

Developmental and Behavioral Pediatrics

STIMULANT TRIAL

Grade: Year: Child's name: ____Relation to child: _____

Person completing this form: _____

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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STIMULANTS FOR TREATMENT OF ADHD								
Name of medication (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+							
<u>amphetamines</u>								
Dexmethylphenidate tabs: 5, 10	1+							
Procentra liquid: 5/5ml	2+							
Adderall tabs: 5, 7.5, 10, 12.5, 15, 20, 30	2+							
Zenzedi tabs: 2.5, 5, 7.5, 10, 15, 20, 30	2+							
Long acting/ extended release stimulants (6-12 hours)								
<u>methylphenidates</u>								
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 <i>patch</i> : 10,15,20,30	1+							
Focalin/ dexmethylphenidate XR caps: 5, 10, 15, 20, 25, 30, 35, 40	1+							
Cotempla XR- Oral Disintegrating Tab: 8.6, 17.3, 25.9								
<u>amphetamines</u>								
Dexedrine spansule caps: 5, 10, 15	1+							
Adderall XR caps: 5, 10, 15, 20, 25, 30	1+							

cannot be split (ruins the extended release delivery system, dropping the whole load immediately)

liquids measurable down to 0.1 mls (depending upon the dose, get a 1.0 ml or 3.0 ml syringe)

tabs or caps not designed for splitting but ok (for caps, pinch, twist, and carefully tap out half the beads)

Vyvanse caps: 10, 20, 30, 40, 50, 60, 70/ chewables 10, 20, 30, 40, 50, 60

Adenzys Oral Disintegrating Tab: 3.1, 6.3, 9.4, 12.5, 15.7, 18.8

scored tabs designed for splitting

Evekeo tabs: 5, 10

*"Split-ability" 0

1 +

2+

3+

•

•

•

•

Dyanavel XR: 2.5 mg/ml liquid

Mydayis caps: 12.5, 25, 37.5, 50

2 +

1 +

3 +

0

0



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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. Starting dose: ____
- 3. Observe for three 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* (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 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 all come down to 0s and 1s) but
 - 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.