ParentCHILDJourney
Daniel G. Shapiro, M.D.
Developmental and Behavioral Pediatrics

STIMULANT TRIAL

Child's name: _____Grade: _____ Year: _____

Person completing this form: _____Relation to child: _____

When were your observations usually made? (circle): mornings/ afternoons/ evenings/ weekdays/ weekends

Dear Parents, Teachers, and Student:
Thank you very much for your help. It is so important to conduct this medication trial in a careful and controlled fashion. Please complete the table below. Record observations for the days indicated. If you were not with the child, leave that day's column blank. Your comments in narrative form are also very helpful. On the back, please record the date and describe the following: If there were side effects, at what time did you usually notice this? Do medicine benefits seem to "kick-in" too late or "wear off" too early? General comments about side effects. General comments about benefits. Please contact me if you have any questions or concerns. Thank you.

How often did you notice the following? 0=not at all, 1=just a little, 2=often, 3=very often

DOSE										
TARGET SYMPTOMS DATE										
Restless, squirmy, fidgety, "on-the-go"										
Demands must be met immediately										
Distractibility/ attention problem										
Problems with peer relations										
Misses important details										
Excitable, impulsive										
Fails to finish things										
Problems controlling behavior										
Easily frustrated										
Difficulty learning										
Disorganization/ time mismanagement										
Forgetful, loses things										
POSSIBLE SIDE EFFECTS										
Poor appetite										
Sleep problems										
Irritability, sadness										
Anxiety, OCD										
Social withdrawal, flattened affect										
Hyperfocus, stuck, daydreams										
Tics/ nervous habits										
Headaches, stomachaches, nausea										
Dizziness, drowsiness										

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MEDICATIONS CURRENTLY AVAILABLE FOR TREATMENT OF ADHD

Name (how supplied: mg strengths)	*"split-ability"**
Short acting/ immediate release stimulants (3-5 hours)	
methylphenidates	
Ritalin/ methylphenidate tabs: 5, 10, 20	2+
Methylphenidate chewtabs: 2.5, 5, 10	2+
Methylin solution: 5, 10/5ml	3+
Focalin/ dexmethylphenidate tabs: 2.5, 5, 10	1+
amphetamines	
Dexmethylphenidate tabs: 5, 10	1+
Procentra liquid: 5/5ml	2+
Adderall tabs: 5, 7.5, 10, 12.5, 15, 20, 30	2+
Evekeo tabs: 5, 10	2+
Zenzedi tabs: 2.5, 5, 7.5, 10, 15, 20, 30	2+
Long acting/ extended release stimulants (6-12 hours)	
methylphenidates	
Concerta tabs:18, 27, 36, 54	0
Metadate ER tabs: 10, 20	1+
Metadate CD caps: 10,20,30,40,50,60	1+
Ritalin LA caps: 10,20,30,40	1+
Quillivant XR 25mg/5ml liquid	3+
Quillichew ER tabs: 20, 30, 40	2+
Aptensio XR caps: 10, 15, 20, 30, 40, 50, 60	0
Daytrana *patch:* 10,15,20,30	1+
Focalin/ dexmethylphenidate XR caps: 5, 10, 15, 20, 25, 30, 35, 40	1+
amphetamines	
Dexedrine spansule caps: 5, 10, 15	1+
Adderall XR caps: 5, 10, 15, 20, 25, 30	1+
Vyvanse caps: 10, 20, 30, 40, 50, 60, 70/ chewables 10, 20, 30, 40, 50, 60	1+

"Split-ability"

- *0* *cannot be split (ruins the extended release delivery system, dropping the whole load immediately)*
- *1+* *tabs or caps not designed for splitting but ok (for caps, pinch, twist, and carefully tap out half the beads)*
- *2+* *scored tabs designed for splitting*
- *3+* *liquids measurable down to 0.1 mls (depending upon the dose, get a 1.0 ml or 3.0 ml syringe)*

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STIMULANT TRIAL PROTOCOL

Conducting a stimulant trial with: _____

1. Complete baseline ratings off medication for both target symptoms and possible side effects.
2. Start with: _____.
3. Observe for two to seven days, until you are sure of the medication effects at each dose.
    a. *Looking good:* If…
        i. benefits are *optimal* (2s and 3s for target symptoms all come down to 0s and 1s) and
        ii. side effects are *in*significant (numbers for possible side effects do not go up),
        iii. then stay with that dose and observe longer.
    b. *Too low:* If…
        i. benefits are *less than optimal* (2s and 3s for target symptoms do not come down all the way to 0s and 1s) and
        ii. side effects are *in*significant (numbers for possible side effects do not go up),
        iii. then you can increase by an amount equal to the starting dose.
    c. *No good:* If…
        i. benefits are *less than optimal* and
        ii. side effects are *significant* (numbers for possible side effects go up),
        iii. then stop. Going up more would only make side effects worse. Going down would not result in any benefits.
    d. *Mixed results:* If…
        i. benefits are *optimal* (2s and 3s for target symptoms do not come down all the way to 0s and 1s) and
        ii. side effects are *significant* (numbers for possible side effects go up),
        iii. then decrease by an amount equal to half the starting dose. See if this allows you to lose the side effects but still keep benefits. Some medicines allow for this degree of micro-turning; others may not.