

COMMUNITY MENTAL HEALTH AUTHORITY CLINTON-EATON-INGHAM COUNTIES SUBJECT: Medication SCOPE: CMH Network and Providers	POLICY: <u>3.5.1</u>	REVIEWED		
	Page: <u>1</u> of <u> </u>	07/25/1989	03/03/2004	
	ISSUED BY: Medical Director	05/18/1990		
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		09/03/1998		
Effective Date: 09/15/1983	Revised Date: 06/10/05 <i>Replaces previous Policies #:3.5.1 3.5.2</i>			

I. Purpose:

To establish guidelines for prescribing, dispensing, storing, and administration of all medications provided by all CMH programs and providers.

II. Application:

CMH programs and providers.

III. Definitions:

- A. *Administering (or administration of) medications:* Functions necessary for staff to deliver a medication to a consumer.
- B. *Documenting:* Recording information regarding medications prescribed, dispensed, administered, and discontinued.
- C. *Dispensing:* Functions related to packaging, for distribution and administration, a prescribed medication. This includes providing a label or other written communication with information on the type of medication, amount, and dosage.
- D. *Medication:* Any substance prescribed to address a medical condition.
- E. *Psychotropic medication:* A substance prescribed to treat mood, mental status, or behaviors.
- F. *Prescriber:* A healthcare professional licensed and authorized under state law to order medication. These include physicians, dentists, nurse practitioners, and physician's assistants.
- G. *Prescribing:* Ordering medication in a specific type, dosage, and amount for an individual.
- H. *Prescription:* A documented order from a Prescriber for a substance to be administered to a specific individual. This order must contain the name of the substance, the route, dosage, frequency, number to be dispensed and the number of refills.
- I. *Psychotropic Medication:* Medications prescribed to treat mood, mental status or behaviors
Any medication in the following Drug Categories:
 - 1. Antipsychotics
 - 2. Antidepressants
 - 3. Lithium and other mood altering agents

4. Anxiolytics
 5. Sedatives/hypnotics
 6. Anticholinergics used in treatment of extra pyramidal side effects
 7. Psycho stimulants used in treatment of ADHD
- J. Mono-Therapy** Prescription of a single drug from a specific drug class.
- K. Polypharmacy:** The use of multiple medications from one drug class in the same patient at the same time.
- L. Investigational drug:** Those drugs that have not been released by the FDA for general use. Also FDA-approved drugs that are being used in an investigational study.
- M. Schedule 2 drugs:** The classification of controlled drugs as defined by Public Act 60 of 1988.

IV. General Medication Policies:

- A.** Medication procedures, policies and practices shall be in compliance with all applicable local, state, and federal laws and regulations pertaining to medications and controlled substances.
- B.** Medications shall be administered as prescribed.
- C.** Medications provided by the CMH Network and providers shall be in the correct route, the correct dosage, the correct time, and the correct frequency, as prescribed.
- D.** Medications shall be provided in a safe and sanitary manner.
- E.** Only prescribed medications shall be administered.
- F.** Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

V. Prescription of Medications:

A Prescriber (a physician, dentist, nurse practitioner, or physician's assistant) shall determine the need for a medication, based on clinical judgment of the recipient's medical needs.

The Prescriber shall order a medication, in writing or verbally. The Prescriber shall document the order. The Prescriber shall document any medication changes, including discontinuation, and include a rationale for the change.

1. Medication Orders and Documentation of Orders

Written orders shall be preferred for all prescription medication. All prescriptions by CMH Network provider Prescriber shall be written on CMH prescription forms, and all medications shall be recorded in the recipient's clinical record.

Documentation shall include:

- a. Type of medication.
- b. Dosage.
- c. Strength.
- d. Instructions for use.
- e. Quantity of medication.

2. Verbal Orders

Verbal orders shall be received from a Prescriber only by a registered nurse (RN), licensed practical nurse (LPN), or a pharmacist. If the order is verbal, the receiving healthcare professional shall document receipt of the Prescriber's order.

- a. The individual receiving the order shall immediately record the order, the Prescriber's name, the date, and sign his/her own name on a prescription form, medical visit form, or a progress note form.
- b. Nursing staff shall not call in prescriptions to the pharmacy without a specific verbal or written order from a Prescriber.

3. Treatment Compliance

Recipients shall be expected to comply with treatment by taking medications as prescribed. Non-compliance shall be addressed as a treatment issue.

4. Use of Sample Medications

All sample medications will be dispensed according to the Sample Medications Procedure 3.5.1.c.

