FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO: 15.05.19

SUBJECT: PSYCHOTROPIC MEDICATION USE STANDARDS AND INFORMED CONSENT

EFFECTIVE DATE: 12/1/17

I. PURPOSE:

To provide minimum guidelines and requirements for the use of psychotropic medications in the treatment of mental disorders and obtaining informed consent from inmates who are receiving psychotropic medications.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff:

II. DEFINITION:

A. Psychotropic Medications: Medication(s) prescribed by a psychiatrist or other qualified prescribing clinician that exercise effects upon the central nervous system and are employed to treat symptoms of mental illness. These medications may influence thinking, mood, and behavior. Psychotropics may include antipsychotics, antidepressants, anti-anxiety agents, sedatives, anticonvulsants, and mood stabilizers. If a medication is used for physical health reasons (versus to treat psychiatric symptoms), that use will not be considered as psychotropic medication use and the provisions of this health services bulletin will not apply.

B. Emergency Treatment Order: The use of psychotropic medications without an inmate's informed consent that is restricted to emergency situations in which the inmate presents an immediate danger of causing serious bodily harm to self or others, and no less intrusive or restrictive intervention is available or would be effective. Such treatment may be provided upon the written order of a psychiatrist or other qualified prescribing clinician for a period not to exceed forty-eight (48) hours, excluding weekends and legal holidays. (See also HSB 15.05.10 *Psychiatric Restraint*.)

III. POLICY:

Psychotropic medication therapy is currently recognized as an effective treatment method for psychiatric disorders. These medications often enhance an inmate's ability to participate in other forms of treatment.

A. Prescription Use Standards: Current standards require that medications be prescribed in a manner consistent with current pharmacologic knowledge. The most recent editions of *Drug Facts and Comparisons and / or the Physicians' Desk Reference* are nationally accepted, standard reference works, and will be used to guide the department's psychotropic medications practice.

B. Individualized Service Plan: The ongoing use of psychotropic medications will be part of a multidisciplinary approach to treatment that is detailed in an Individualized Service Plan.

C. "S" Grade Classification: Each inmate who is prescribed psychotropic medication for a mental disorder(s) shall be assigned an "S" grade of three (3) or higher.

D. Case Management Services: Each inmate who is prescribed psychotropic medication shall receive case management services by mental health staff.

E. Continuity of Psychotropic Medications: Each major institution authorized to receive inmates S-3 or higher must adhere to the following requirements:

1. A nurse may administer a single dose of medication each time it is indicated in accord with the current medication order in the health record. In most cases, this will ensure continuity of treatment until the inmate can be seen by a psychiatrist or other qualified prescribing clinician. For inmates requiring psychiatric follow-up, medication orders that expire before the inmate is afforded the psychiatric follow-up may be reordered by the non-psychiatric prescribing clinician, for up to thirty (30) days, until the necessary psychiatric follow-up is completed.

2. The Chief of Pharmaceutical Services will update a list of the medications that may be maintained at the institutions.

3. When an S-3 patient is temporarily housed in an Isolation Management Room (IMR) in a neighboring S-1/S-2 institution due to all the IMRs at the sending institution being full, the sending institution shall make arrangements to see that an adequate supply of the patient's current psychotropic medication is sent to the receiving institution since the latter is unlikely to have the psychotropics in stock.

4. Additionally, in any other circumstance when an S-3 inmate is temporarily housed at an S-1/S-2 institution, arrangements shall be made to provide any prescribed psychotropic medication to the inmate, pending transfer to an institution with on-site psychiatric services.

F. Documentation Requirements:

Information concerning inmate treatment shall be noted in the medical record by all health services staff. The following are to be permanently included in the health record of each inmate receiving psychotropic medication:

1. A psychiatric evaluation that includes identifying data, chief complaint, relevant history (present, past, family and medical), complete mental status examination, diagnosis (or differential diagnosis) and recommendations. This evaluation is completed prior to prescribing psychotropics for an inmate (except in an emergency when it will be completed within three (3) business days). The psychiatric evaluation shall be documented on the "*Psychiatric Evaluation*," DC4-655.

