department of MENTAL HEALTH & SUBSTANCE ABUSE
Dipatamentun Salut Hinasso Yan Abuson Åmot

CONSENT TO PSYCHOTROPIC MEDICATION PROTOCOL

GUIDING PRINCIPLE

We are committed to a culture of recovery throughout our systems of care, in our interactions with one another, and with those persons and families who trust us with their care.

OVERVIEW

DMHSA prohibits the use of psychotropic medications as punishment, in lieu of a training program, for behavior control, in lieu of psychiatric or neuropsychiatric diagnosis, or for the convenience of staff.

DEFINITIONS

- **Antipsychotic Medication:** If a medication is used to treat either a psychosis or a severe mental or emotional disorder, it shall be considered a psychotropic medication for purpose of this protocol.

- **Antidepressant:** If a medication is used to treat a depression, mood disorder or emotional disorder, it shall be considered a psychotropic medication for purpose of this protocol.

- **Antimanic:** If a medication is used to treatment a bipolar disorder, mood disorder or emotional disorder, it shall be considered a psychotropic medication for purpose of this protocol

- **Antianxiety:** If a medication is used to treat anxiety or another emotional disorder, it shall be considered a psychotropic medication for purpose of this protocol.

- **Emergency:** A situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the preservation of serious bodily harm to the consumer or others, and it is impracticable to first obtain consent.
    - It is not necessary for harm to take place or become unavoidable prior to treatment.

    - In the case of an emergency, a consumer may be treated with psychotropic medication over his/her objection prior to the capacity hearing, but only with psychotropic medication that is required to treat the emergency condition, which shall be provided in the manner least restrictive to the personal liberty of the consumer.

    - Emergencies are not indefinite. An emergency situation allows for administration of medication only to the degree and duration needed to

address the emergency. If at any point the behavior justifying the emergency ends or it becomes practicable to obtain informed consent, the justification for the emergency administration of medication no longer exists.

STANDARD OF CARE

- DMSHA gives voluntary and involuntary consumers the right to refuse treatment with psychotropic medications (except in an emergency situation).

- At intake and upon admission staff shall inform the consumer that he/she has the right to refuse medications (except in an emergency situation).

- Staff shall inform the consumer of the nature and effect of psychotropic medications, to enable him/her to make an informed decision.

- It is DMHSA policy that the consumer must sign the Consent to Psychopharmacological Medications and/or Other Medications Form prior to the Registered Nurse (RN) or Licensed Practical Nurse (LPN) administering the medication(s) to the consumer (except in an emergency situation).

PROTOCOL

Information:

- The consumer shall be informed that he/she can withdraw the consent at anytime and the consent expires after one (1) year after the signature date if he/she does not withdraw it before it expires.

- In order to make an informed consent, the consumer shall be given sufficient information by the psychiatrist/physician prescribing the medication. This includes the following information:
    - Reason for taking the medication, including the likelihood of improving or not improving without such medication,
    - Reasonable alternative treatments available, if any
    - Type, range of frequency and amount (including use of PRN orders), method (oral or injection) and duration of taking the medications
    - Probable side effects of these drugs known to commonly occur, and any particular side effects likely to occur
        - Possible additional side effects which may occur (i.e., persistent involuntary movement of the face or mouth, and at times which may include similar movement of the hands and feet, and that these symptoms of tardive dyskinesia are potentially irreversible).
            - Other possible side effects include neuroleptic malignant syndrome, agranulocytosis, hypertensive crisis, hyperlipidemia, elevated glucose, lithium toxicity

CONSENT PSYCHOTROPIC MEDICATION PROTOCOL

Prior to administration of medications:

- A nurse may not administer the prescribed medication(s) until the consent form is completed and signed by the consumer.
- Prior to the administration of the medication, the psychiatrist/physician shall write the medication order.
- The RN shall use the doctor's order to complete the Medication Administration Record (MAR).
- The RN shall consult with the consumer and have him/her sign the Consent to Psychopharmacological Medications and/or Other Medications Form.
- Once the consent is signed, the RN or LPN may administer the prescribed medication(s).
- If the consumer has been informed, but refuses to sign the consent, the unsigned form should be placed on the consumer's medical record and the RN shall document the declination on the MAR and make the proper notation in the consumer's chart.

Afterhours:

- During the afterhours (i.e., night and/or weekends) when consumer's psychiatrist/physician may not be available at the Department, the consumer may be informed over the telephone, provided that the psychiatrist/physician knows the consumer.
    - The RN or LPN serves as a witness to the consumer signing the consent form.

Outpatient Consumers who are Admitted:
Medication prescribed while the consumer was receiving outpatient services may be subsequently continued if the psychiatrist includes them in his/her admitting orders.

Conservator:

- When the consumer is conserved and the conservator has been given the right to consent for medication, staff shall place a copy of such documentation in the consumer's medical record.
- Even when the consumer is conserved and the conservator has given consent, staff shall attempt to give the consumer informed consent information about his/her psychotropic medication.

Documentation:

- When writing the medication order, the psychiatrist/physician shall make documentation stating "informed consent process performed" when the medication is ordered.

FORMS

- Consent to Psychopharmacological Medications and/or Other Medications Form

REFERENCES

- Amended Permanent Injunction (API) filed 6/30/05
- TJC RI.01.03.01

APPROVED:

Wilfred Aflague
Director

Date: 8/20/12