LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 07/19/2010
Date Revised 04/18/12; 07/24/12; 1/25/13; 8/26/15; 03/28/18; 11/19/18; 08/16/21; 12/19/22; 07/09/24

CHAPTER Health/Medical	**CHAPTER** 03	**SECTION** 001	**SUBJECT** 20
SECTION Drugs and Medication	**DESCRIPTION** Psychotropic Medications		
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☐Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides guidelines for prescribing psychotropic medications.

STANDARDS:

A. LCCMH prescribing practices follow Michigan Administrative Code Rule 330.7158.

B. Only a physician, nurse practitioner, or physician's assistant licensed by the Michigan Department of Licensing and Regulation prescribes psychotropic medication.

C. When in program or in a residential setting (Adult Foster Care, specialized home, etc.), a registered nurse or staff trained in medication administration can administer psychotropic medication, unless the Individual Plan of Service (IPOS) calls for self-administration. LCCMH follows the Medication Administration and Assistance with Self-Administration Policy 03.001.10.

D. All prescribing physicians, nurse practitioners, or physician's assistants and administering nurses are familiar with psychotropic medications and follow Michigan Department Health and Human Services (MDHHS) guidelines and Federal Standards for all medication storage, handling, transporting, delivery, inventory, and disposal.

E. Children five years and younger may be referred to a child psychiatrist for assessment and ongoing treatment if medication is warranted.

PROCEDURES:

A. Prior to the prescription of psychotropic medication, the physician, nurse practitioner or physician's assistant get a complete history, including the current physical and psychiatric medication regime for the person served.

B. Medication is only administered at the order of a physician, nurse practitioner or physician's assistant, and by, or under supervision of, a qualified and trained staff person.

C. Review and Monitoring:

1. The treatment team reviews the administration of a psychotropic medication periodically as set forth in the IPOS of the person served and based upon the clinical status. Medication Reviews are conducted every 90 days, but may be reviewed more or less frequently if clinically indicated and the rationale is documented. Primary case holders and the physician, nurse practitioner or physician's assistant complete the review. The review is documented in the clinical record of the person served and the IPOS. All prescriptions will have a limited number of refills.

2. Serious mental illness can be chronic and require medication for an indefinite period of time. When a person served receives a maintenance dosage for longer than three months, the physician, nurse practitioner or physician's assistant weighs the benefits of continued use versus the risk of long-term side effects. The physician, nurse practitioner or physician's assistant documents in the record of the person served the rationale for continuing the prescription.

3. For persons served on a maintenance dose of a psychotropic medication but unable to transition to a community physician, Medication Management Services with 6 month refills are considered on a case by case basis.

D. Before initiating a course of psychotropic drug treatment for a person served, the prescriber or a licensed health professional acting under the delegated authority of the prescriber will do both of the following:

1. Explain the specific risks and the most common adverse effects associated with the drug.

2. Provide the person served with a written summary of the most common adverse effects associated with the drug.

E. Physicians', nurse practitioners', or physician assistants' orders are to be followed exactly and may not be modified except by the physician, nurse practitioner or physician's assistant.

F. Psychotropic medication is prescribed only for the therapeutic benefit of a person served.

G. Psychotropic medication is not prescribed as a punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

H. LCCMH ensures only medication authorized in writing by the physician, nurse practitioner, or physician's assistant is given to persons served upon their leave or discharge from services and enough medication is made available to ensure the person served has an adequate supply until they can become established with another provider.

I. The use of all medications will follow Federal Drug Administration (FDA) safety guidelines noted in the "package insert" also known as "Full Prescription Information" unless there is clinical justification to exceed this safety guideline, which must be fully documented in the medical record.

J. Dosages:

1. Any medication administered at LCCMH or at any contracted service site is documented on a medication log. This information is made part of the clinical record of the person served.

2. The medication dosage range is determined according to guidelines set forth in standard references. In addition, the needs, age, weight, sex, physical condition, and any previous experience with medication of the person served is taken into consideration.

