine (Lamictal) | Initial: 25 mg PO daily Dose based on 7-week titration schedule | Not approved for psychiatric indications in children | Severe rash potentially progressing to Stevens-Johnson syndrome, stop medication at first sign of any rash |

POST-TRAUMATIC STRESS DISORDER (PTSD)

| PTSD | ADULT DOSING | CHILDREN'S DOSE | WARNINGS/PRECAUTIONS |
|--|--|---------------------|---|
| Utilize any SSRI or venlafaxine for PTSD maintenance therapy (see antidepressants) | See antidepressants | See antidepressants | See antidepressants |
| Prazosin (Minipress) PTSD-related nightmares | Initial: 1 mg PO QHS Titrate slowly to effect, MAX: 10 mg | None | Orthostatic hypotension, dizziness, tachycardia |

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