VI. Administering of Medication:

A. Staff administering Medications

If a recipient cannot administer his or her own medication, staff shall administer medications as prescribed. Medication shall be administered either

1. By staff who are qualified and trained in accordance with PA 368 of 1978, as amended, being section 333.1101 et seq. of the Michigan Compiled Laws; or
2. Under the supervision of personnel who are qualified and trained in accordance with PA 368 of 1978, as amended, being section 333.1101 et seq. of the Michigan Compiled Laws.

B. Medication Storage

Medications shall be stored in a clean, dry, locked area designated specifically for medications.

C. Documentation of Medication Administration

Staff shall document the administration of all medication in the recipient's clinical record.

D. Reporting of Medication Errors and Adverse drug reactions

Staff shall immediately and properly report medication errors and adverse drug reactions to a physician, and record such incidents in the recipient's clinical record. Medication Errors will be reported as outlined in the Medication Procedures 3.5.1.

E. Disbursing Medications upon Discharge

Staff shall give only medication that is authorized in writing by a Prescriber to a recipient upon authorized leave or discharge from a program. All other

medication, in the possession of the program, shall be destroyed immediately and safely, according to program guidelines. The recipient shall be given an adequate supply of the authorized medication, sufficient until the recipient returns to the program from an authorized leave, or until a discharged recipient can become established with another provider.

F. Administration of Medication off site

Medication sent to the consumer's, school day activity or while away from a CMH program will be sent in properly labeled containers. Medications administered in a CMH program will have a written copy of a written order and will be documented on a Medication Administration form (MAR).

G. Administration of Subcutaneous Injections

Staff administering medication via subcutaneous medications will have been trained according to procedures outlined in Medication Procedure 3.5.1a

VII. Prescription of Psychotropic medication

The use of Psychotropic medication, when clinically appropriate, shall be included as part of the comprehensive individualized plan of service. The safest, most clinically appropriate Psychotropic drugs which offer the most effective treatment for the consumer will be selected for use.

A. Intake Assessment

Upon intake the Prescribing clinician shall review the following

1. Past Medication use including effectiveness, side effects and Allergies or adverse reactions.
2. Co-Existing medical Conditions
3. Use of alcohol or other drugs
4. Use of over the counter medications.
5. Special Dietary needs and restrictions associated with medication use.

- B. Explanation of Benefits, Risks and Side Effects**
Before initiating a course of Psychotropic drug treatment for a recipient, the Prescriber or a licensed health professional acting under the delegated authority of the Prescriber shall do both of the following:
1. Explain the Benefits, the specific risks and the most common adverse effects that have been associated with that drug.
 2. Provide the individual with a drug information monologue.
- C. Explanations of Alternatives to Medications and Alternative Medications**
When appropriate the Prescriber will review alternative to medications (non-drug therapies) and alternative medications with the recipient.
- D. Financial Considerations**
Before prescribing a course of treatment the Prescriber will discuss the recipient's ability to pay for medications. When appropriate will the Prescriber will review the availability of indigent drug programs or use of samples.
- E. Consent for Treatment**
Prior to the administration of Psychotropic medication, the recipient, parent, or empowered guardian must provide informed consent, using the CMH "Consent for Treatment with Psychotropic Drugs" form.
- F. Dosage Levels**
Dosage levels shall not ordinarily exceed those specified in the Physician's Desk Reference (PDR). If dosage levels exceed the maximum, the medical rationale shall be documented in the recipient's clinical record.
- G. Use of Mono-Therapy**
Treating psychiatric symptoms and disorders with mono-therapy whenever feasible is preferred.
- H. Use of Psychotropic Medication for Behavior Control Purposes**
Program plans utilizing Psychotropic medication for behavior control purposes, and where the target behavior is not due to an active psychotic, mood, or anxiety disorder, or Attention Deficit Disorder, shall be reviewed and approved by the CMH Behavior Treatment Committee.
- I. Monitoring of Target Symptoms and Effects of the medications**
It is the responsibility of the staff person responsible for coordination of the recipient's plan of service and/or the team nurse to monitor significant changes in target symptoms or behaviors, side effects or adverse reactions. Effects observed by staff or reported by the recipient shall be recorded and brought to the attention of the Prescriber.