3. A physician, nurse practitioner, or physician's assistant may lawfully prescribe an FDA-approved medication for an unlabeled indication when the decision is based on sound scientific evidence and sound medical opinion. When a physician, nurse practitioner, or physician's assistant deviates from FDA labeling, especially in regard to dosage or indication, it is based on medical literature and drug information. The physician, nurse practitioner, or physician's assistant enters a notation in the record of the person served documenting clinical justification. This documentation is completed at the time the prescription is written. The Behavior Treatment Plan Review Committee (BTPRC) will review such prescriptions.

K. All medication stored on the physical premises of LCCMH will be placed in a locked cabinet or room (with the exception of non-prescription emergency medications stored in a designated area according to policy, such as Narcan®/Naloxone). Access to this area will be available only to agency physicians, nurse practitioners, physician's assistants, and nurses. Off-site locations also store medications in a locked cabinet or room. Off-site locations have designated staff trained in medication administration with access to medications in lieu of an agency nurse. These medications are labeled with the name of the person served, directions for administering, and the prescribing physician. Any controlled substance will be stored at LCCMH in a separate locked area (locked cabinet in a locked room) where the access is limited to agency nurses and LCCMH prescribers. At off-site locations, a designated staff person trained in medication administration will have access.

L. Expired, discontinued, and damaged medication will be disposed of through the agency disposal procedures as outlined in Policy 03.001.40.

M. Any medication errors are reported to the Recipient Rights Officer and the assigned case manager within 24 hours of the error. The prescriber or prescriber's nurse is contacted immediately and the home/AFC is notified. See Medication Errors Policy 03.001.15.

N. The BTPRC must review the cases of all persons served diagnosed with a developmental disability for whom psychotropic medication is prescribed for behavioral control. Such cases are reviewed per the BTPRC policy and procedures. See BTPRC Policy 01.002.45.

O. Any psychotropic medication prescribed to a pregnant woman must be approved by the Medical Director prior to the initiation of any medication regime.

ADVERSE DRUG REACTIONS:

A. When an adverse drug reaction is either observed by staff, or reported by a person served or other interested party, the following steps will be taken by staff:

1. Always stop the drug or medication promptly and contact the prescribing physician, primary care physician, nurse practitioner or physician's assistant, or take the person served to the nearest emergency room.

2. Notify LCCMH prescriber as soon as possible. The responsible case holder will make a note in the clinical record of the person served of the drug reaction.

3. Complete an incident report and submit it to the Recipient Rights officer within 24 hours.

4. If deemed necessary the Medical Director or designee will report adverse effects to the pharmaceutical company and follow up as the company requests.

MEDICATION PASSING DURING PROGRAMS / RESIDENTIAL SITES:

A. While attending program or living at a contracted residential site, a person served takes only those medications prescribed by their individual physician, nurse practitioner, physician's assistant, dentist, or psychiatrist, which includes non-prescription medications, such as over-the-counter medications.

B. Physicians, nurse practitioners, or physician's assistants either may in person, or by telephone, verbally authorize the agency nurse to administer medications. The nurse documents all verbal orders in the clinical record of the person served and secures the physician's, nurse practitioner's or physician's assistant's

signature for the medication order in a reasonable length of time (usually within 72 hours).

C. Only a staff who has been trained in proper medication passing may pass medications. Staff must also receive a refresher in medication passing on an annual basis. Administration of medications to persons served who are not able to self-administer is carried out by trained staff. Initial medication training is provided by an agency nurse using The Michigan Department of Licensing and Regulatory Affairs State Approved Curriculum for Direct Care Staff. See Policy 03.001.10 Medication Administration and Assistance with Self-Administration.

D. The staff person trained in medication administration records the administration of all medications on a medication log, which is part of the clinical record of the person served.

