COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: July 31, 2013 Pharmacotherapy.P5

RESCINDS: July 25, 2012

CATEGORY: Medical Services

SUBJECT: Pharmacotherapy

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) that Agency Pharmacotherapy is carried out in compliance with all applicable state and federal laws and regulations.

PURPOSE: The purpose of this policy is to identify critical aspects of Pharmacotherapy as carried out at Copper Country Mental Health Services. Pharmacotherapy practices include evaluating, prescribing, dispensing, administering and monitoring medications.

PROCEDURE:

1. Access to Pharmacotherapy, when needed, is provided through direct service provision or referral.
2. Pharmacotherapy is integrated into the Individual Plan of Service.
3. Continuity of Pharmacotherapy is maintained between the primary care physician, and/or any other source that may be prescribing for the person served, and the psychiatrist through written and verbal coordination of care as allowed by a signed Release of Information form.
4. Physician consultation for medication issues is available 24-hours per day, seven days a week.
5. All CCMHS staff and persons served have ready access to the poison control center telephone number, which is 1-800-222-1222.
6. As components of Pharmacotherapy, the following elements are considered:
   1. Identification in a documentation of any history of drug reactions experienced by the person served.
   2. Review of past medication use including: effectiveness, side effects, allergies or adverse reactions.
   3. Evaluation of co-existing medical conditions.
   4. Screening for and evaluation of common medical co-morbities (such as diabetes) for potential impact on prescribing of medications.
   5. Identification of alcohol and other drug use.
   6. Special dietary needs and restrictions associated with medication use.
   7. Use of over-the counter medications.
   8. Use of medications during pregnancy.
   9. Necessary laboratory studies, tests, or other procedures.
7. Informed consent is obtained for each psychotropic medication.
8. The review of Pharmacotherapy activities including errors and other medication-related incidents is a component of the Quality Improvement Program.
9. All medication orders for Copper Country group home residents are reviewed and/or renewed every 30 days by a physician.
10. The frequency of review of the prescription of a psychotropic medication is set forth in the person’s Individual Plan of Service and is based on the person’s clinical status.
11. Education on medication issues of the person served is ongoing as is appropriate to his/her needs.
12. All Pharmacotherapy-related policies are reviewed and approved by the Medical Director.

CROSS REFERENCE:

CCMHS Policy - Psychotropic Medication

CCMHS – Use of Pharmacotherapy Treatment Guidelines

CCMHS Policy – Adverse Reaction to Medication

CCMHS Policy – Preparation, Administration and Documentation of Medications and Treatments

CCMHS Policy – Consent

# CCMHS Policy – Informed Consent to Psychotropic Chemotherapy