SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC023

NAME: PSYCHOTROPIC MEDICATION

INITIAL APPROVAL:	08/26/1997	BY: Sanilac CMH Board
STAKEHOLDER REVIEW:	09/12/2023	BY: Recipient Rights Advisory Committee
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DISCONTINUED DATE:	N/A	REPLACED BY: NA

I. PURPOSE

To establish general guidelines for the use of psychotropic agents.

II. APPLICATION

Populations: **ALL**
Programs: **Direct - ALL**
Contracted – ALL

III. POLICY

Only a person licensed by the State of Michigan and in accordance with the following standards shall prescribe psychotropic medication. A medical history shall be completed before services are instituted. Each person receiving services will be asked to complete a Health Questionnaire at the time of intake and medical update will be made at the time of the annual review.

IV. DEFINITIONS

Extra Pyramidal Symptoms means movement disorders that can include dystonic reactions [which includes dystonia - exaggerated posturing of the head, face or neck or fixed upward gaze]; and dyskinesia [which includes involuntary, repetitive movements and muscle contractions]; akathisia [motor restlessness]; and Parkinsonism reactions [which resembles Parkinson's disease].

PDR means Physician's Desk Reference manual.

PRN means whenever necessary.

Psychotropic Medication means any medication administered for the treatment or amelioration of disorders of thought, mood or behavior. For the purposes of this policy, the following medications are considered psychotropic agents:

- Antipsychotic agents
- Antidepressant agents
- Lithium
- Anti-anxiety agents
- Sedatives and/or hypnotic agents
- Anti-cholinergic agents or other agents used to treat movement disorders

- Anticonvulsant medications used for psychotherapeutic means [e.g., Depakote, Tegretol, etc.]
- Psycho-Stimulants
- Non Psycho-Stimulants for ADHD

Tardive Dyskinesia means slow, rhythmical, automatic stereotyped movements, either generalized or in single muscle groups. These occur as an undesired effect of therapy with certain psychotropic drugs, especially anti-psychotic medications.

V. STANDARDS

Sanilac CMH shall ensure that the use of psychotropic medications is subject to the following restrictions:

1. Unless the individual consents or unless administration of psychotropic medication is necessary to prevent physical injury to the individual or to others, psychotropic medications shall not be administered to: (a) A person who has been admitted by medical certification or by petition after a final adjudication as required by law. (b) A defendant undergoing examination at the Center for Forensic Psychiatry or other certified facility to determine competency to stand trial, or (c) A person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the Center for Forensic Psychiatry.
2. Psychotropic medication may be administered to prevent physical harm or injury after signed documentation of the physician is placed in the person's clinical record and when the actions of a person or other objective criteria clearly demonstrate to a physician that the person poses a risk of harm to self or others.
3. Initial administration of psychotropic medication may not be extended beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The psychotropic medication shall be terminated as soon as there is little likelihood that the person will pose a risk of harm to self or others.
4. Additional courses of psychotropic medication may be prescribed and administered if a person decompensates and again poses a risk to himself, herself or others.
5. The prescribing physician/NP shall utilize the Michigan Automated Prescription System (MAPS) that is directly linked to the Agency's EMR as directed and monitored by the State of Michigan.

MEDICATION ORDERS

A. Medication shall only be administered at the order of a MD, DO, licensed physician's assistant or nurse practitioner under the supervision of a physician. A person's preferences will be considered and honored if medically feasible and appropriate. Persons who demonstrate inadequate funds for necessary medications will be linked, when possible, to indigent programs, samples or agency funds with administrative approval. Medication will be continued to the extent feasible, if the exact generics are not available.

   Psychotropic agents are to be prescribed only for those persons who have demonstrated need for psychotropic medication based on a comprehensive clinical assessment.

   Physician or health care provider orders may not be changed except by another physician.

B. Medication use shall conform to federal standards and the standards of the medical community. Medication can exceed standards outlined in the PDR only if the optimal blood level cannot be otherwise obtained, if the Federal Drug Administration [FDA] has changed the standard drug levels, or if supporting documentation from current psychiatric literature can support the dosage. If dosage levels are in excess of the maximum, the medical rationale shall be documented in the person's record.

