



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.

STANDARD OF CARE

- The psychiatrist/physician shall certify that a psychotropic medication is necessary to treat a consumer's specific condition/behavior.
- Consumers who are prescribed a psychotropic medication(s) shall be monitored no less than quarterly.
- The consumer's need for the psychotropic medication will be monitored, as well as when the medication dose should be lowered, modified, or discontinued.
- The psychiatrist/physician shall develop, implement and periodically review and update guidelines addressing the use of multiple psychotropic agents in the same class and the use of high-dose pharmacotherapy.
- The prescribing psychiatrist/physician shall document a clinical justification for the use of multiple psychotropic medications in the consumer's medical record.

PROTOCOL

- Prior to prescribing a psychotropic medication(s), the psychiatrist/physician must consult with other providers involved in the consumer's treatment to determine:
 - If different interventions (i.e., services, programs) can be developed to address the consumer's target behaviors/symptoms which could eliminate the need for psychotropic medications;
 - Whether the harmful effect of the consumer's mental illness or developmental disability outweigh the possible harmful side-effects of the psychotropic medication; and
 - Whether all reasonable alternative treatment strategies are likely to be less effective or potentially more dangerous than the medication.
- Behaviors for which these medications are used must present a danger for the consumer or others, interfere with the ability to sustain normalizing relationships and provide for his/her self care, staff's ability to provide care, or cause the

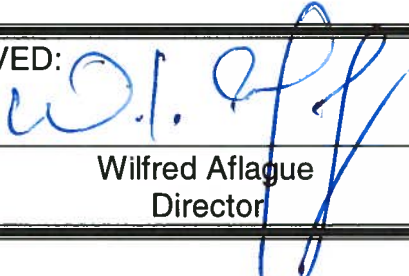
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consumer distress due to paranoia, hallucinations, delusions or other debilitating psychiatric symptomology.

- The drug dosage must be periodically reduced with the goal of discontinuing it or replacing it with another less potent prescription.
- The consumer shall be provided education material as well as counseling from the Registered Nurse (RN) and/or psychiatrist regarding risks and benefits of medications prescribed, identification and management of side effects, adherence to prescribed dosing and how to address concerns about medications with staff.
- The RN shall be aware of and able to identify potential side effects of psychotropic medications and report any side effects to the consumer's psychiatrist/physician.
 - Other staff involved in the care of the consumer shall consult with the RN and/or psychiatrist regarding concerns about the consumer relating to medications.

REFERENCES

- Amended Permanent Injunction (API) filed 6/30/05
- TJC MM.01.01.05

APPROVED: 	Date: 
_____ Wilfred Aflague Director	