2. During the psychiatric evaluation, attention should be paid to updating the medical history to help identify organic causes of psychiatric symptoms. A medical referral may be indicated and additional laboratory tests (in addition to the ones suggested in the attached appendix, *Testing Standards for Psychotropic Medication Usage*) may need to be ordered, based on the history and/or physical examination. If the medical history update indicates the need for a medical evaluation, one will be completed within two (2) weeks of the inmate being started on psychotropic medication. Relevant psychiatric and medical histories shall be updated by the psychiatrist or other qualified prescribing clinician during their follow-up visits with referrals made for a medical evaluation as needs are identified.

3. A medication history, centering on psychotropics shall be documented by the psychiatrist or other qualified prescribing clinician and will include the name of the medication, the dosage, length of time on the medication, and response to the medication(s). The psychiatrist or other qualified prescribing clinician shall also note known allergic reactions to medications and whether the inmate is at present taking other non-psychiatric medications.

4. The prescribing clinician's orders specifying the date and time of the order, the name and dosage of medication, route, the frequency of administration and the duration shall be recorded in the health record

before administration of the initial dose.

5. Laboratory studies shall be ordered by the prescribing practitioner in accordance with guidelines provided in *Testing Standards for Psychotropic Medication Usage* (see-attached appendix). The results shall be filed in the health record. The psychiatrist or other qualified prescribing clinician will review the lab results and note the need for any modifications to treatment. If the prescribing clinician notes any lab results that indicate previously unidentified medical concerns, s/he will refer the inmate for a medical review.

6. All medication dosages must be in accordance with Drug Facts and Comparisons or the Physicians' Desk Reference to obtain optimal management of target symptoms. After titration to a therapeutic dose, the inmate should be kept on medication for a sufficient length of time to allow it to act and reach stable therapeutic blood levels before dosages are significantly increased or the medication is replaced by another medication. <u>Careful comprehensive monitoring during early stages of treatment is mandatory. Follow-up visits shall be scheduled and appropriate progress notes written on Psychiatric Follow-up", form DC4-642A by the psychiatrist or other qualified prescribing clinician as needed at least once every two (2) weeks upon initiation of any new psychotropic medication for a period of four (4) weeks.</u> Thereafter, psychotropic medication therapy and progress shall be reviewed and documented on DC4-642A at least every ninety (90) days for inmates graded S-3. Follow-up psychiatric appointments for inmates receiving inpatient mental health care shall be provided and documented on DC4-642A in accordance with HSB 15.05.05, *Inpatient Mental Health Treatment Services.*

7. The prescribing clinician shall include the following in his/her progress notes:

   a) Effects of prescribed medication(s) on targeted symptoms and behavior.
   b) Rationale for change of medication.
   c) Rationale for increasing or decreasing medication dose.
   d) Observed or reported side effects of the medication.

8. Inmates receiving antipsychotic medication will be administered the *"Abnormal Involuntary Movement Scale*," DC4-653 [AIMS] upon initiation of antipsychotic medication to establish a baseline measure for involuntary movement. As long as the inmate continues to receive antipsychotic medication, an AIMS shall be completed at least once every six (6) months to screen for the presence of tardive dyskinesia and other abnormal involuntary movements.

9. In the event that the inmate is exhibiting tardive dyskinesia or other abnormal involuntary movements, s/he shall be formally evaluated with the AIMS at least every three (3) months to monitor worsening, stabilization or remission of the condition.

10. The mental health and nursing staff shall document observations of unusual thinking, mood, behavior, and psychomotor activity as well as side effects and any adverse reactions experienced by the inmate.

11. Refusal of psychotropic medication by an inmate will be reviewed by the Multidisciplinary Services Team (MDST) for possible inclusion in the individualized service plan as a problem.

