

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Clinical Care Author: Dr. K. Milner		<i>Psychotropic Medication Orders & Consents</i>	
		Local Policy Number (if used)	
Revision Date 10/26/06	Approval Date 3/20/07	Implementation Date 4/20/07	
Archive Information			
Date:			
Reason:			

I. PURPOSE

To establish practice standards for the prescribing of psychotropic medications

II. POLICY

It shall be the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to ensure that psychotropic medications shall be prescribed only by a prescriber following written informed consent by the recipient or pursuant to a court order authorizing treatment.

III. APPLICATION

All recipients while under the care of any CSSN and CSSN Look-alike staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) including students, volunteers, those of organizations under contract with affiliation members. This policy does not apply to WCHO; however the WCHO will still have monitoring and oversight responsibility for medication administration.

IV. DEFINITIONS

Chemotherapy - The use of psychotropic medications.

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

Nurse Practitioner or Clinical Nurse Specialist – A licensed nurse that may prescribe medication within his or her scope of practice

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.

Prescriber – A Physician, Mental Health Nurse Practitioner, or Clinical Nurse Specialist who is licensed to prescribe medications.

V. STANDARDS

- A. The prescriber 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 recipient 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 prescriber based on recipient need and preference, effectiveness, and safety. CSSN and CSSN Look-alike staff maintains an open formulary to ensure that medication determined by the prescriber to meet these criteria is available to the recipient.
- D. Medication orders are documented under Consumer Prescriptions in the Medications Module and maintained within the recipient electronic record, showing the CSSN and CSSN Look-alike staff prescribed medication use/history. The recipient's medication history information is also incorporated into the Initial Psychiatric Evaluation.
- E. The prescriber shall determine for each individual the adequate initial dosage for treatment by considering the recipient'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 prescriber departs from these guidelines, the clinical justification for it shall be documented on the Consumer Medication Review Note in the electronic medical record.
- G. 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, psycho-stimulants) must be recorded in the Consumer Medication Review Note.
- H. Before initiating a course of treatment with psychotropic medication, the prescriber 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.
- I. Prior to the initial order for psychotropic medications, written and informed consent from the recipient or guardian shall be obtained on the Consumer Medication Consent. The Consumer Medication Consent must be renewed annually. It can be revoked by the consumer at any time.
- J. 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 prescriber shall discuss risk/benefits with the recipient and/or responsible party, and document this in the Consumer Medication Review Note.
- K. All apparent adverse reactions/side effects from psychotropic medications such as leucopenia, extrapyramidal syndromes, etc. and action taken shall be documented in the Consumer Medication Review Note.

- L. Effects of the medication(s) on target symptoms shall be recorded in the Consumer Medication Review Note each time the recipient is evaluated by the prescriber. Mental Health Nurses administering medication document recipient reported and observed effects of medication(s) and CSSN and CSSN Look-alike staff in contact with recipients monitors effects of medication(s) continuously. CSSN and CSSN Look-alike staff has immediate access to CSSN and CSSN Look-alike staff health professionals for consultation and/or triage in situations of potential adverse effects.
- M. For those recipients taking antipsychotic medications associated with the incidence of tardive dyskinesia, an AIMS test shall be performed at least quarterly.
- N. 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.
- O. A psychotropic medication ordered on a PRN basis shall require that a justification and rationale be documented in the Consumer Medication Review Note. The medication order shall also specifically describe the indications for its use and length of time in effect.
- P. 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 recipient use in residential programs are over-the-counter medications prescribed by the primary medical provider and reviewed by the prescriber.
- Q. Taper Orders and/or Titration Orders are prescribed when recommended by the manufacturer and/or as recommended in the Physicians Desk Reference.
- R. Telephone orders for medication are allowed only in urgent situations. Telephone orders shall be:
 - 1. Received only by a Registered Nurse from the primary prescriber only.
 - 2. Immediately recorded on the Progress Note, read back verbatim to the prescriber, signed by the registered nurse, and placed in the prescriber's inbox.
 - 3. Countersigned by a prescriber at the prescriber's next regularly scheduled shift at CMHPSM.
- S. All forms referenced in this policy shall become a part of the recipient's clinical record and filed therein.
- T. CSSN and CSSN Look-alike prescribers will not prescribe medications for non-psychiatric conditions (including seizure disorders). Recipients that have known medical illness, or that are determined to have symptoms suggestive of medical illness by history, response to the Personal Health Review, or routine laboratory screening, will be referred to a primary care physician for medical assessment and treatment.
- U. Investigational or experimental medication usage is prohibited without review of proposed protocol by the CMHPSM Research Review Panel.

