



Administrative Policies and Procedures: 20.18

Subject:	Psychotropic Medication
Authority:	TCA 37-5-106, TCA 33-8-202
Standards:	ACA 3-JTS-4C-20, DCS Model of Practice Standards -2-602, 7-100A, 7-101A, 7-120C, 7-121C, 7-122D, 7-125D, 7-127D, 7-200A, 7-207B, 7-208B, 7-209B, 7-210B, -7-211B, 7-214B, 8-306.
Application:	To All Department of Children's Services Employees and Contract Providers

Policy Statement:

Psychotropic medication for children/youth in state custody shall be prescribed and administered in accordance with best clinical practices.

Purpose:

Psychotropic medication for children/youth in custody shall be prescribed and administered in accordance with all applicable state and federal laws as well as in keeping with best clinical practices. All DCS and contract provider caregivers associated with the Department of Children's Services shall regulate the handling and administration of psychotropic medications in accordance with professional standards of care, good security practices and appropriate state and federal laws.

Procedures:

A. Therapeutic Use	It is the intent of DCS that each child/youth within its care attain and maintain his/her highest level of functioning and well-being. Psychotropic medication is one component of a total therapeutic program and its use must be included in a written treatment plan. Psychotropic medication will be used only for the purpose of treating a child/youth's psychiatric condition.
B. Prohibitions	Psychotropic medication use is prohibited for experimentation or research or discipline, coercion, retaliation, convenience of staff or as a substitute for appropriate programming. The use of psychotropic medications for the purpose of chemical restraint, or immobilization, for any child/youth in the care of DCS is prohibited.
C. Prescription	1. Psychotropic medication may only be prescribed by a licensed physician or nurse practitioner. Consultation with a board-certified child and adolescent psychiatrist should be sought for more complex diagnoses or treatment scenarios (per DCS Psychotropic Medication Utilization Parameters for Children in State Custody).

	<p>2. Prior to the initial prescription for psychotropic medication, the licensed prescribing provider should conduct a comprehensive evaluation. The prescription for psychotropic medication must be accompanied by an explanation that includes the need related to the child/youth’s mental health diagnosis, potential side effects, as well as risks and benefits of the medication versus not taking the medication. This explanation may be documented on form CS-0629, Psychotropic Medication Evaluation, or in an equivalent manner. A copy of this form (or equivalent documentation) will be kept in the child/youth’s case file in addition to the DCS electronic record.</p> <p>3. The Department or legal guardian reserves the right to request a second opinion if there is reason to question the prescription of psychotropic medication for a child/youth.</p>
<p>D. Informed Consent</p>	<p>Appropriate informed consent must be obtained in order for a child/youth in DCS custody to receive psychotropic medication. See DCS Policy 20.24, Informed Consent for specific procedures to be followed in obtaining informed consent. The DCS Family Service Worker (FSW), resource parent or agency case worker cannot provide consent for psychotropic medication. Additional information is available in the Healthcare Consent Guidelines for Youth in DCS State Custody which also should be shared with the licensed prescribing providers.</p>
<p>E. Administration, Storage and Disposal</p>	<p>Psychotropic medication will be administered, stored and disposed of in accordance with the procedures outlined in DCS Policy 20.15, Medication Administration, Storage and Disposal and DCS Policy 20.17, Management of Pharmaceuticals- Hazardous Medical/ Instruments/Devices in Youth Development Centers.</p>
<p>F. Emergency Use of Psychotropic Medication</p>	<p>1. Overview</p> <p>a) The emergency use of psychotropic medication will be allowed only for those children/youth placed in hospital facilities or facilities designated as Psychiatric Residential Treatment Facilities (PRTFs) per federal guidelines.</p> <p>b). All mental health contracting facilities are required to use appropriate programming and staff training to decrease emergencies that have the potential to lead to the emergency use of psychotropic medication. However, in the event of a psychiatric emergency, when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others, an emergency one-time dose of a psychotropic medication may be administered.</p> <p>c). The decision for the use of emergency psychotropic medication shall be based on the professional judgment of the psychiatrist (or licensed prescribing provider) to treat the child/youth’s underlying psychiatric disorder and not for immobilization or behavior control.</p> <p>d). Emergency medication does not require informed consent per DCS Policy 20.24, Informed Consent.</p> <p>2. Orders</p>

- a). A licensed prescribing provider must order the use of emergency psychotropic medication. The order must be timed and dated in the health record.
- b). If the order is taken verbally, the written order must be signed by a treating provider within twenty-four (24) hours and documented in the health record.
- c). The order for the emergency use of the psychotropic medication does not exceed a one-time dose.
- d). Orders for emergency medication are not written as standing or PRN orders.