12. When a prescribing clinician evaluates an inmate for possible restart of psychotropic medication which had been discontinued for less than twelve months by an S-2 or S-3 inmate, starts a new class of medication, changes a medication or dosage, or discontinues all medications the clinician shall conduct a Psychotropic Medication Update which shall be documented on the *"Psychiatric Follow-up,"* DC4-642A. If additional room is needed, a note placed on a "Chronological Record of Outpatient Mental Health Care," DC4-642 can be utilized. The Psychotropic Medication Update shall describe the events taking place which led to the medication changes including, but not limited to, new events or stressors encountered by the inmate, changes in medical and/or mental health history, as well as any changes in symptom presentation.

13. When psychotropic medication is restarted for an S-1 inmate or for an S-2/S-3 inmate who has not taken psychotropic medication for twelve months or longer, a psychiatric evaluation must be performed and

documented on DC4-655. History should emphasize events of clinical significance which have taken place since the previous psychiatric evaluation. The evaluation must be completed before psychotropic medication is prescribed, except in emergencies when it must be completed within three business days.

14. At each visit, the mental health RN (MHRN) will review the medical record and complete the DC4-770E Psychotropic Medication Flow Sheet prior to the inmate being evaluated by the psychiatrist. The MHRN should make the psychiatrist aware of labs, consents, AIMS or other requirements that are needed by the inmate.

G. Licensing Requirements: Psychotropic medication must be used under the direction of a Florida licensed physician (to include an active DEA license) for controlled substance prescribing, or psychiatric ARNP.

H. "*Drug Exception Request*," DC4-648: This form must be utilized and approved for medication dosage that is at variance with dosage levels specified in Drug Facts and Comparisons or the Physicians' Desk Reference, a non-formulary medication, the use of four (4) or more psychotropics (other than antiparkinsonian agents), two or more psychotropic drugs in the same therapeutic class, or the use of an approved medication for an unapproved use.

A DC4-648 shall be properly filled out and submitted for approval/disapproval by the appropriate authority in the regional office of health services.

1. Copies of the DC4-648 will be filed in the inmate's medical record in the back of prescriptions/orders.
2. All completed DC4-648 whether approved or disapproved are to be faxed to the assigned dispensing pharmacy.

I. Informed Consent for Psychotropic Medication: A consent form must be completed for each prescribed psychotropic medication. The prescribing clinician shall discuss the content of the appropriate consent form(s) with the inmate at the time the medication is ordered.

1. As part of the discussion, the inmate must be informed about the purpose of the medication, the common side effects, if any, and the risks and benefits of the medication.

2. The inmate must also be informed about alternative treatments available, the expected duration of the treatment and the fact that s/he may withdraw his/her consent orally or in writing at any time without compromising access to other health care.

3. Informed consent is to be obtained only after at least a brief history and mental status examination has been completed and it has been determined that the inmate is competent to give consent to treatment. The inmate will be deemed competent for this purpose if s/he has an understanding at a basic level that s/he has a psychiatric problem and that medication is being offered to produce relief from that problem.

4. The following drug specific consent forms will be utilized to obtain informed consent for psychotropic medication. For medications that do not have a current corresponding consent form, the appropriate generic consent form will be completed, either "*Antipsychotic Medication*," DC4-545A or "*Psychotropic Medication*," DC4-545B.

   a) **DC4-545A -** *Antipsychotic Medication – Generic Form A*
   b) **DC4-545B -** *Psychotropic Medication – Generic Form B*
   c) **DC4-545C -** *Benadryl (Diphenhydramine HCL)*
   d) **DC4-545D -** *Cogentin (Benztropine Mesylate)*
   e) **DC4-545E -** *Effexor (Venlafaxine HCL), Effexor XR (Venlafaxine HCL Extended Release Capsules)*
   f) **DC4-545F -** *Geodon (Ziprasidone)*
   g) **DC4-545G -** *Haldol (Haloperidol), Haldol Decanoate (Haloperidol Decanoate)*
   h) **DC4-545H -** *Lithium*
   i) **DC4-545I -** *Paxil (Paroxetine HCL)*
   j) **DC4-545J -** *Prolixin (Fluphenazine HCL), Prolixin Decanoate (Fluphenazine Decanoate)*
   k) **DC4-545K -** *Prozac (Fluoxetine HCL)*
   l) **DC4-545L -** *Remeron (Mirtazapine)*