E. If a medication is to be discontinued prior to the expiration of the prescription, the physician, nurse practitioner, or physician's assistant will issue specific discontinuation or stop orders. If the prescription expires or is not re-written, it is understood the medication is automatically stopped. If the person served lives in a residential setting, per the licensing rules, they need a discontinue order.

F. The staff person ensures medication errors and adverse drug reactions are immediately and properly reported to LCCMH physician, nurse practitioner, or physician's assistant, and/or their primary care physician, nurse practitioner or physician's assistant. The case holder notes this in the electronic health record of the person served and complete an incident report according to Medication Errors Policy 03.001.15.

G. When a person served is released from the hospital and has been prescribed a new medication regime, the residential staff must review the new regime with the primary care physician, nurse practitioner, or physician's assistant, or LCCMH physician, nurse practitioner, or physician's assistant. Any medication prescribed prior to hospitalization is discontinued unless reinstated by a prescriber after discharge. Residential staff must clarify the medication regime with the prescriber following discharge. This must be communicated to the case holder at the time of discharge and noted in the clinical record of the person served.

H. An Incident Report must be completed if a person served receives another person's medications. A root cause analysis is completed to find out why the error occurred and how to prevent it in the future. This analysis is submitted to the Recipient Rights Officer.

PSYCHOPHARMACOLOGY:

The prescription of medication designed to treat disordered affect, cognition, perception, and/or behaviors.

A. Psychotropic medications are not administered unless:

   1. Person served or Legal Guardian gives informed consent using the Medication Consent Form in the Electronic Health Record, or

   2. Administration is necessary to prevent physical injury to person or others, or

   3. It is Court ordered.

B. The LCCMH treatment team ensures the following in regards to the use of psychotropic medication:

   1. Unless the person served consents psychotropic medications are not administered to:

      a. A person served who has been admitted by medical certification or by petition until after a final adjudication as required under section 468 of the mental health code.

      b. A defendant undergoing examination at the Center of Forensic Psychiatry or other certified facility to determine competency to stand trial.

      c. A person acquitted on a criminal charge by reason of insanity while undergoing examination and evaluation at the Center for Forensic Psychiatry.

C. A provider may administer psychopharmacology to prevent physical harm or injury after signed documentation of the physician is placed in the clinical record of the person served and when the actions of a person served or other objective criteria clearly demonstrate to a physician the person served poses a risk of harm

to their self. All medications are prescribed and administered with person served and/or guardian's consent. LCCMH does not permit the use of chemical restraint.

D. The Michigan Mental Health Code states initial administration of psychotropic chemotherapy may not be extended beyond 48 hours unless there is consent. The duration of psychopharmacology will be as short as possible and at the lowest possible therapeutically effective dose. The chemotherapy is terminated as soon as there is little likelihood the person served will pose a risk of harm to their self or others.

E. In case of an emergency, the period of treatment will be as short as possible and terminated as soon as the physician, nurse practitioner or physician's assistant determines the person served is not likely to return to an actively dangerous state. Emergency administration of psychotropic medication cannot be extended beyond 48 hours unless there is a signed consent form. In case of an emergency, the Medical Director is available for consultation twenty-four hours a day, seven days a week.

F. Additional courses of psychopharmacology may be prescribed and administered if a person served decompensates and again poses a risk to their self or others.

G. All medication information regarding the person served is documented in the clinical record and if medication is prescribed, the smallest dose possible is used.

PRESCRIBING PRINCIPLES:

A. POLYPHARMACY:

1. A single drug, which offers most effective treatment for the exhibited psychiatric condition, is selected. Additional agents for associated symptoms (such as anxiety and insomnia) is prescribed only when the primary agent is not effective in controlling symptoms.

2. Efforts will be made to avoid redundant polypharmacy, and if more than one psychotropic agent from a treatment category is prescribed (i.e. antipsychotic, antidepressant, anxiolytic), justification and rationale for simultaneous use must be documented in the clinical record of the person served. Additionally, if the dosage range, as recommended in the above listed references is exceeded, justification must be written in the clinical record of the person served. If serum levels for lithium or anticonvulsants are maintained above or

below the standard therapeutic range, the rationale will be included in the clinical record.

