BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Medication Procedures / Psychiatric Services / Use of Psychotropic Drugs	SECTION: 01-11-01 Page 1 of 4
APPLICATIONS: All Programs and Services EFFECTIVE DATE: 04/01/96 APPROVED BY: _____ Chief Executive Officer REVISED: 1/99, 2/00, 5/02, 11/02, 2/05, 5/05, 7/05, 04/07, 03/08, 07/09, 5/11, 09/12, 6/13, 2/26	REQUIRED BY: MHC 718, 719, 752; AR 7158 CARF

POLICY
It is the Policy of Berrien Mental Health Authority (BMHA) to provide a safe and effective medication administration program that includes adequate safeguards and appropriate documentation.

PURPOSE
To establish mechanisms to document that appropriate processes are used to receive, store, dispense and dispose of medication.

STANDARDS
- Medication administration documentation in the record shall be done at the immediate time the medication is passed, dropped or refused; the side effect is noticed or reported; or error is made.
- Medication errors, refusals, or missed shall also require a report of unusual incident to be completed by the staff who is aware of the incident, by end of their shift, and forwarded to the ORR within 24 hours.
- Any untoward medication side effect or reaction shall also be reported immediately to the prescribing physician and completion of an IR forwarded to the ORR within 24 hours.
- Any medication documentation error (including lack of documentation) or prescription error, written or verbal shall also require a report of unusual incident to be completed by the staff that made the error; or someone who is aware; or becomes aware of the incident, by end of their shift, and forwarded to the ORR within 24 hours.
- **All type 'A' or 'B' residential providers shall ensure that all Schedule 1 & 2 medications are always fully accounted for.** Consent for medication shall be obtained from the consumer/parent or guardian prior to prescribing medication. The use, effects, side effects and benefits of the medication shall be explained and discussed with the consumer/guardian. Medication effects, side effects, unusual effects/specific risks and contraindications.

DEFINITIONS

Psychotropic Pharmacotherapy: Any medication administered to a recipient for treatment or amelioration of disorders of thought, mood, or behavior.

Untoward Medication Side Effect: Adverse side effects of psychotropic medication that is significant enough to require a more than usual or routine adjustment in the dose or medication or change in medication.

Schedule 1 Medications: Includes drugs with no proven or acceptable medical use and a high abuse potential – authorized research only.

Schedule 2 Medications: Includes narcotic drugs with a high potential for abuse but with currently accepted medical use in treatment.

PROCEDURE

1. The selection and initiation of psychopharmacology will be based on the consumer's history, current clinical state and the Person-Centered Plan of Service.

2. Prescribing of medications will be done only after evaluation, detailed justification, and medical rationale is documented in the clinical record.

3. Providers will assure that medication use conforms to federal standards and the standards of the medical community.

4. Prescription medication shall be administered only at the written order of a physician. Medication administration and changes shall be documented in the EHR, the physician's dictation, and the consumer's physical chart. Documentation will include the medication and the appropriateness of generic (if available), the dosage, label instructions for use.

5. Consumers are scheduled for medication reviews as dictated in their Person-Centered Plan of Service, or more often based on the recipient's clinical status and as indicated by the clinical staff and the appropriate psychiatrist. Medication reviews are scheduled at a minimum of every three months.

6. Residential living units shall be equipped with adequate medication areas, which provide appropriate and sufficient space for dosage preparation and setup.

7. In a residential setting, if the individual cannot administer their own medication a qualified and trained staff person shall supervise the taking of medication by a resident, and he or she shall comply with all the following provisions:
    a. Be trained in the proper handling and administration of medication.
    b. Complete documentation on the *Medication Administration Record* to be included in the medication log that contains the medication, the dosage, the label instructions for use, time administered, and the initials of the person who administers the medication (which shall be entered at the time the medication is given)
    c. Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of medication that is prescribed on a PRN basis. The review process shall include the resident's prescribing physician, the resident or guardian, and the responsible agency.
    d. Not adjust or modify a resident's prescription medication without instructions from a physician who has knowledge of the medical needs of the resident. Staff shall record, in writing, any instructions regarding a resident's prescription medication.
    e. Contact the appropriate health professional if a medication error occurs or a resident refuses prescribed medications or procedures. Staff shall follow and record the instructions given.
    f. Medication prescribed for one consumer will not be given to another consumer even if the type and dosage of medication is the same.

8. Medication shall not be used as a means of punishment, as a substitute for other appropriate treatment or for the convenience of staff.

