

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>		
Department		# of Pages: 4		
Policy Name: Psychotropic Medication Orders & Consents		Type of Policy: <input type="checkbox"/> WCHO <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Network		
Policy Number 13.012		Effective Date	Revision Date	Approval Date
Administrative/Board of Directors Sign Off				
Administrative Signature:			Date:	
Board of Directors Signature:			Date:	

I. PURPOSE

To establish practice standards for the prescribing of psychotropic medications.

II. APPLICATION

All recipients while under the care of any Community of Mental Health Partnership of Southeastern Michigan (CMHP) staff, students, volunteers and/or contractual agencies within the provider network. This policy does not apply to WCHO, however the WCHO will still have monitoring and oversight responsibility for medication administration.

III. POLICY

- A. Psychotropic medications shall be prescribed only by a physician or a clinical nurse specialist following written informed consent by the recipient or pursuant to a court order authorizing treatment. The physician or clinical nurse specialist shall be familiar with psychotropic medication through specific training and/or experience. Medication references are available, such as the Physicians Desk Reference (PDR).
- B. Medication Orders shall include the name of the client and at least one other identifier, the name of the medication, dose and timing of medication administration, method of drug administration, number/amount of medication to be dispensed, number of refills allowed and special instructions, when indicated.
- C. Psychotropic medication shall be selected by the physician or clinical nurse specialist based on client need and preference, effectiveness, and safety. CMH maintains an open formulary to insure that medication determined by the physician or clinical nurse specialist to meet these criteria is available to the client.
- D. Medication orders are documented on the Physician Order Record and maintained

within the client clinical record, showing the CMH prescribed medication use/history. The client's medication history information is also incorporated into the Initial Psychiatric Evaluation.

- E. The physician or clinical nurse specialist shall determine for each individual the adequate initial dosage for treatment by considering the person's need, age, sex, weight, physical condition and any previous adverse reactions to medication.
- F. The use of all medications shall follow Physician's Desk Reference (PDR) guidelines regarding contraindications, warnings, precautions, adverse effects, dosing and administration. If a physician or clinical nurse specialist departs from these guidelines, the clinical justification for it shall be documented on the Clinical Team Medication Review Note form.
- F. Justification and rationale for the concomitant use of two or more psychotropic medications from a category (e.g., Antipsychotic, Antidepressants), use of high dose pharmacotherapy (i.e., dosage greater than that recommended in the PDR), or prescription of controlled substances (i.e., benzodiazepines, psychostimulants) must be recorded on the Medication Review Note form.
- G. Before initiating a course of treatment with psychotropic medication, the physician or clinical nurse specialist or another licensed health professional acting under his/her delegated authority, shall explain the specific risks and potential side effects associated with the medication and shall provide the recipient with a written summary of the most common adverse effects.
- H. Prior to the initial order for psychotropic medications, written and informed consent from the recipient or guardian shall be obtained on the Consent to Treatment with Psychotropic Medication form.
- I. Medication shall be maintained at the minimum maintenance dose needed after the desired clinical result is obtained and the recipient's condition has stabilized. The physician or clinical nurse specialist shall discuss risk/benefits with the recipient and/or responsible party, and document this on the Clinical Team Medication Review Note form.
- J. All apparent adverse reactions/side effects from psychotropic medications such as leukopenia, extrapyramidal syndromes, etc. and action taken shall be documented on the Medication Review form.
- K. Effects of the medication(s) on target symptoms shall be recorded on the Medication Review Note form each time the recipient is evaluated by the physician or clinical nurse specialist. Mental Health Nurses administering medication document client-reported and observed effects of medication(s) and CMHP staff in contact with clients monitors effects of medication(s) continuously. CMHP staff has immediate

- access to CMHP health professionals for consultation and/or triage in situations of potential adverse effects.
- L. For those recipients taking antipsychotic medications associated with the incidence of tardive dyskinesia, an AIMS test shall be performed at least quarterly.
 - M. Medication use shall be reviewed at least quarterly, or more often if indicated in the recipient's person-centered plan of services or based upon the recipient's clinical status, and either continued, revised, or discontinued.
 - N. A psychotropic medication ordered on a PRN basis shall require that a justification and rationale be documented on the Medication Review Note form. The medication order shall also specifically describe the indications for its use and length of time in effect.
 - O. Standing Orders are used in situations where licensed health professionals may qualify the use of a Standing Order medication. Standing Order medications that are approved for client use in residential programs are over-the-counter medications prescribed by the primary medical provider and reviewed by the psychiatrist / clinical nurse specialist.
 - P. Taper Orders and/or Titration Orders are prescribed when recommended by the manufacturer and/or as recommended in the Physicians Desk Reference.
 - Q. Telephone orders for medication is allowed only in urgent situations. Telephone orders shall be:
 - 1. Received only by a Registered Nurse from the primary CMH physician and Clinical Nurse Specialist only.
 - 2. Immediately recorded on the Physician Order Record, read back verbatim to the physician, signed by the registered nurse, and placed in the prescribing physician's inbox.
 - 3. Countersigned by a physician at the physician's next regularly scheduled shift at CMH.
 - R. All forms referenced in this policy shall become a part of the recipient's clinical record and filed therein.
 - S. CMHP physicians or clinical nurse specialists will not prescribe medications for non-psychiatric conditions (including seizure disorders). Clients that have known medical illness, or that are determined to have symptoms suggestive of medical illness by history, response to the health risk appraisal, or routine laboratory screening, will be referred to a primary care physician for medical assessment and treatment.
 - T. Investigational or experimental medication usage is prohibited without review of

proposed protocol by the CMH Research Review Panel

IV. DEFINITIONS

Physician - A person who is licensed to practice medicine or osteopathic medicine by the Bureau of Occupational and Professional Regulation, Michigan Department of Commerce.

Psychotropic Medications - medications prescribed to treat or ameliorate disorders of thought, mood or behavior.

Chemotherapy - The use of psychotropic medications.

Informed Consent - A written agreement by the recipient or guardian that assumes legal competency, knowledge and comprehension .

Clinical Nurse Specialist – A licensed nurse that may prescribe medication within their scope of practice.

VI. REFERENCES

Michigan Mental Health Code, Public Act 258 of 1974 as amended - Sec. 718, 719.

DCH Administrative Rules - AR 7158.

Michigan Department of Community Health's Public Mental Health Manual, 07-R-7158/GL Psychotropic Medication Guidelines.

Physicians Desk Reference (PDR)