m) **DC4-545M -** *Risperdal (Risperidone)*
n) **DC4-545N -** *Seroquel (Quetiapine Fumarate)*
o) **DC4-545O -** *Tegretol (Carbamazepine)*
p) **DC4-545P** - *Thorazine (Chlorpromazine HCL)*
q) **DC4-545Q** - *Trilafon (Perphenazine)*
r) **DC4-545R** - *Valproic Acid*
s) **DC4-545S** - *Vistaril (Hydroxyzine Pamoate)*
t) **DC4-545T -** *Wellbutrin (Bupropion HCL), Wellbutrin SR (Bupropion HCL Extended Release Tablets)*
u) **DC4-545U** - *Zoloft (Sertraline HCL)*
v) **DC4-545V** – *Informed Consent for Vivitrol*
w) **DC4-545W** – *Informed Consent for Stelazine*
x) **DC4-545X** – *Informed Consent for Abilify*
y) **DC4-545Y** – *Informed Consent for Navane*
z) **DC4-545Z** – *Informed Consent for Zyprexa*
aa) **DC4-545aa** – *Informed Consent for Symmetrel*
bb) **DC4-545bb** – *Informed Consent for Celexa*

5. A signed copy of the informed consent shall be given to the inmate. The original shall be placed in the mental health section of the health record under the sub-divider entitled Mental Health Authorizations/Consents.

6. Informed consent must be given by the inmate each time a new psychotropic medication is prescribed. Informed consent must be obtained even if an inmate is currently on the same drug for non-psychiatric reasons.

7. Informed consent for a medication becomes inactive when the inmate withdraws his/her consent either orally or in writing. Oral withdrawal of consent shall be documented in the inmate's health record. Withdrawal of consent is to be treated as a refusal of the medication.

8. Refusal of individual doses does not constitute withdrawal of consent. After three (3) consecutive medication refusals or five (5) medication refusals in a month, the inmate will be required to sign a "*Refusal of Health Care Services*," DC4-711A and the medication will not be

offered by nursing personnel based on the completion of the refusal. The completed DC4-711A, along with the chart, will be forwarded to the psychiatrist or other qualified prescribing clinician for review and further clinical disposition. This review will be documented on the DC4-701 in chronological order. For those individuals in the CMHTF under a court order for medications, there cannot be a refusal of medications.

9. For inmates who have refused a prescribed psychotropic medication(s) within the previous two (2) consecutive days, nursing staff will meet with the inmate on the next working day to assess the situation, counsel the inmate, and refer the inmate to the psychiatrist or other qualified prescribing clinician, if warranted.

10. The inmate shall be educated, whenever possible, to improve his/her participation in medication therapy.

11. The use of psychotropic medications by a psychiatrist or other qualified prescribing clinician, without an inmate's informed consent shall be restricted to emergency situations in which the inmate presents an immediate danger of serious bodily harm to self or others and no less intrusive or restrictive intervention is available or would be effective (see Emergency Treatment Order below). Such involuntary treatment shall be limited to a particular episode of immediate danger.

IV. GENERAL GUIDELINES:

A. The psychiatrist or other qualified prescribing clinician must provide treatment in accordance with the Department's *Drug Formulary: ANTIPSYCHOTIC ALGORITHM and ANTIDEPRESSANT PROTOCOL* unless clinical rational for deviating from these guidelines is well documented in the medical record and a DER submitted if clinically indicated.

B. Psychotropic medications shall be used for appropriate treatment of disturbances of mood, thinking, and behavior as part of the Individualized Service Plan. They shall not be used as simply a means of suppressing undesirable behavior. For example, psychotropic medications shall not be used as punishment, as a substitute for behavioral programs, for staff convenience, or in dosages, which interfere with the rehabilitation/service plan of the inmate.

C. In response to requests for non-emergent psychiatric consultations for inmates who are graded S-1 or S-2 the psychologist shall evaluate the inmate to determine further disposition. The psychologist shall document the clinical rationale for his/her disposition in the health record. If the psychologist determines a psychiatric consultation may be clinically indicated, s/he will discuss his/her findings with a psychiatrist or other qualified prescribing clinician prior to scheduling a psychiatric consultation. The psychologist will document the discussion via an incidental note in the health record.

