

Central State Hospital
Policy and Procedure

SUBJECT: Use of Psychotropic Medications/Psychotropic Medication Reviews

ANNUAL REVIEW MONTH: December

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: September 2010

- I. **PURPOSE:** This policy delineates guidelines for the use of psychotropic medications with the purpose of eliminating inappropriate prescribing and dosing of psychotropic medications.
- II. **POLICY:** It is the goal of Central State Hospital to assist individuals with mental illness and developmental disabilities in achieving recovery. In the process, psychopharmacologic interventions are sometimes necessary. In the use of these types of medications we strive to: minimize the overall burden of side effects; obtain a level of functioning beyond what has been achieved; reduce functional impairment; and ultimately obtain a level of functioning associated with a lack of psychiatric disease.

Psychotropic medication is defined as antipsychotic, antidepressant, antianxiety, mood stabilizer or any other category of medication that is used for the treatment of psychiatric disorders or for the treatment of behaviors.

Polypharmacy in the prescription of psychotropic medications is discouraged, as is the use of "high-dose" pharmacotherapy. Dosing guidelines approved by the CSH Pharmacy and Therapeutics Committee and Medical Executive Committee will be observed. Exceptions to these guidelines must be approved by the appropriate Clinical Director.

Psychotropic medications are never used for staff convenience and the use of such medications for inappropriate behaviors not associated with a clearly identified and medication responsive psychiatric illness is not permitted.

The appropriate medical examination and laboratory studies will be conducted prior to administration of psychotropic medication and as clinically indicated thereafter.

III. PROCEDURE: It is acknowledged that the long-term treatment goals regarding the use of psychotropic medications sometimes vary when dealing with the different populations CSH serves. In addition, there some differences in national standard requirements for the ICF-MR, SNF, and primarily psychiatric areas. In light of these differences the medication review process for the two primary service areas are as follows:

A. Developmental Disabilities Service

1. The use of psychotropic medications in the DDS is expressly for the treatment of psychiatric illness that produces behaviors that pose a risk of injury to the individual or those in that individual's environment. In the ICF's/MR Psychotropic medication may only be used in conjunction with an approved Behavior Support Plan (BSP) that has as an objective the elimination of the behavior for which the medication is being used. This BSP must be an integral part of the individual's treatment plan.
2. Psychotropic Medication Review meetings will be held bi-monthly (ICF's/MR) or every 3 months (Craig Center) for every individual who is given such medications. These meetings will be attended by the behavior specialist, team leader, nurse and unit medical staff member, consulting psychiatrist, as well as the Division Clinical Director and a representative from Pharmacy Services. At this meeting, the medications given to the individual, the Behavior Support Plan, the behavior data, including accident and injury data, as well as the date of the last medication decrease are reviewed for each individual receiving medication. Based on this review, adjustments in the dose or type of medication may be made.
3. For the Skilled Intermediate Care Nursing Facility the review will be documented on form CSH DDS 1520 *Psychotropic Medication Review Note- Craig Center* and contain the elements therein.
4. For the Intermediate Care Facility/Mental Retardation the review and will be documented on form CSH DDS 1003 *Psychotropic Medication Review Note- ICF/MR* and contain the elements therein.
5. Procedure for the use of psychotropic medications:

Responsible Person	Action
Behavior Specialist or Technician	Determines, through functional assessment procedures, the functional effect of the target behavior. Reviews the behaviors and screens for psychiatric illness/diagnosis. Shares findings with the treatment team.

Unit Medical Staff Member with the Treatment Team	Determines if the use of psychotropic medications is indicated for the individual, including a risk/benefit analysis.
Unit Medical Staff Member	Prescribes the medication. Attends the bi-monthly Psychotropic Medication Review meeting and leads in the decision making process regarding any indicated changes in medication.
Unit Staff	Monitors the individual for side effects of the medication.
Behavior Specialist/Technician	Monitors the targeted behaviors and expresses this data graphically. Presents this information at the Psychotropic Medication Review meeting.
Unit Medical Staff	Monitors the individual for side effects of the medication, including the completion of the AIMS evaluation annually and as indicated by the condition of the individual.

B. Forensic Services

1. The psychotropic medication review process is primarily utilized for the long-term individuals in Forensic Services. It is expected that practitioners in the acute areas adhere to CSH dosing, algorithms, and practice guidelines, but it is acknowledged that by the nature of these types of units the majority of the people being treated will respond to their psychotropic drug regimens and will be successfully transitioned back to the community setting. For individuals who do have hospital stays beyond 60 days, the psychotropic medication review process will be followed as described as below.
2. For Forensic Services areas the review will be documented on form CSH 1611, *Psychotropic Medication Review* and contain the elements therein.
 - a. The psychotropic medication review process is considered a collaborative effort by all members of the treatment team. Specific duties are listed below:

Responsible Person	Action
Unit Medical Staff	Performs diagnostic evaluation to establish appropriate psychiatric diagnosis and target

symptoms amenable to treatment with psychotropic medications. Prescribes psychotropic medication while adhering to CSH guidelines and algorithms regarding the use of these types of medications. Monitors individual receiving treatment for side effects and efficacy of treatment. Confirms diagnoses, medication doses, and treatment response and documents this information on form CSH 1611-PTFS, *Psychotropic Medication Review Note- PTFS*

Unit Charge Nurse	Ensures that pertinent information regarding the person's response to psychotropic medications is communicated to the treating physician and the treatment team.
Treatment Team Leader	Collects information regarding accident and injury data, seclusion and restraint, and STAT/PRN use since the previous review and documents this on form CSH 1611, <i>Psychotropic Medication Review Note</i> .
Licensed Practical Nurse	Administers psychotropic medication as prescribed by the attending physician. Monitors individual receiving treatment for side effects. Communicates pertinent information regarding side effects, person's perception of efficacy, and adherence/non-adherence to prescribed medications to the treatment team.

3. Criteria for Monthly versus Quarterly Psychotropic Medication Reviews:
 - a. Monthly review required:
 - i. Persons receiving:
 1. Two or more antipsychotics
 2. Three or more psychotropic medications
 3. More than one medication from the same class, e.g. two antidepressants, two mood stabilizers
 - ii. Persons determined by the treatment team to have exhibited a partial or non-response to the psychotropic medications.
 - b. Quarterly review required:
 - i. Any person who is not on a regimen as described above and has exhibited an adequate response to his/her psychotropic medication regimen as determined by the treatment team.
 - ii. Quarterly review requires the approval of the appropriate clinical director.

Approved: This policy has been approved by the CMO and CEO on 9/15/10.