C. Medication shall not be used as a punishment, for the convenience of the staff or as a substitute for other appropriate treatment.

D. A single psychotropic drug which offers the most effective treatment for the basic psychiatric disturbance exhibited by the person shall be selected whenever possible. Additional psychotropic drugs for associated symptoms [e.g., insomnia, anxiety, etc.] shall be used only when the primary psychotropic drug is not controlling these symptoms.

E. Whenever possible, only one psychotropic drug should be prescribed at one time. When two or more psychotropic drugs are used, the physician shall document the justification at the time the medication is administered or discontinued as well as the rationale for the concomitant use of two or more psychotropic drugs.

   The rationale for concomitant use shall be documented in the clinical record; however, in those instances where a person experiences an extra-pyramidal reaction, anti-cholinergic agents may be used. The physician shall document the justification for the use of an anti-cholinergic agent.

F. The medication regimen has to be individually determined by considering the person's need, age, sex, weight, physical condition, inter-current illnesses, medication interactions and any previous adverse reactions to medications.

G. Persons shall be checked and routinely monitored for the presence of any condition affecting therapy.

   - After the desired clinical result is obtained and the person's condition has stabilized, the medication shall be maintained at the minimum maintenance dose needed or the person may be titrated off the medication.
   - The effects of the medication on a person's behavior and on the target symptoms shall be recorded in the clinical record by the clinician. When the person has stabilized and there is need for long-term care for maintenance medication, the physician shall document such in the progress notes. Residential providers are required to report effects of medication on a person's behavior. Thereafter, the medication's effects shall be recorded at least semi-annually. Medication effects shall be recorded by the physician, RN, residential staff or case manager.
   - If a person's medication is changed, the physician will document that change and include the rationale for that change**.**
   - The use of psychotropic drugs on a PRN basis is seldom indicated. When PRN orders are written, the physician/psychiatrist shall document the justification as well as the rationale for the PRN order. There shall be an order and a dose for each route of administration. Orders shall also describe the specific conditions and behaviors under which the PRN order is to be administered and PRN orders shall specify the number of doses to be administered within a twenty-four [24] hour time period. The dosage of PRN orders for psychotropic drugs shall not exceed the total daily cumulative dosage as designated.

H. Prescriptions for psycho-stimulants will only be delivered to the individual receiving services, their guardian or home provider (if applicable) or one other person designated by the individual/guardian/home provider. Picture identification will be required for this designated person.

I. When prescription medications are provided they should be incorporated into the treatment plan. When appropriate, staff should train outside supports on information related to

medication use. Staff should also educate individuals, supports, or other caregivers on how to understand the effectiveness of the medication so that they can report their experiences early on so the course of treatment can be addressed if needed. Individuals should be educated on the effects of using substances and over the counter medications while on the medication. Individuals should also be educated on the importance of diet and exercise, coordination with PCP, and obtaining necessary medical tests while on the medication.

J. Discussion with individuals should occur on what should be done with medication in emergency situations and this should be documented in the chart or on a safety plan as needed.

K. Education on storage of medication and when disposal of medication is appropriate should be done with individuals. Individuals should be educated on the risks of stockpiling meds or keeping meds that the individual no longer takes.

L. Medication prescribed should be monitored and reviewed at each visit to ensure that prescribed medication treatment is the best course of treatment.

PRESCRIPTIONS

A. All medications are e-scribed and signed by the physician with rare clinically justified exception of controlled substances. All verbal, written or e-scribed prescriptions must be signed off by a physician within 24 hours.

An agency RN will phone the individual, home provider or caretaker to inform them of the psychiatrist's instructions regarding the medication. A copy of the order will be forwarded to the home provider, if any, when a medication change is ordered. The primary care physician will also be informed of all medication changes.

B. Telephone orders for medication shall be effective either for a specific number of days or until the order is changed or terminated as indicated by the prescribing physician.

C. Direct care staff cannot receive telephone orders for medications, with the exception of orders to hold or discontinue medication. In an emergency, the pharmacist and the RN, as licensed health care professionals, may receive telephone orders for medications in the event the physician is unable to write the prescription in person or by e-scribing.

