

Attention Deficit Hyperactivity Disorder

A Young Girl With ADHD



Decision Point One



Begin Ritalin (methylphenidate) chewable tablets 10 mg orally in the MORNING

RESULTS OF DECISION POINT ONE

- ☐ Client returns to clinic in four weeks
- ☐ Katie's parents report that they spoke with Katie's teacher who notices that her symptoms are much better in the morning, which has resulted in improvement in her overall academic

performance. However, by the afternoon, Katie is “staring off into space” and “daydreaming” again

- ☐ **Katie’s parents are very concerned, however, because Katie reported that her “heart felt funny.” You obtain a pulse rate and find that Katie’s heart is beating about 130 beats per minute**

Decision Point Two



Change to Ritalin LA 20 mg orally daily in the MORNING

RESULTS OF DECISION POINT TWO

- ☐ **Client returns to clinic in four weeks**
- ☐ **Katie’s academic performance is still improved, and the switch to the LA preparation is lasting Katie throughout the school day**
- ☐ **Katie’s reports of her heart feeling “funny” have gone away. Pulse was 92 during today’s office visit**

Decision Point Three



Maintain current dose of Ritalin LA and reevaluate in 4 weeks

Guidance to Student

At this point, Katie's symptoms are well controlled (her attention is sustained throughout the school day) and her side effects have gone away following change to a long-acting preparation. There is no indication at this point that the dose should be increased as it is always advisable to use the lowest effective dose of stimulant medication. Katie's heart rate is appropriate for an 8 year old girl and an EKG would not be indicated based on her heart rate.

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