

DEPARTMENT OF REHABILITATION  
AND CORRECTION

SUBJECT: <b>Psychotropic Medication</b>	Page 1 of 8
	NUMBER: 67-MNH-07
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-07 dated 02/02/15
RELATED ACA STANDARDS: 4-4368, 4-4397	EFFECTIVE DATE: January 20, 2016
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Ohio Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

It is the policy of the Ohio Department of Rehabilitation and Correction to provide inmates psychotropic medication when a psychiatrist, other physician or specially trained physician assistant or advance practice nurse – mental health (APN-MH) recommends this treatment as part of the overall comprehensive individualized treatment strategy/plan. Psychotropic medications shall be used for clinical benefit only and never as a form of punishment or method of controlling non-psychiatric behavior. Medications shall be prescribed based on clinical presentation, mental health diagnosis and in accordance with the prevailing standard of care in the psychiatric community. The prescribing practitioner and other mental health treatment staff shall carefully monitor the inmate's response to prescribed medication. It is further policy of the Department that inmates prescribed psychotropic medication receive it without interruption. Inmates shall be advised of the potential risks, benefits and potential side effects of accepting psychotropic medication and that they have a right to refuse medication. The process of informed consent shall be documented.

**III. APPLICABILITY**

This policy applies to all persons who provide health care and/or mental health services to inmates under the jurisdiction of the Ohio Department of Rehabilitation and Correction.

**IV. DEFINITIONS**

**Bridge Order** - A temporary order for medication continuation not to exceed fourteen (14) days duration that may be issued without a face-to-face evaluation solely for the purpose of ensuring continuity of care. The inmate for whom a bridge order has been written must be seen face-to-face by a practitioner with prescriptive authority within that fourteen (14) day time period for continued prescription of medication.

**Mental Health Professionals (MHP)** - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines including staff with Master's degree level Psychology Assistants, Licensed Professional

Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), and Activity Therapists (AT).

**Psychotropic Medication** - Medication that affects the central nervous system and which is employed to treat symptoms of mental illness. These medications may influence thinking, mood and behavior and include medications classified as antipsychotics, antidepressants, anti-anxiety agents, sedative hypnotics, psychomotor stimulants, lithium and anticonvulsants prescribed to control mood fluctuations. These medications include any medications approved by the FDA for the treatment of psychiatric illness as well as those medications commonly used in the private sector for treatment of psychiatric illness.

## **V. POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction to provide inmates psychotropic medication when a psychiatrist, other physician or specially trained physician assistant or advance practice nurse – mental health (APN-MH) recommends this treatment as part of the overall comprehensive individualized treatment strategy/plan. Psychotropic medications shall be used for clinical benefit only and never as a form of punishment or method of controlling non-psychiatric behavior. Medications shall be prescribed based on clinical presentation, mental health diagnosis and in accordance with the prevailing standard of care in the psychiatric community. The prescribing practitioner and other mental health treatment staff shall carefully monitor the inmate's response to prescribed medication. Inmates shall be advised of the potential risks, benefits, and potential side effects of accepting psychotropic medication and that they have a right to refuse medication. The process of informed consent shall be documented.

## **VI. PROCEDURES**

### **A. Admission of Inmate to Institution Currently on Psychotropic Medication**

#### **1. Reception**

- a. When the initial or detailed mental health screening of an inmate received into an institution indicates the inmate has been receiving psychotropic medication, the medication type, dose, frequency and route of administration shall be verified by a licensed nurse. The Health Care Administrator (HCA) or designee shall contact the institutional psychiatrist or institutional medical authority in the absence of a psychiatrist/psychiatric APN to obtain a fourteen (14) calendar day order for that medication to ensure continuity of care. Such medications shall be ordered within twelve (12) hours of arrival to prevent any interruption in treatment and shall be available within forty-eight (48) hours from the pharmacy, unless a specified start date is included.
- b. The psychiatric nurse or mental health clerical staff in the absence of a psychiatric nurse shall facilitate the scheduling of a mental health appointment with the psychiatrist or APN-MH at the receiving institution to schedule an appointment to occur within that 14 calendar day time period.
- c. Therapeutic substitutions shall be made in accordance with Mental Health Protocol I-6: Psychotropic Medication Substitution Guideline, unless there is a clear clinical contraindication for doing so. Orders to continue non-formulary medications require a face-to-face examination of the inmate by a psychiatrist or APN-MH. The examining psychiatrist or APN-MH may then write a fourteen (14) day bridge order while a

Request for Medication Approval (DRC 5306) is submitted and processed to authorize the continued use of non-formulary medications.