D. Prescriptions for Schedule II controlled substances shall expire 60 days after the day written by the physician**.**

E. All psychotropic medications are to be reviewed by a physician at least semi-annually or as often as ordered by the physician specified in the plan of service and based on the person's clinical status. All medication orders expire annually and must be re-written.

F. Upon leave or discharge from Sanilac CMH programs, the physician will ensure that authorized medications prescribed through the agency are available in sufficient supply to ensure the person has continued treatment until such time as he/she becomes established with another provider.

G. Sanilac County Community Mental Health Authority physicians and/or contract physicians are the only persons authorized to dispense sample medications. All medications used should be current; outdated medications are disposed of with documentation to update the log of medication supply.

H. If an individual fails to show up for their appointment or does not contact the office to reschedule their appointment, prescriptions for psycho-stimulants will not be given until the person comes into the office for an appointment. Other medications prescribed by the agency psychiatrists will be available for renewal. Note: All prescriptions for psycho-stimulants must include the diagnosis for which the medication is being prescribed.

LABORATORY SERVICES

A. Physical Examination and Laboratory Studies

All persons who are on psychotropic agents should have appropriate laboratory studies to monitor the status of their hematopoietic and liver functions. The findings are to be reviewed by the psychiatrist and RN. Persons in need of specific medical care are to be referred to appropriate resources by the psychiatrist. All laboratory results are to be dated and initialed by the Registered Nurse and psychiatrist after they have been reviewed.

1. Lithium – Determine serum Lithium levels during therapy as follows:
    a. The last Lithium dose shall be given between 8 and 14 hours before blood is drawn for the Lithium determination.
    b. The first determination shall be done within two weeks and then as determined by the psychiatrist until stabilized. Once stabilized, Lithium determination should be done no less than every six months. Thyroid studies, renal function, blood count and electrolytes shall be obtained annually.
    c. Clinical monitoring shall have the goal of maintaining serum Lithium levels not to exceed FDA Standards.

2. Clozaril – Individuals who are being treated with Clozapine must have a baseline White Blood Cell count [WBC] Absolute Neutrophil Count (ANC) as follows:
    a. Initiation of treatment: *Weekly for six months*
    b. During first 6 to 12 months of treatment: *Every two weeks*
    c. After 12th month of treatment*: Every 4 weeks until treatment discontinued*
    d. At discontinuation of treatment: *Weekly for at least 4 weeks from discontinuation date.*

    A Clozapine Patient Information Sheet will be given to each person upon initiation of treatment

3. Depakote and Tegretol: Drug levels shall be obtained at least twice yearly.

B. If serum levels exceed or are below the therapeutic range, the medical rationale for either continuing or modifying the drug regimen shall be documented in the progress notes.

DISPENSING OF MEDICATION

A. Medications shall only be administered by qualified and trained staff:
- The designated staff member or contracted direct care staff will be required to satisfactorily complete the Basic Medication module of the DCH Group Home Curriculum Training as presented by Sanilac County Community Mental Health Authority training staff or another provider with supporting documentation.

- Ongoing, continuing education shall be required annually for the designated staff member on the appropriate procedures to use when dispensing medication. Training will be provided by the Sanilac County Community Mental Health Authority training staff.
- If a person cannot administer his or her own medication, medication shall be administered by or under the supervision of staff that are qualified and trained.

B. Staff administering medication must immediately document in the record the date, the time, and the name, dosage and route of the medication dispensed.

C. All medications dispensed shall be kept in locked cabinets or locked boxes accessible only to qualified and trained staff members. Medication shall be stored according to manufacturer recommendations. Medication prescribed for a person shall be given to and used only by that person or transferred to stock supplies if the manufacturer's policy allows this to occur.

D. Findings of medication errors and drug reactions must be reported to the responsible physician via the RN or care manager immediately who, in turn, is responsible for the further assessment and care of the person. Documentation is required in the case record including how the reaction was manifested and what action[s] was taken. An Incident Report must be completed for all medication errors (wrong medication passed, medication not passed, too many meds passed or when medications are passed to the wrong person).

E. Outdated medication shall be disposed of by destroying it beyond reclamation or it shall be returned to the pharmacy.

F. Unused or discontinued Pharmacy Assistance Program medications will be disposed.

TRANSPORTATION OF MEDICATION

If at any time staff have to transport medications for an individual who is receiving services, the medications are to be placed in a locked bag during transit. Locked bags are available from the nursing staff for this purpose.