3. When PRN (as needed) medication orders are written, rationale for staff giving the medication, and the response to the medication, is documented in the chart. The assigned LCCMH case holder is kept informed and notate the above information in the LCCMH chart.

B. GENERAL HEALTH AGENTS:

1. Medications other than those directly indicated for treatment of psychiatric disturbances and medication side effects are not prescribed at LCCMH. Persons served are referred to their primary care physician, nurse practitioner or physician's assistant for other medications such as birth control pills, allergy medication, medication for G.I. disturbance, pain medication, diuretics, antihypertensives, etc.

2. Anticonvulsants are prescribed for emotional problems, but not for epilepsy. The primary care physician, nurse practitioner or physician's assistant monitors and prescribes medications used in treatment of epilepsy, with directions from a neurologist as needed.

C. ANTIPARKINSONIAN AGENTS:

1. If a concomitant use of antiparkinsonian agents with antipsychotic agents is necessary, the presence of an extra-pyramidal reaction is documented before an antiparkinsonian agent is prescribed.

2. Frequently, the antiparkinsonian agent can be discontinued after three weeks without reappearance of the symptoms. Antiparkinsonian agents are not reinstated unless the person served again exhibits extra pyramidal symptoms. The physician, nurse practitioner or physician's assistant documents justification for the use of antiparkinsonian agent in the clinical record of the person served.

D. ANTIANXIETY AND SEDATIVE / HYPNOTIC AGENTS:

1. Antianxiety agents and sedative / hypnotic agents are not used to treat the associated symptoms of anxiety or insomnia accompanying the major psychotic or affective disorder, unless the pharmacotherapy of the underlying

psychotic or affective disorder proves to be ineffective in controlling the associated symptoms of the underlying disorder.

2. Benzodiazepines are generally used because of their lower toxicity in overdose and the absence of hepatic enzyme induction. However, they have a definite abuse potential and use is contraindicated in persons with Substance Use Disorders. Tolerance readily develops to their anxiolytic properties. Prescribed use of benzodiazepines beyond thirty days is monitored by the assigned psychiatrist on a quarterly basis to observe the effectiveness of the medication and its relief of specific symptoms. Observations must be clearly documented in the clinical record of the person served during medication review appointments. Refills of any benzodiazepine prescription between medication review appointments is at the discretion of the treating psychiatrist in consultation with the primary case holder.

E. These are psychopharmacology-screening criteria. These criteria are intended for screening use only and are not prescribing guidelines or necessarily definitive standards of use.

DEFINITIONS:

Adverse Drug Reaction: An undesirable effect reasonably associated with the use of the drug, which may be unpredictable in its occurrence.

Behavior Treatment Plan Review Committee (BTPRC): The BTPRC will be comprised of at least three individuals, one of whom will be a fully or limited licensed psychologist with training and experience in applied behavior analysis; and at least one member will be a licensed physician / psychiatrist. At least one of the committee members will not be the developer or implementer of the behavior plan being reviewed. A representative of the Office of Recipient Rights will participate on the BTPRC as ex-officio, non-voting member, in order to provide consultation and technical assistance to the BTPRC.

Chemical Restraint: The involuntary emergency administration of medication as an immediate response to a dangerous behavior.

Dangerous: The imminent likelihood of inflicting physical harm upon oneself, or others.

Qualified Staff Person: A person who has received specific training in the administration and dispensing of medications.

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REFERENCES:

MDHHS Administrative Rules, 330.7158
Michigan Mental Health Code, Section 330.1718
Psychotropic Medication Guidelines
Policy 03.001.10 Medication Administration and Assistance with Self-Administration

BS:lr

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This policy supersedes
#07/10012 dated 07/19/2010.
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