VI. EXHIBITS

CMHPSM Consumer Medication Consent Form

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	Sec. 718, 719
JCAHO- Behavioral Health Standards	X	MM 3.10, 3.20, 5.10, 6.10, 6.20
MDCH Public Mental Health Manual	X	07-R-7158/GL Psychotropic Medication Guidelines.
MDCH Administrative Rules	X	AR 7158.
Physician's Desk Reference (PDR)	X	

VIII. PROCEDURES

None

(Insert Organization Name)

CONSUMER MEDICATION CONSENT

As part of my Person-Centered Plan, my doctor/nurse practitioner recommends the use of medication.

I understand that all medication may produce side effects, and that some side effects may be serious or permanent. I understand the importance of reporting side effects or unusual reactions to my prescriber. I have read and understood the written material explaining the medication I will be taking. I have had an opportunity to ask questions and have received full and complete answers.

Medication(s)	Dose range	Reason for Medication (place number(s) next to the proper symptom)		
1. _____	_____	___ Depression	___ Mania	___ Stabilize Mood
2. _____	_____	___ Anxiety	___ Attention or Cognition Problems	___ Insomnia
3. _____	_____	___ Paranoia	___ Hallucinations	___ Disorganized Thoughts
4. _____	_____	___ Stiffness or Restlessness	___ Agitation	___ Other: _____

An information sheet was provided to the consumer:
See Prescriber note for more information:

Y / N/ Declined _____

I understand that medications like these have been used successfully in the treatment of conditions similar to mine but that no guarantee can be made that the medication will be equally effective for me. I am aware of the risks of not taking medications. I understand that my Doctor/Nurse Practitioner will inform me if my medication dosages increase beyond recommended levels. I have informed staff about my medical problems, current medications, and history of reactions to medications.

I understand that there are risks to taking these medications during pregnancy, and I should consult my obstetrician and my mental health prescriber about whether to stop or continue medications while pregnant. I agree to notify my prescriber immediately if I do become pregnant.

I understand that simple blood tests, cardiograms or other tests may be necessary to monitor my condition.

I understand that I will be informed if the dose of my medication is outside the recommend dose range.

I understand that I may decide to stop taking this medication or make changes in medication if I choose, without jeopardizing current services by completing the Consent for Participation in Treatment/Services.

_____ I have considered the benefits and consequences of the medication and freely consent to its use in my treatment. I also understand I can withdraw my consent for the use of this medication at any time and that it would be desirable to first speak to my doctor/nurse practitioner before doing so.

_____ I have/am at risk for tardive dyskinesia, and I will be monitored at least every three months.

_____ I have/am at risk for metabolic syndrome, a precursor of diabetes, and I will be assessed once or twice per year for the presence of high sugar levels and high cholesterol in my blood.

_____ I understand that I have been court ordered to take this medication. I acknowledge receiving this notice.

_____	_____	_____	_____
Consumer's Name	Consumer's Signature	Date	
_____	_____	_____	_____
Consumer Refuses to Sign	Staff Name	Staff Signature	Date

I am revoking my consent for the following medication(s).

_____	_____	_____
Medication Name	Consumer's Signature	Date
_____	_____	_____
Medication Name	Consumer's Signature	Date
_____	_____	_____
Medication Name	Consumer's Signature	Date