1. Following this discussion, if a decision is made to proceed with a psychiatric consultation, the psychologist at the S-1/S-2 institution shall initiate the process by completing page 1 of the "*Consultation Request-Consultant's Report*," DC4-702 and ensuring an appointment is scheduled for the consult. During the appointment, the psychiatric provider will review page 1 of the DC4-702 along with the inmate's health record, evaluate the inmate, and document the consultation on page 2 of the DC4-702, including her/his recommendations. While the psychiatric provider may recommend psychotropic medication and/or a change in S grade, medication orders will not be written as part of the consultation process nor will the patient's grade be changed.

2. Following the appointment, the psychologist shall review the DC4-702, change the inmate's S grade, if indicated, and initiate the process for transfer to an S-3 institution for those inmates increased to S-3. Additionally, for these patients the psychologist shall ensure that a psychiatric appointment is scheduled in OBIS. The receiving institution shall ensure that this appointment takes place as soon as possible, but no later than 10 working days after arrival. The evaluation shall be documented on the "*Psychiatric Evaluation*," DC4-655 if this is the first time during this incarceration that the inmate is being fully evaluated by a psychiatrist in FDC, if psychotropic medication is being restarted for an inmate who was S-1 at the time of the consult, or for an S-2 inmate who has not taken psychotropic medication for twelve months or longer. For all other patients, this initial appointment may be documented on the "*Psychiatric Follow-up*," DC4-642A.

3. When a determination is made that a psychiatric consultation is clinically indicated for an S-1 or S-2 inmate housed at an S-3 institution, the

psychologist shall submit a "*Staff Request/Referral*," DC4-529 to the outpatient psychiatric provider who shall see the inmate as soon as possible, but no later than 10 working days after receiving the referral. The evaluation shall be documented on the "*Psychiatric Evaluation*," DC4-655 if this is the first time during this incarceration that the inmate is being fully evaluated by a psychiatrist in FDC, if psychotropic medication is being restarted for an S-1 inmate or for an S-2 inmate who has not taken psychotropic medication for twelve months or longer. For all other patients, this initial appointment may be documented on the "*Psychiatric Follow-up*," DC4-642A.

D. When prescribing psychotropic medication(s), each medication should correspond to a target symptom(s) in the "Plan" portion of the SOAP note. This information will document the basis for prescribing decisions.

E. Psychotropic medications shall be used for as short a time as possible in order to control or prevent the reappearance of target symptoms. As soon as the inmate's condition is deemed stabilized, efforts shall be made to gradually discontinue medication or reduce medication dosages to a minimum. If discontinuation or lowering of the medication is not indicated clinically, the psychiatrist or other qualified prescribing clinician shall document the rationale for the decision in the health record.

F. Psychotropic medication prescriptions shall not exceed ninety (90) calendar days.

G. Standing orders for psychotropic medication are prohibited.

H. There must be a clear and convincing clinical rationale documented in the medical record for the use of multiple psychotropic medications.

I. Antiparkinsonian medications shall be used <u>only</u> when clinically indicated.

J. Inmates who are taking psychotropic medication at the time of arrival at any institution shall be continued on their medication until evaluated by a psychiatrist or other qualified prescribing clinician.

K. An Emergency Treatment Order is an involuntary medication order, which is administered without the inmate's informed consent.

1. If emergency treatment is ordered, the choice of medication to be used will be based on the assessed clinical presentation of the inmate.
2. A psychiatrist or other qualified prescribing clinician's order must accompany each use of an emergency treatment order, with concomitant order for admission to a certified isolation management room and placement on self-harm observation status. If a benzodiazepine is ordered by a qualified prescribing clinician, the order must be co-signed by a DEA licensed physician.
3. Such involuntary treatment shall be limited to a particular episode of immediate danger to self or others.
4. Standing orders, "as needed" (PRN) orders, and the use of neuroleptics as a decanoate or extended release preparation are prohibited for use as an emergency treatment order.

