

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>STANDARDS FOR PRESCRIBING AND MONITORING MEDICATIONS</b>	POLICY NO. <b>103.1</b>	EFFECTIVE DATE <b>09/15/02</b>	PAGE <b>1 of 4</b>
APPROVED BY:  Director	SUPERSEDES	ORIGINAL ISSUE DATE <b>10/01/89</b>	DISTRIBUTION LEVEL <b>2</b>

- PURPOSE:**
- 1.1 To provide guidelines for clinical policy regarding standards for prescribing and managing psychoactive medications and to provide a foundation for quality management relating to the use of the major classes of psychoactive medications.
- POLICY:**
- 2.1 The Department of Mental Health (DMH) develops and regularly revises Parameters for the Use of Psychoactive Medications for the treatment of mental disorders (See DMH website at [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us)).
    - 2.1.1 These parameters are based on reasonable scientific evidence and knowledge of the best practices for treating mental health disorders.
    - 2.1.2 The parameters are adopted with input from clinical experts in the field, practitioners from directly operated and contract agencies and consumers of DMH services.
    - 2.1.3 The parameters represent consensus among DMH clinicians and experts in psychopharmacology.
    - 2.1.4 DMH reviews the parameters and regularly revises them as necessary.
    - 2.1.5 DMH distributes the parameters to its providers and consumers as appropriate.
    - 2.1.6 The parameters apply to all outpatient directly operated and contracted agencies.
    - 2.1.7 The parameters apply to treatment of all individuals accessing outpatient mental health services through DMH, regardless of the funding source for the prescribed medication/treatment.
    - 2.1.8 The parameters are not absolute and it is understood that the clinical condition of the patient ultimately will dictate the course of action to be followed by the physicians. However, the specific reasons for deviation from these parameters should be clearly documented in the client's clinical record.

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2.1.9 The parameters are designed to encourage consultation and monitoring at clinical sites and to encourage departmental education and training.

2.1.10 Changes in the current medication regimens made for the purpose of conformity with these treatment parameters should be initiated only after careful consideration of the original reasons for the current medication regimen.

2.1.11 These parameters reflect current interpretations of best practices and change as new information and medications become available.

### 2.2 Physical Examination and Medical Monitoring

2.2.1 Guidelines for medical monitoring are referenced within each parameter for the specific class of medication being prescribed. Monitoring of individuals taking any medication should be determined by the unique clinical situation and condition of the individual, including type of medication(s), health risk factors, duration of treatment, concurrent general medical conditions and associated medications and laboratory monitoring of serum levels. All such activity and results shall be documented in the clinical record.

2.2.2 Refusal to undergo a medical examination and/or appropriate medical monitoring is a special situation that must be addressed by the prescribing physician. Risks and benefits of prescribing medication shall be discussed with the individual being treated. The psychologic dangers inherent in this situation must be considered and the nature and outcomes of such deliberations must be clearly documented in the clinical record.

### 2.3 Outpatient Medication Review

2.3.1 The prescribing physician must document review of medications with the client or guardian when, a) a new medication is prescribed; b) at least annually even in the absence of medication changes; c) the client resumes taking medication following documented withdrawal of consent for treatment.

2.3.2 The "Outpatient Medication Review Form" (Attachment I) issued by DMH shall be used in all directly operated outpatient facilities and

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shall replace any other medication review or medication informed

consent forms currently in use except those clients who are dependents or wards (children and youth under the jurisdiction of the Juvenile Court). These forms shall be chronologically filed in the client's clinical record with the "Medication Log" forms.

2.3.3 The "Psychotropic Medication Authorization Form" issued by Juvenile Court must be used when applicable.

2.3.4 Information to be provided to the client/guardian shall include:

- a. An explanation of the nature of the illness and of the proposed treatment.
- b. A description of any reasonable foreseeable material risks or discomforts.
- c. A description of anticipated benefits.
- d. A disclosure of appropriate alternative procedures or courses of treatment, if any.
- e. Special instructions regarding food, drink or lifestyles.
- f. Whenever medications are reviewed, it is recommended that the client be given written information about the class of medication, including information about common usage, important side effects and interactions with other medications.
- g. Patients shall be advised of the possible additional side effects which may occur after three months of use of certain medications; such side effects may include persistent involuntary movements, and that these symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued.

#### 2.4 Associated Assessment

2.4.1 Relevant information contained in progress notes from other clinical disciplines and staff should be reviewed and considered by the treating physician in formulating medication treatment planning. Factors influencing the physician's treatment decisions obtained from other treating clinicians should be documented.

2.4.2 Treatment of individuals known to the facility but not to the physician (i.e., cross coverage situations) should include a review of the clinical record to assess for medication history, adverse side effects, allergies and other special circumstances or considerations required

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to appropriately prescribe.

2.4.3 Physicians should be capable of utilizing the full spectrum of psychotropic agents available for the specific population being treated and consistent with the physician's background, training and scope of practice.

2.4.4 In circumstances where multiple clinicians are involved in the treatment, physicians should periodically review and discuss medication treatment plans with other disciplines and document this activity in the clinical record.

### 2.5 Monitoring and Quality Improvement

2.5.1 DMH shall measure performance against important aspects of at least two of the parameters annually. Monitoring and analysis is used to improve practitioner performance, revise the guidelines and enhance clinical decision-making.

2.5.2 All parameters related to the use of psychoactive medications shall be incorporated into existing medication monitoring standards and procedures.

2.5.3 Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to: supervision, medication monitoring, peer review and site visits.

**AUTHORITY:** Department of Mental Health Policy

**ATTACHMENT:** Outpatient Medication Review Form

**REVIEW DATE:** This policy shall be reviewed on or before November 1, 2006.

# OUTPATIENT MEDICATION REVIEW

**Purpose:** This form serves as the place where the prescribing psychiatrist and the patient/guardian document that the psychiatrist has reviewed the prescribed medication(s) with the patient/guardian.

**A Medication Review includes:**

1. A description of any reasonably foreseeable material risks or discomforts.
2. A description of anticipated benefits.
3. A disclosure of appropriate alternative procedures or courses of treatment, if any.
4. Any foreseeable risks should the patient be or become pregnant.
5. Special instructions regarding food, drink, or lifestyles.

*Whenever medications are reviewed, it is recommended that the patient/guardian be given written information about the (class of) medication(s) he will be taking. The handout should include common usage, important side effects, and interactions with other medications handouts may be obtained from the DMH Director of Pharmacy.*

**Recording Procedures:** The prescribing psychiatrist must use this form to document the review of medications with the patient/guardian in each of the following situations:

- when a new medication is prescribed,
- at least annually even if there is no medication change, and
- when the patient resumes taking medication following documented withdrawal of consent treatment.

Since the *Progress Notes* form is the audit trail, the psychiatrist must enter a cross-reference note there with: the date, type of service, Activity Code, duration of the service in hours and minutes, a statement noting that the Medication Review was completed, and his/her signature and discipline.

**Filing Procedures:** When Medication Support Services are documented on the Medication Log, this form is chronologically filed (with the most recent on top) in the Medical Section of the clinical record. When Medication Support Services are documented sequentially in Progress Notes, this form is chronologically filed (with the most recent on top) with the Progress Notes.

