COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: June 28, 2017 Psychotropic Meds.P6

RESCINDS: July 31, 2013

CATEGORY: Medical Services

SUBJECT: Psychotropic Medication

POLICY: It is the policy of Copper Country Mental Health Services Board that psychotropic medications shall be prescribed only by a prescribing licensed professional within his/her scope of practice. This policy does not limit prescribing to FDA approved indications. A physician may lawfully prescribe an FDA approved medication for an unlabeled indication when such use is based upon sound scientific evidence and sound medical opinion. Psychotropic medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

PURPOSE: To establish guidelines for the use of psychotropic drugs for the treatment of disorders of thinking, mood, or behavior caused by a psychiatric illness that are consistent with federal and state guidelines, licensure, regulatory bodies and professional standards of practice.

DEFINITION: The following medication categories shall be considered psychotropic medications:

1. Anti-depressants
2. Anti-psychotic agents
3. Mood stabilizing agents
4. Anti-anxiety agents
5. Sedatives/Hypnotic agents
6. Anti-cholinergic agents used in the treatment of movement disorders
7. Medications to treat ADHD
8. Medications to treat Substance Use Disorders

PROCEDURE:

I. The indication for the initiation of psychotropic drug use shall be noted with documentation present in the chart to include:

A. Documentation:

1. History including comprehensive drug history past/present.

2. Mental status examination.

3. Diagnosis by physician or nurse practitioner.

4. Medication ordered and signed by appropriately licensed individual.

5. Treatment plan authorized by the physician or nurse practitioner.

6. Laboratory reports as appropriate to medication ordered.

7. Informed consent.

8. Justification for use including expected outcomes.

B. Dosage Range: References such as the American Hospital Formulary Service – Drug Information, American Medical Association Drug Evaluations, Drug Facts and Comparisons, Physician's Desk Reference (PDR), and the United States Pharmacopeia Drug Information (USP-DI) may be utilized for the purpose of designating dosage range for psychotropic drugs.

C. Justification and rationale of the simultaneous use of more than one psychotropic agent from a category (i.e., Antipsychotic, Antidepressants) must be documented in the clinical record.

D. Persons prescribed psychotropic medications must be seen by the physician or nurse practitioner at no longer than three month intervals to assess medical management including therapeutic response and side effects. Medications prescribed and the presence or absence of side effects must be documented at least quarterly in the medical record by the physician or nurse practitioner.

E. Only medications that are authorized in writing by a physician or nurse practitioner are given to residents of agency group homes upon leave or discharge from the program. The Service/Support plan or discharge plan shall ensure the person has continuity of medication treatment in these circumstances.

II. Tardive Dyskinesia Screenings:

A. Tardive Dyskinesia screens will be performed by nursing or medical staff on a quarterly basis for persons taking any

antipsychotic medication (except Clozapine/Clozaril) prescribed by Agency physicians or nurse practitioners.

B. Physicians or nurse practitioners may order Tardive Dyskinesia screens in other instances as clinically indicated.

CROSS REFERENCE:

CCMHS Policy – Informed Consent for Psychotropic Chemotherapy

Department of Health and Human Services Administrative Rule 7158