3. Monitoring and Evaluation

- a). As ordered by the licensed prescribing provider, a registered nurse monitors and observes the child/youth's behaviors, actions and physiological response to the medication to determine the medication's effectiveness. The child/youth receiving emergency psychotropic medication should be examined every fifteen (15) minutes for one (1) hour for mental status, blood pressure, pulse, respiration, signs of distress, signs and symptoms of adverse drug reaction and other issues as indicated.
- b). A designated staff member (other than the registered nurse) who is in the immediate physical presence and in the same room as the child/youth and who is trained to monitor emergently medicated children/youth must continuously observe the child/youth. Particular attention must be given to safety issues such as falls. This monitoring will continue for the time frame defined by the licensed prescribing provider or for two (2) hours if not specified. Routine monitoring will occur thereafter.
- c). The licensed prescribing provider, a licensed independent practitioner, or a registered nurse conducts an in-person evaluation of the child/youth within one (1) hour of the initiation of emergency psychotropic medication for children/youth.

4. Debriefing

The child/youth and facility staff shall convene and participate in a debriefing about the emergency episode as soon as possible, but within twenty-four (24) hours of the use of emergency medication.

5. Notification of Family and DCS

- a). Each instance of emergency medication will be reported to DCS in accordance with the reporting of incidents (see [DCS Policy 1.4, Incident Reporting](#)). They are reported on the DCS Incident Reporting web-based application or on form **CS-0496, Serious Incident Report** if the report cannot be reported on line as soon as possible but at least within twenty-four (24) hours of the initiation of emergency psychotropic medication.

	<p>b). The DCS Family Service Worker (FSW), DCS Regional Nurse, and the Central Office Division of Medical and Behavioral Services are notified through the incident reporting process.</p> <p>c). The DCS Chief Medical Officer reviews each incidence of the emergency use of psychotropic medication.</p> <p>d). The child/youth’s family shall be notified as soon as possible but at least within twenty-four (24) hours of the initiation of emergency psychotropic medication by the agency administering the medication.</p> <p>6. Documentation</p> <p>Documentation in the child/youth’s health record shall be available for DCS review upon request and shall reflect the following:</p> <p>a). Prior to the emergency, the treatment plan outlines the potential use of emergency psychotropic medication.</p> <p>b). The specific interventions, appropriate methods, and de-escalation procedures that were used prior to the emergency psychotropic medication.</p> <p>c). Clinical justification of the ordering provider for use of the emergency psychotropic medication.</p> <p>d). The administration of the emergency psychotropic medication, including the route (oral or injection), location of injection (if applicable), and response of the child/youth to the intervention.</p> <p>e). Visual observation of the child/youth’s behavior, physiological response and medication’s effectiveness at intervals no greater than fifteen (15) minutes. This documentation will coincide with the required one (1) hour clinical monitoring by nursing staff and the two (2) hour observation by designated staff.</p> <p>f). The debriefing of the emergency episode involving the child/youth and staff. Document in the child/youth’s record the date and time of the debriefing, the names of staff who were present, the names of any staff excused, and any changes to the child/youth’s treatment plan as a result of the review.</p>
<p>G. DCS Prior Approval</p>	<ol style="list-style-type: none"> 1. Psychotropic medications used on a PRN basis will be allowed only to treat a child/youth’s psychiatric condition and not for behavioral control, discipline, coercion, or for convenience of staff. 2. Informed Consent is required for all PRN psychotropic medications (per DCS Policy 20.24, Informed Consent). 3. PRN Anxiolytic-Hypnotic and Antipsychotic Medications additionally require prior approval (per attached Appendix I- Psychotropic Medication Name and Values).

	<p>a). PRN anxiolytic-hypnotic and antipsychotic medications require prior approval from DCS. This prior approval is in addition to the informed consent. The licensed prescribing provider of the PRN psychotropic medication for the child/youth must submit documentation (form CS-0628, Request for Prior Approval of PRN Psychotropic Medication or in an equivalent manner) to the DCS Regional Nurse that provides the following information:</p> <ul style="list-style-type: none"> • Condition and symptoms for which PRN psychotropic medication is indicated • Other behavioral interventions being used • All other medications prescribed for the child/youth • The limited time period for which the PRN psychotropic medication will be used (not to exceed 14 days) • The anticipated frequency of use <p>b). Following review of the provided information by the DCS Regional Nurse the information will be forwarded to DCS Central Office for approval by the DCS Chief Medical Officer or designee.</p> <p>c). If the initial approved time frame for the PRN psychotropic medication is coming to an end and the licensed prescribing provider determines that the use of PRN psychotropic medication continues to be necessary, the initial request for authorization must be renewed. Clear documentation of the continued need for the use of PRN psychotropic medication must be made by the licensed prescribing provider.</p>
<p>H. Exceptions to DCS Prior Approval</p>	<ol style="list-style-type: none"> 1. One time orders for additional dosages of the child/youth’s current medications may be indicated under circumstances such as sleep aid or intense periods of anxiety or panic, etc. Under such conditions prior approval from DCS is not required. However, informed consent for the medication (per DCS Policy 20.24, Informed Consent) is required. 2. PRN orders for medications other than anxiolytic-hypnotics or antipsychotic medications (per attached Medication List) do not require prior approval from DCS. However, documentation of previous informed consent for the medication (per DCS Policy 20.24, Informed Consent) is required.
<p>I. Medication Errors</p>	<p>Psychotropic medication errors will be reported in accordance with the procedures outlined in <i>DCS Policy 20.59, Medication Error Guidelines</i> and DCS Policy 1.4, Incident Reporting.</p>
<p>J. Monitoring and Tracking</p>	<ol style="list-style-type: none"> 1. Information regarding prescription of psychotropic medication (see Section C) must be provided to the DCS Regional Nurse or YDC Nursing Staff as applicable. 2. The Department requires all mental health contracting facilities to utilize the Tennessee Department of Mental Health and Developmental Disabilities

