

	POLICY: Emergency Psychotropic Medications	
	NO.	Date of Origin:

REFERENCES: NCCHC

Forms: Emergency Psychotropic Medications Checklist

POLICY:

It is the policy of the DOC Health Contractor to respect the right of an inmate to refuse to consent to medications or other treatments, including the right to refuse mental health treatment. However, exceptions may occur in psychiatric emergencies. The following procedure specifies the conditions under which an emergency psychotropic medication may be administered, and the level of monitoring required after administration of emergency psychotropic medication.

Emergency psychotropic medications will not be utilized as punishment or for the management of negative behaviors. It may only be used in cases where the inmate’s behavior presents an imminent risk to themselves or others because of mental illness. The emergency administration process will comply with applicable laws and regulations of the jurisdiction.

Emergency psychotropic medication should only be used on a time-limited, short-term basis and not as a substitute for adequate treatment of the underlying cause of the inmate’s distress.

PROCEDURE:

The following procedures are for inmates that may require emergency psychotropic medications. Medical staff should document everything pertaining to the event as per standard operating procedures in the inmate’s electronic health record.

1. If it has been determined by qualified DOC Health Contractor medical staff and DOC security staff that an inmate is currently presenting an immediate threat of serious physical harm to themselves or others and is requiring the use of physical restraints to maintain personal and/or the safety of others, and it has been determined that the restraint alone is ineffective to protect the patient, a staff member, or others from imminent risk of serious bodily harm, the on-call psychiatric provider and MHP (“Mental Health Provider”) shall be notified immediately.
2. The nurse on duty shall immediately notify the DOC Facility Superintendent and the DOC Director of Health Services or designee about any use of emergency psychotropic medications.
3. A DOC contracted psychiatric provider shall have a telephone consultation with medical and DOC security staff for any inmate considered for emergency psychotropic medications. If the psychiatric provider determines that emergency psychotropic medications are required, they should issue an order for such, the order issued by the psychiatric provider will include both an oral medication option and an intramuscular (IM)

option. Depot or extended release formulations of psychotropic medications will not be utilized for emergency medications. The order will be documented per usual operating procedure in the electronic health record upon receipt.

4. The oral medication option shall always be offered to the inmate first. If the inmate refuses the oral medication, the psychiatric provider will be consulted, and the psychiatric provider may order the IM for administration or consider other options.
5. Once the medication has been administered, the QHCP shall monitor the inmate for adverse side effects at least every 15 minutes if clinically indicated. Within one hour of the medication, and at least hourly thereafter, the QHCP monitoring the inmate's status shall provide an update to the on-call psychiatric provider, which may include information on:
 - 1) Vital signs
 - 2) Mental status exam
 - 3) The individual's physical and psychological status.
 - 4) The individual's behavior.
 - 5) Any complications; and
 - 6) Whether the individual is aware of what is required to be released from restraints.
6. The determination to release an inmate from restraints should be made by the QHCP monitoring the inmate's status and at the earliest possible time based on an individualized inmate assessment and re-evaluation, and in coordination with DOC security staff, nursing staff and psychiatric provider.
7. If the administration of an initial dose of emergency psychotropic medication does not result in the inmate being able to safely be released, a repeat dose may be clinically indicated. Should this additional treatment be insufficient, the following actions will be considered: continued use of restraints with frequent monitoring by the QHCP; further assessment by medical staff regarding emergency medication; further assessment by medical staff for potential psychiatric hospitalization; or consultation with DMH Care Management unit.
8. Within two hours of the administration of emergency medications, the nurse on duty will contact the DOC Director of Nursing with an update of the inmate's condition.
9. The psychiatric provider and MHP shall follow up with the inmate the next business day or as clinically indicated.
10. When the clinical determination has been made that the patient is safe enough to be released from restraints, medical staff shall collaborate with DOC security staff about decisions regarding facility placement and levels of observation. The rationale for watch and placement recommendations should be documented by medical staff in the inmate's electronic health record.
11. Inmates that have received involuntary emergency psychotropic medications shall be seen by an MHP the next time they are on site.
12. If not already enrolled, the inmate will be placed on the mental health caseload, and mental health staff will develop or update a treatment plan to provide any appropriate on-going medication and behavioral treatment to address mental health needs as well as a schedule of clinically appropriate reviews of treatment, mental health checks and

monitoring.

13. At the next morning meeting, or as soon as practicable, the event shall be reviewed by a multi-disciplinary treatment team, including the involved psychiatric providers, facility MHP, facility HSA, and Director of Nursing, in consultation with DOC security staff. The inmate should also be given the chance to debrief within 24 hours of the incident.
14. A summary report inclusive of all event documentation must be forwarded to the DOC Chief of Mental Health within three business days of the incident.