

CENTRAL STATE HOSPITAL  
POLICY

SUBJECT: USE OF PSYCHOTROPIC STAT MEDICATIONS

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ANNUAL REVIEW MONTH: October

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: November 2010 (Effective 12/1/10)

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I. PURPOSE:

The goal of Central State Hospital is to assist individuals with mental illness and/or intellectual disabilities in achieving recovery. In this process, psychopharmacologic interventions are sometimes necessary. In the use of these types of medications we strive to: 1) minimize the overall burden of side effects; 2) obtain a level of functioning beyond what has previously been achieved; 3) reduce functional impairment; and 4) obtain a level of functioning associated with a lack of psychiatric disease. This policy delineates guidelines for the appropriate use of acute single doses of psychotropic medications with the purpose of achieving these goals.

II. DEFINITIONS:

Chemical Restraint – a medication used to restrict freedom of movement or control behavior, especially the control of extreme behavior in emergency situations.

STAT Psychotropic Medication – administration of psychotropic medication on an acute single dose basis for the treatment of symptoms associated with psychiatric disorders. A Physicians order is required for each administration.

PRN Psychotropic Medication – administration of a single dose or multiple doses of psychotropic medication for the treatment of symptoms associated with psychiatric disorders based on a standing order to provide such medication.

Minimal Sedation – medications administered to individuals to alleviate anxiety or improve the individual's ability to cooperate with procedures, clinic appointments, and/or other diagnostic tests. (See CSH Policy 4.54: "Use Of Minimal Sedation For Clinic Appointments And Diagnostic Procedures").

III. POLICY:

- A. The use of chemical restraint is prohibited.
- B. The use of psychotropic PRN orders and medications is prohibited.

- C. When acute single doses of psychotropic medications are utilized, this treatment must also follow these requirements:
1. “Drug cocktails” containing multiple psychotropic medications administered in one dose are prohibited. For example, an Antipsychotic/Benzodiazepine/Antihistamine given together intramuscularly. Utilizing an anticholinergic drug in conjunction with an antipsychotic that is associated with extra-pyramidal side effects is permitted.
  2. When acute single doses of psychotropic medications are utilized more than once in a 30 day period, the attending physician will document his/her review of the client’s routine drug regimen regarding efficacy of the regimen and any necessary changes to the regimen.
  3. The use of acute single doses of psychotropic medications will be included in the client’s treatment plan in the following scenarios:
    - a. When acute single doses of psychotropic medications are required more than once in a 24 hour period.
    - b. When acute single doses of psychotropic medications are required more than three times in a seven day period.
    - c. When any acute single doses of psychotropic medications are required with any frequency for more than 14 days.
  4. Orders written for acute single doses of psychotropic medications will indicate the specific psychiatric symptoms being treated, for example “Give Antipsychotic-X IM for aggression due to paranoid delusions.”
  5. Generalized orders such as “Give Antipsychotic IM for agitation” are not permitted.
  6. When possible, acute single doses of psychotropic medications will be consistent with the client’s present drug regimen, i.e. using the same antipsychotic that is being utilized in the standing drug regimen.
  7. For exceptions to this policy please reference CSH Policy 4.54: “Use Of Minimal Sedation For Clinic Appointments and Diagnostic Procedures”.

**Approved:**

**This policy has been approved by the RHA and CD on 10/26/2010 .**