2. Intrasystem Transfers

During the intake examination, the nurse shall review medications and honor the duration of existing orders. Mental health staff shall also review intrasystem admissions in accordance with the provisions of Department policy 67-MNH-04, Transfer and Discharge of Mental Health Caseload, and schedule mental health follow-up appointments accordingly.

3. AWL/OTC Returns

Inmates returning from an AWL/OTC status shall be assessed by the intake nurse and the psychiatrist/APN-MH shall be contacted for psychotropic medication orders to ensure continuity of care.

B. Referrals to Psychiatrist or APN-MH for Evaluation of Need for Psychotropic Medication.

1. Inmates may be referred to a psychiatrist/APN-MH for an evaluation to determine whether psychotropic medication is required as a result of the initial or detailed screening process in the case of inmates arriving on medications, as a result of the comprehensive mental health evaluation process, inmate self or staff referral at any time following triage and evaluation conducted by psychology or social work staff.
2. Inmates that report mild symptoms of anxiety, insomnia or nervousness, in the absence of serious mental illness, shall be referred for psychological or counseling intervention before psychotropic medication is initiated. Those inmates whose symptoms do not respond satisfactorily to a course of counseling or therapy may be referred for psychiatric consultation. In the event that medication is needed, its use should be of limited duration with continued participation in other treatment modalities.
3. Psychiatric evaluation for use of psychotropic medication shall include review of the medical and mental health records, direct examination of the inmate and a referral for physical examination and laboratory tests if indicated.

C. While the psychiatrist or APN-MH will be permitted to prescribe psychotropic medication based on his/her medical judgment, the following guidelines shall be adhered to:

1. No inmate shall be prescribed psychotropic medication absent a psychiatric diagnosis made in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders and recorded in the mental health and medical files.
2. The maximum stop date for medications prescribed by mental health practitioners shall be 180 days.
3. Unless contraindicated, psychotropic medication shall be prescribed for administration once or twice per day in accordance with the pharmacodynamics of the specific medication prescribed.

4. All psychotropic medications are nurse administered by default. Any exceptions must be made on a case-by-case basis in consultation with medical and custody staff and documented in the mental health record.
5. The psychiatrist or APN-MH initially prescribing and/or continuing to prescribe psychotropic medication must review the inmate's condition and response to medication at appropriate intervals to document said response, untoward symptoms, and monitor for side effects and to adjust medication when necessary. Laboratory studies and other monitoring shall be done in accordance with Mental Health Protocol I-5: Psychotropic Medication Monitoring.
6. Every institution shall offer at least three (3) types of medication-related interventions that address medication education, medication compliance and medication discontinuation. The Mental Health Administrator/Mental Health Manager (MHA/MHM) shall designate the format for these interventions based upon the needs of the institution.
7. The files of inmates prescribed more than three (3) classes of psychotropic medication and/or two (2) or more medications in the same class shall be reviewed by a psychiatrist for consultation and continued approval/authorization of polypharmacy as part of continuous quality improvement. A progress note shall document the review of the medication regimen and concurrence of opinion of the need for polypharmacy. If the consulting psychiatrist does not agree, the matter shall be referred to the Chief of Psychiatry or designee for consultation.
8. Authorization procedures for all non-formulary psychotropic medications:
  - a. The treating psychiatrist/APN-MH must complete the Request for Medication Approval (DRC 5306).
  - b. The completed Request for Medication Approval shall include:
    - i. Type of request;
    - ii. Name and number of the inmate;
    - iii. Dose and schedule of proposed medication;
    - iv. Brief clinical profile;
    - v. Previous medications tried and reason for discontinuance; and
    - vi. Clinical rationale why formulary option not used.
  - c. The Request for Medication Approval (DRC5306) form must be emailed to the Chief Psychiatrist or designee, Operation Support Center/Bureau of Behavioral Health Services. Except for new arrivals at the reception centers, FMC, and PCI Frazier, the non-formulary medications order cannot be filled until the Chief Psychiatrist or designee has reviewed and approved the request.
  - d. The Request for Medication Approval form shall be returned to the institution pharmacist within three (3) working days of receipt.