9. The administration of medication will be recorded in the recipient's medical record. Any medication errors or untoward adverse drug reactions will be reported immediately to the prescribing physician and will be recorded in the recipient's clinical record and documented on a *Report of Unusual Incident*.

10. Medication will be disposed of in accordance with procedure for 'Disposal of Wasted Medication'

11. Only medication that is authorized in writing by a physician shall be given to a consumer.

12. Only medications authorized by a physician are to be given upon discharge or leave. Provider must ensure enough medication be made available to ensure the recipient has an adequate supply until he/she can become established with another provider.

13. All residential consumer medication must be kept in locked cabinets accessible only to qualified and trained staff members.

14. Psychotropic chemotherapy shall not be administered unless:
    a. The recipient, legal representative to give consent, or parent/guardian of minor child gives informed consent
    b. Administration is court ordered
    c. Administration is necessary to prevent physical injury to self or others. This may be done after signed documentation has been placed in the clinical record, only if a resident's actions or other objective criteria clearly demonstrate to the physician that the resident poses risk to harm himself, herself, or others. This may be done on an inpatient setting and follow the provisions below.

15. In in-patient settings Physicians may, without consent or court order, prescribe and/or administer psychotropic chemotherapy to prevent a recipient from physically harming self or others using the guidelines below:
    a. Detailed justification and medical rationale of the physician must be documented in the clinical record.
    b. Present dangerousness to self or others will be assessed and will include assaultive and aggressive behaviors.
    c. Initial administration of psychotropic chemotherapy may not be extended beyond 48 hours, unless there is consent. Medication administration shall be immediately documented in the recipient's clinical record.
    d. The initial period of treatment shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The chemotherapy shall be terminated safely, as soon as the physician determines that there is little likelihood that the recipient will quickly return to an actively aggressive or assaultive state and shall be of the smallest dosage needed.
    e. Psychotropic drugs shall not be administered to an individual who has been hospitalized by medical certification or by petition for involuntary treatment under Chapter 4 or 5 of Act 258 of 1974 on the day preceding and on the day of his or her court hearing unless the individual consents or unless the administration of the psychotropic drugs is necessary to prevent physical injury to the individual or others.
    f. Additional courses of chemotherapy may be prescribed and administered if a resident decompensates and again poses a risk to himself, herself, or others.

16. Before initiating a course of psychotropic drug treatment for a consumer, a BMHA psychiatrist shall assure the consumer/guardian or parent/guardian of a minor child is advised by a psychiatrist or a registered nurse about all (BMHA) prescribed medication effects, side effects, unusual effects/specific

risks and contraindications. A written copy of the medication common adverse side effects and a copy of medication management procedures will also be provided.

17. Consumers who attend psychiatric appointments without their legal guardian present: A verbal consent for medication may be obtained from a guardian over the phone. A psychiatrist or registered nurse will advise the guardian of prescribed medication effects, side effects, unusual effects/specific risks and contraindications. A verbal medication consent with a BMHA staff as witness will be obtained over the phone and documented in the clinical record. The hard copy of the medication consent with the date of phone contact, signature of the psychiatric staff who explained the medications, and the witness' signatures will be sent to the guardian for his/her signature.

18. Consent for Medication Forms will be completed **annually** for each prescription medication a consumer receives. The medication consent form will be signed by the physician or registered nurse who provided the information in (14. above), and the completed medication consent will be presented to the consumer/guardian, or the parent/guardian of minor child, for his/her signature.

19. The completed medication consent with all required signatures will be sent to scanning and scanned into the medical record.

20. Medication consents expire **18 months** from the date of the consumer/guardian/parents' signature.

21. For consumers who do not have a guardian present (CLS worker, home provider, etc.) at the time of the medication change or initial prescription for a medication: A physician or registered nurse will provide all information to the guardian/parent by phone and/or mail. The medication consent will be sent to the guardian for signature.

22. Psychiatric staff will have a process in place to track missing medication consents and will document all efforts to obtain consents from absent guardians.

23. If a documentation error occurs in the process of ordering prescription medications or speaking with the pharmacy, a Report of Unusual Incident shall be completed and submitted to the ORR within 24 hours of becoming aware of the error.

FORMS

1. Consent for Medication
2. Medication Summary of adverse side effects
3. Report of Unusual Incident
4. Medication Administration Record (M.A.R.)

Reviewer: Office of Recipient Rights
Reviewed: 5/07, 3/08, 7/09, 5/10, 4/11, 5/12, 9/12, 6/13, 4/14, 7/15, 7/16, 4/17, 7/18, 6/19, 4/2020, 9/2021, 7/2022, 8/2023, 8/2024, 8/2025, 2/2026