J. Review of Treatment

Clinical staff, including the Prescriber, shall review the efficacy and appropriateness of the Psychotropic medication at least quarterly but more frequently as determined in the individualized plan of service, or by the recipient's clinical status. The review shall include discussion of the recipient's needs and preferences, presence of side and unusual effects, possible use of multiple medications and drug interactions and any contraindications. When applicable the assessment of abnormal involuntary movements will occur at the initiation of treatment and every three months thereafter.

K. Coordination of Care

Coordination of care will occur through:

- 1) The contract pharmacist will contact prescribers when there is therapeutic duplication and/or other clinical issues
- 2) The Prescriber will contact the primary care physician or other Prescriber when indicated.

L. Monitoring of Target Symptoms

It is the responsibility of the staff person responsible for coordination of the recipient's plan of service and/or the team nurse to monitor significant changes in target symptoms or behaviors. Effects observed by staff or reported by the recipient shall be recorded and brought to the attention of the Prescriber.

M. Laboratory Studies

Baseline and periodic laboratory studies shall be performed in accordance with Food and Drug Administration (FDA) guidelines and current standards of practice.

N. Use of Investigational Drugs

Investigational drugs will only be used in a safe and controlled environment for all consumers.

O. Use of Schedule 2 Drugs

Due to the risk for abuse or diversion, it is the policy of CMH to follow specific procedures while prescribing any Schedule 2 drugs. (See CMH Procedure on Medication Use - # 3.5.1.a.)

P. Termination of Psychotropic Medication

Safe termination of a medication will be determined at the discretion of the Prescriber in accordance with accepted clinical practice and guidelines.

Q. Use of Psychotropic Medication during Pregnancy and Lactation

The decision to use Psychotropic agents during pregnancy and lactation must depend upon considerations of teratogenicity effects on fetal and neonatal development, and a primary concern for the health and safety of the mother upon whom the fetus and neonate are dependent. (See CMH procedure 3.5.1.b Medical Use in Special Circumstances).

R. Restrictions of Prescribing Psychotropic Medication

Psychotropic medication shall not be administered to the following:

1. A resident of a state facility, a facility licensed by DCH, or an adult foster care home who has been admitted by medical certification or petition until after a final adjudication that the resident is a person requiring treatment.
2. A defendant undergoing examination at the center for forensic psychiatry or other certified facility to determine competency to stand trial.
3. A person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the center for forensic psychiatry.

4. To an individual who has been hospitalized by medical certification or petition under Chapter 4 or 5 of the Mental Health Code on the day preceding and on the day of his or her court hearing unless the individual consents, or unless administration of the Psychotropic medication is necessary to prevent physical injury to the individual or others.

S. Exception to Consent for Treatment

The only instance when administration of Psychotropic medication will occur without consent for treatment is when it is necessary to prevent physical harm or injury to the recipient or others. Initial administration of Psychotropic medication without consent may not be extended beyond 48 hours. The duration of the use of Psychotropic medication administered without consent shall be as short as possible and at the lowest possible dosage that is therapeutically effective.

1. Psychotropic medication administered without consent shall be discontinued as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others.
2. Additional Psychotropic medication may be prescribed and administered if the recipient decompensates and again poses a risk to himself, herself, or others.

VIII. Responsibilities:

- A.** The Medical Director shall provide oversight of CMH Policy and procedures regarding the use of medication and to ensure that procedures are developed to in accordance with this policy.
- B.** The Medical Director shall provide consultation in regard to the prescription of medication.
- C.** All staff of the CMH Network and providers involved in prescribing, dispensing, storing, and administering medication shall understand and comply with established procedures and relevant professional standards of practice.
- D.** The Medical Director shall ensure that all staff involved in prescribing, dispensing, storing, documenting, and administering medications and related functions have the appropriate credentials and training.
- E.** The Medical Director, through the quality improvement process, shall review medication errors, and develop a mechanism to reduce the occurrence of such errors.

IX. Monitoring and review:

This policy is reviewed by the Medical Director. Compliance is monitored internally by Quality Improvement Committees and documentation of medication practices and processes. Compliance is monitored externally by independent accrediting bodies and funding sources.

References:

- A.** PA 258 of 1974, "Michigan's Mental Health Code", as amended
 - 1. 330.1468
 - 2. 330.1718
 - 3. 330.1719
 - 4. 330.1752
- B.** PA 368 of 1978, "Public Health Code"
DCH Administrative Rules
R 330.7158
- C.** CMH Procedure 3.5.1 a "Medication"
- D.** CMH Procedure 3.5.1.b "Medication Use--Special Circumstances"
- E.** CMH Procedure 3.5.1.c "Medications - Sample Drugs"