The need for repeated involuntary medication (three [3] or more involuntary doses of psychotropic medication in a twenty-four [24] hour period) may indicate a need for referral to a Crisis Stabilization Unit or from a Crisis Stabilization Unit to a Corrections Mental Health Treatment Facility. If involuntary treatment is to be continued beyond forty-eight (48) hours (excluding weekends and holidays), the inmate must be referred for emergency transfer to a mental health treatment facility, and the Chief Health Officer of the institution where the emergency involuntary care is being provided must consult with the psychiatric consultant or the Regional Medical Director, in that order of availability. Mental health treatment facility staff will assist the warden with filing a petition with the circuit court for an order authorizing the placement of the inmate in the Corrections Mental Health Treatment Facility and an order authorizing involuntary treatment. In the interim, involuntary treatment may be continued with written (not telephone) order of a physician or other qualified prescribing clinician, pending the inmate's transfer to a mental health treatment facility and/or an involuntary medication hearing if the physician determines that the emergency situation continues to present a danger to the safety of the inmate or others.

L. Due to the possibility of patients who take Clozapine experiencing a significant decrease in white blood cells, the prescribing of Clozapine is regulated by the Clozapine Risk Evaluation and Mitigation Strategy or REMS. The program requires that the patient, prescriber, prescriber's assistant, pharmacy and pharmacy head office (if a chain pharmacy) all be registered with REMS. When an inmate taking Clozapine is viewed by the MDST as being ready for transfer the inmate

shall be placed on a mental health hold to allow sufficient time for the receiving facility and staff to obtain the required REMS registration prior to transfer of the inmate. The mental health hold shall be obtained by the mental health clinician at the sending facility by completion of form DC4-706 *Health Services Profile*. The clinician at the sending facility shall remove the mental health hold when the receiving facility has completed the REMS registration by again completing form DC4-706.

V. PSYCHOTROPIC MEDICATION MANAGEMENT BY NON-PSYCHIATRIC PRESCRIBING CLINICIANS:

A. In emergent situations, psychotropic medication management can be provided by a non-psychiatric prescribing clinician. In these situations, the inmate shall be interviewed jointly by the psychologist, who will assess mental status and adaptive functioning, and by the non-psychiatric prescribing clinician, who will be responsible for the medication management. S/he will document any significant physical health changes, all current medications and any diagnostic tests conducted, as well as assessing medication efficacy and side effects. These evaluations will be done in consultation with the psychologist by the non-psychiatric prescribing clinician, who will have access to a psychiatrist or psychiatric ARNP for consultation as needed.

B. New psychotropic medication(s), in accordance with assessed patient emergent needs, can be initiated by the non-psychiatric prescribing clinician who may seek consultation with a psychiatrist or psychiatric ARNP as needed.

C. Consultation with a psychiatrist or psychiatric ARNP can be accomplished either in-person or via telephone. In either event, there must be documentation of the consultation in the health record as an incidental note.

VI. RELEVANT FORMS AND DOCUMENTS:

A. **HSB 15.05.18** Outpatient Mental Health Services
B. **HSB 15.03.04** Periodic Assessments/Examinations/Screenings
C. **DC4-545** series
D. **DC4-648** *Drug Exception Request*
E. **DC4-653** *Abnormal Involuntary Movement Scale (AIMS)*

F. **DC4-655** *Psychiatric Evaluation*
G. **DC4-701** *Chronological Record of Health Care*
H. **DC4-711A** *Refusal of Health Care Services*
I. Drug Facts and Comparisons
J. Physicians' Desk Reference
K. **Appendix**: *Testing Standards for Psychotropic Medication Usage*
L. Drug Formulary: A-TYPICAL USAGE ALGORITHM and ANTIDEPRESSANT PROTOCOL
M. **DC4-642A** *Psychiatric Follow-up*
N. **DC4-545** series

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Health Services Director Date

This Health Services Bulletin Supersedes: HSB dated 4/15/91, 05/03/96, 07/15/08, and 03/29/12
TI 15.05.06 dated 05/06/04