- e. If the pharmacist receives a physician's order without Operation Support Center approval, the pharmacist shall not fill the prescription, but attempt to contact the prescribing psychiatrist/APN-MH to inform him/her of the need for Operation Support Center approval. The psychiatrist/APN-MH has the opportunity to amend the order until approval/authorization is received by issuing a temporary order for an approved medication. Approval/authorization is received by issuing a temporary order for an approved medication. The pharmacist shall telephone the Bureau of Behavioral Health to relay the information and send written notice if the psychiatrist/APN-MH does not amend the order.
- f. The length of approval shall be designated on the Request of Medication Approval (DRC5306); however, approvals may not exceed one (1) year.

D. Documentation

Psychiatrist/ MH APN documentation

1. All clinical encounters are documented in the clinical record.
2. Progress notes shall record the inmate's mental status, response to treatment, observations of side effects, referral for laboratory studies and the rationale for the types and amounts of psychotropic medications prescribed, if any. The note shall also reflect back to the inmate's treatment plan in terms of the problem addressed through medication management, progress in attaining the goal(s) set, and the planned follow-up.
3. Orders for medications, laboratory studies, and requests for medical or specialty consultation shall also be recorded on the physician order form (DMH0020) in the medical file.

E. Medication Administration

1. Essentially all doses of psychotropic medication are nurse-administered. Any exceptions for consideration of self-carry (keep-on-person) for inmates with assignments that preclude participation in institutional pill call shall be made in consultation with medical and custody staff and documented in a progress note and physician order. Medications that must be nurse administered are listed as an attachment on the DRC Formulary. Psychotropic medications that may be considered for self-carry are also listed as an attachment on the DRC Formulary.
2. Medications ordered on an "AM and PM" or twice daily basis shall be administered at least eight (8) hours between the two dosing times.
3. When clinically indicated, medications may be ordered Hora Somni (HS meaning bedtime or hour of sleep.) Medications ordered HS shall be administered after 8:00 PM.
4. "STAT" medication shall be administered within one (1) hour of the order.
5. Medication dose administration shall be recorded on the Medication Administration Record (MAR) contemporaneous with the administration itself. Medications ordered and

administered STAT shall be recorded both on the MAR as well as in a progress note that documents the both the inmate's condition giving rise to the need for a STAT medication as well as his or her response to the medication.

**F. Referrals for Non-Compliance**

1. The psychiatric nurse shall perform a monthly review of the MARs. For facilities that do not create and maintain a spread sheet of medication compliance, a brief notation in the progress notes section in each inmate's mental health file recording medication compliance (both compliance and non-compliance) for that month is required so the information is readily available to all members of the treatment team. For those facilities in which mental health nursing staff create and maintain a spreadsheet of all inmate medication compliance, said spreadsheet shall be ready and available for all members of the treatment team. In this instance, psychiatric nurses are required to make a separate, individual progress note only in cases of three (3) days of consecutive medication non-compliance or cases of 50% or less compliance in any week. The non-compliance may be due to refusal, no show or other pattern of unexplained missed medications.
2. In cases of medication non-compliance as described above, the psychiatric nurse shall refer the noncompliant inmate to the prescribing clinician so a course of action to address the noncompliance is planned. Actions may include one or more medication interventions referenced in Section VI.C.6 and/or scheduling an individual clinical encounter with the prescribing clinician to discuss compliance. The course of action selected must be documented in the progress notes.
3. Psychotropic medications shall NOT be discontinued for medication non-compliance without a face-to-face evaluation by the prescribing clinician.
4. Note that inmates refusing medication that has been mandated by Department Policy 67-MNH-29, Involuntary Psychotropic Medication: Emergency & Mandated, shall be immediately referred to the Managing Officer to initiate the involuntary administration of the mandated medication(s) in accordance with the provisions of that policy.
5. In facilities without psychiatric nursing, the mental health supervisor and HCA shall work together to determine how to comply with this directive.