CONSENT FOR MEDICATION

A. Informed consent shall be obtained in writing from the person, parent/guardian [depending on guardianship status] for each psychotropic medication prescribed and annually thereafter. Verbal consents can be obtained by the witness of two staff and must be followed up by written consent. The hard copy of the consent will immediately be mailed to the individual or legal representative for signature.

B. The consent shall include:
   - Name of the medication and dosage range;
   - An explanation of the risks and benefits of the use of the medication;
   - An explanation of the expected results of the medication and any possible side effects;
   - An explanation of possible side effects versus therapeutic benefits and special dietary needs and restrictions of the psychotropic medication.
   - An explanation that the consent may be withdrawn at any time.

C. When medications are discontinued and restarted, a new medication consent will be obtained if the consent is over one year old. It will be the responsibility of the agency RN to check medication consents at each medication review to assure they are in place.

D. The MA/RN will notify the AFC or SIP home provider when the Consent has been obtained so that the individual may begin receiving the prescribed medication.

***NOTE**: To assist with the explanation describing the risks and major side effects, the appropriate medication information sheet shall be given to each person/guardian at the time he/she is asked to sign the consent for psychotropic medication.*

CONTROLLED SUBSTANCES AGREEMENT

To ensure the clinically appropriate and safe prescribing of controlled substances, individuals prescribed controlled substances will be asked by the prescribing physician or their designee to sign a Controlled Substances Prescription Agreement (Form #0489). This agreement, in part, details the individual's responsibility as follows:

- the safe use and security of these medications
- to not seek additional prescriptions from other treating physicians without consulting with the Sanilac CMH prescribing physician
- not to mix controlled substances with alcohol, street drugs or other non-prescribed medications
- to take these medications as prescribed and not to share or sell to others.

***NOTE:** This agreement will be signed when controlled substances are initially prescribed. Reminders of this agreement will be periodically reviewed by the prescribing physician or their designee during the course of treatment.*

EXPLANATION OF AND MONITORING FOR SIDE EFFECTS

A. Individuals receiving services, the guardian (if any), or parents of a minor child will be educated on risks, benefits and possible side effects and provided with a written summary and explanation of those risks. They will be instructed to report the occurrence of adverse reactions to the physician or RN promptly. The prescriber or licensed health professional acting under the delegated authority of the prescriber of the medication, before initiating a course of treatment, will assure that this has occurred and will document same in the medical record before initiating a course of psychotropic drug treatment. This shall be done whenever a written prescription is provided or whenever there is a significant change in dosage.

B. For women of childbearing age, discussion should occur regarding the risks of the medication if pregnancy occurs, and the importance of early notification of the doctor once pregnancy is detected to minimize medication exposure to the fetus.

C. The risks vs. benefits need to be assessed for any medications being used by women who become pregnant. If possible, the medication will be stopped unless the risks of doing so outweigh the potential benefit. If it is not possible, all attempts should be made to use medications which have shown the lowest possible risk to the fetus.

D. Individuals receiving services are monitored every six (6) months or more frequently, depending on the degree of severity of the disability/disorder, by the Sanilac County Community Mental Health Authority physician, RN or designated staff person for possible side effects.

E. Care managers who have persons on medication are to be familiar with possible side effects, toxic reactions and medication interactions so that they can assist in monitoring effects of the medication and report concerns to the treatment team.

F. An assessment for Tardive dyskinesia shall be performed at least quarterly or as often as recommended by the psychiatrist. Physicians shall document the presence or absence of Tardive dyskinesia. The AIMS Scale or similar standardized assessment tool is to be used.

G. When a person is to receive maintenance medication for more than six months, the physician shall weigh the benefits of continued treatment against the risk of long-term use of psychotropic agents. The physician shall then document the basis for the decision to either continue or discontinue the medication.

VI. ATTACHMENTS

VII. REFERENCES

Medication Consent Letter - Form #0506
Department of Community Health Code 330.1719
Department of Community Health Administrative Rules 7158 - Medication
CARF 2011 Behavioral Health Standards Manual, Section 2-General Program Standards, Section E. Pharmacotherapy
The AIMS Scale