

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.57</u>
SUBJECT: PSYCHOPHARMACOLOGIC MEDICATIONS PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERSEDES PPD# <u>6.57</u> DATED <u>11/30/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To ensure that patients who require psychopharmacologic medication for mental health purposes are evaluated appropriately and have access to psychiatric care. The focus will be on monitoring for appropriate medication use, efficacy and side effects as well as to monitor the patient's functional status. Consideration will be given to monitoring patients who are prescribed multiple agents as well as high doses.

II. DEFINITION:

Psychopharmacologic medications are those medications prescribed primarily for behavioral effects – anti-depressants, anxiolytics, mood stabilizers, antipsychotics and sedatives.

III. APPLICABILITY:

To all healthcare staff involved in the administration of psychopharmacologic medications.

IV. POLICY:

It is the policy of the NH Department of Corrections (NHDOC) that:

- A. A supporting diagnosis will be in place for the administration of any psychopharmacologic medication. The psychiatrist has the primary responsibility to make that determination. Patients receiving medications will have therapeutic and behavioral interviews to assure the lowest dosage required is used to maintain and improve functional status.
- B. Psychopharmacologic medications prescribed by a physician for medical indications are not included in this policy.

V. PROCEDURE:

A. General Procedures for Use

- 1. The psychiatric evaluation for the use of psychopharmacology medication will include a review of the medical record, other pertinent information and a face-to-face evaluation.

2. A referral for further medical examination or diagnostic studies will be initiated, if indicated.
 3. Psychopharmacologic medications will be ordered for no longer than 90 days, and will be in accordance with prescription practices as outlined by the State of New Hampshire Board of Registration in Medicine.
 4. Psychopharmacologic medication not on the Department of Corrections' Formulary will require the psychiatrist to request authorization in accordance with procedures for non-formulary medications.
 5. Informed consent for psychopharmacologic medications will be obtained as outlined in PPD 6.23.
 6. Psychopharmacologic medication will be administered in accordance with policies and procedures.
 7. The decision to discontinue psychopharmacologic medication will be made by a psychiatrist or psychiatric nurse practitioner.
 8. Psychopharmacologic medication orders from a physician other than a psychiatrist (e.g., in response to an emergency) will be valid for no longer than seven days. The psychiatrist will review the medication order within seven days of issuance. If the order is to be continued it must be renewed by the psychiatrist practitioner.
- B. Monitoring Psychopharmacologic Medication
1. Psychiatric practitioners and other staff, as appropriate, will document:
 - a. Patient's response to medication, including changes in mental status;
 - b. Continuing education of patients regarding medication;
 - c. Results of laboratory studies ordered in the course of monitoring medications.
 2. Patients prescribed antipsychotic medication for an extended period of time will be evaluated at least semi-annually for the potential development of Tardive Dyskinesia and other movement disorders. Results will be filed in the Mental Health section of the medical record.
 3. Health care staff will notify psychiatric staff, document in the Progress Note section of the patient's medical record when the following occurs:
 - a. A patient reports or exhibits medication side effects that may require psychiatric attention.
 - b. A patient self-reports or their behavior provides information about medication effects and side effects that may be significant to the prescribing psychiatrist.
 - c. Review if the situation meets criteria per PPD 6.39 Adverse Drug Reactions and appropriate follow through per policy.
 4. Non-compliance with psychiatric medication regimens will be addressed by nursing with communication to the psychiatric staff (see PPD 6.68 Medication Non-Compliance and Monitoring Inmates)

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Prison Health Standards 2003
National Commission on Corrections Health Care

Other

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