**G. Informed Consent**

1. The prescribing physician or nurse practitioner shall instruct the inmate of the risks and benefits of the proposed medication, possible side effects, and alternative treatments at the time psychotropic medication is ordered or initiated.
2. The inmate shall signify having received this information and consented to the proposed medication by signing the informed consent form. The form shall become a permanent part of the mental health file and a copy provided to the inmate if requested.
3. Informed consent must be given by the inmate each time a new type medication is initiated. Informed consent shall be renewed whenever an inmate moves between levels of mental

health care services (e.g. from outpatient to RTU) or annually at a minimum for on-going treatment.

4. Informed consent becomes inactive when an inmate withdraws his/her consent either verbally or in writing. Informed consent is also inactive whenever the medication is discontinued by the prescribing psychiatrist or nurse practitioner.

#### H. Psychotropic Medication and Heat-Related Illness

1. Inmates on psychotropic medication shall not be exposed to sustained elevated temperature or direct sunlight for extended periods of time. Patients on certain psychotropic medications have increased sensitivity to sunlight and are at higher risk of heat-induced syndromes: heatstroke, hyperthermia, and heat prostration. In view of these factors, inmates and correctional staff shall be provided the following information:
  - a. Inmates shall be directed to wear protective clothing and/or sunscreen when in direct sunlight.
  - b. Inmates shall be directed to avoid excessive, exhausting activities outdoors in the heat of summer.
  - c. Inmates shall be directed to consume an adequate intake of fluids (8-12 glasses of liquid per day) to avoid dehydration.
2. Institutional staff, as designated by the Managing Officer, shall ensure that the following steps are taken:
  - a. The temperature of the buildings and interior of the cells must be monitored regularly during the summer months or whenever outdoor temperatures are elevated and logged on a temperature log in accordance with the Cell Temperature Log (DRC5292). Temperatures shall be measured at least once per hour between the hours of 2:00 PM and 8:00 PM.
  - b. If the inmate housing areas exceed 90 degrees Fahrenheit, the following "Heat Plan" measures shall be instituted:
    - i. Provide increased ventilation to the area through utilization of fans to improved air flow and reduce ambient temperature to less than 90 degrees;
    - ii. Make provisions for increased fluids and ice;
    - iii. Permit additional showers to provide cooling;
    - iv. Consideration shall be given by the Managing Officer or designee to permit a temporary reassignment of the inmate to an area of the institution that is cooler and more compatible with the inmate's clinical status.
3. The temperature log shall also record whether any Heat Plan measures were implemented, which measures were implemented, and how long they were in effect.
4. Completed logs shall be submitted to the MHA/MHM.

**I. Parole/Discharge Medication**

Inmates who are prescribed psychotropic and other medications being released from the Department's custody shall be provided those medications in accordance with the provisions of Medical Protocol E-25, Dispensing Medications for Releases and Transfers.

**Related Department Forms:**

Antidepressants (other)	DRC5158
Psychotropic Medication Consent (blank)	DRC5160
Antidyskinetics	DRC5164
Abnormal Involuntary Movement Scale	DRC5165
Mood Stabilizers Lithium	DRC5166
First Generation Antipsychotics	DRC5167
Naltrexone	DRC5181
Cell Temperature Log	DRC5292
Request for Medication Approval	DRC5306
Second Generation Antipsychotics	DRC5470
Mood Stabilizers – Anticonvulsants	DRC5471
TCA's And Similar	DRC5476
Anxiolytics	DRC5477
Antidepressant (SSRI) Celexa, Paxil, Lexapro, Prozac, Zoloft	DRC5479
Metabolic Screening for Atypical Antipsychotics (Two pages)	DRC5551
Doctor's Orders	DMH0020