	<p><u>(TDMHDD) Best Practice Guidelines for Behavioral Health Services for Children and Adolescents</u> when making treatment decisions, including the prescribing of psychotropic medication, for children/youth in custody.</p> <p>3. The Department tracks the use of psychotropic medication for children/youth in care. DCS Regional Nurse or YDC Nursing Staff as applicable are notified of all psychotropic medications prescribed, all dosage changes, and discontinuation of psychotropic medication for children/youth in custody. Psychotropic medication information, including information about informed consent, is entered into the DCS electronic record.</p> <p>4. The Department also utilizes <u>Psychotropic Medication Utilization Parameters for Children in State Custody</u> to ensure that psychotropic medications being prescribed for children/youth in care are done so in a safe and appropriate manner. Cases that fall outside these guidelines are assessed by DCS Regional Nurses, the DCS Chief Medical Officer or designee.</p>
<p>K. Training</p>	<p>Psychotropic Medication Policy Training Curriculum is required for all Contract Providers and DCS Staff to complete during Pre-Service Training as well as a Review Course every two (2) years. This curriculum is available from DCS.</p>

<p>Forms:</p>	<p><u>CS-0628 Request for Prior Approval of PRN Psychotropic Medication</u></p> <p><u>CS-0629 Psychotropic Medication Evaluation</u></p> <p><u>CS-0496 Serious Incident Report</u></p>
<p>Collateral Documents:</p>	<p><u>Dept. of Children’s Services “Standards of Professional Practice For Serving Children and Families: A Model of Practice”</u></p> <p><u>TN Dept. of Mental Health and Developmental Disabilities (TDMHDD) Best Practice Guidelines for Behavioral Health Services for Children and Adolescents</u></p> <p><u>Dept. of Children’s Services Psychotropic Medication Utilization Parameters Guidelines for Children in State Custody</u></p> <p><u>Appendix I- Psychotropic Medication and Class values</u></p> <p><u>Healthcare Consent Guidelines for Youth in DCS State Custody</u></p>

Glossary:	
Informed Consent	Informed consent is the right of every patient to have information regarding prescribed tests or treatments, including all risks related to the tests or treatment and all benefits of the tests or treatments. The patient has a right to sufficient information to allow the patient to make an informed decision about whether to consent to the treatment or tests.
Medication Error	A medication error occurs when a prescribed medication (substance) is not administered according to physician’s orders (e.g., missed dose, dose administered at wrong time or day, medication given to wrong individual, etc.).
PRN	<p>PRN is the abbreviation for the Latin <i>pro rae nata</i>, which means, “use as needed or according to circumstances”. Five variables to be considered in the treatment plan are:</p> <ol style="list-style-type: none"> 1. <u>Entry Criterion</u>: Define the specific index behavior indicating PRN use, including the frequency and intensity (or the specific situation for PRN use). 2. <u>Pre-Implementation Criterion</u>: Describe step-by-step the alternative interventions or techniques to be implemented, if possible, before using the PRN. 3. <u>Procedural Criterion</u>: List the specific action to occur after the PRN is given. 4. <u>Failure Criterion</u>: Define a level of use prompting review to determine if the PRN is excessively used or is ineffective. 5. <u>Exit Criterion</u>: Define a time-limiting period for PRN use or a level of non-use prompting review to determine if the PRN order should be discontinued.
Psychotropic Medication	A drug which exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity. Psychotropic medications include, but are not limited to: anti-psychotics; antidepressants; agents for control of mania and depression; anti-anxiety agents; psychomotor stimulants and hypnotics.
Debriefing	A review of the event is processed with the child/youth and staff. This includes circumstances and behaviors preceding the event, the outcome of the event and identification of any traumatic effects (emotional or physical) of the event. Also reviewed is how those circumstances or behaviors might be addressed differently such as through the development of alternative techniques or processes that may prevent future occurrences.