

PURPOSE

The purpose of this policy is to assure that at all Michigan Department of Health and Human Services (MDHHS) state operated facilities, hospitals and centers, psychotropic drugs are prescribed by a qualified licensed physician, subject to signed written informed consent, and are limited to the treatment of substantiated disorders of mood, thought, and behavior.

REVISION HISTORY

This policy has not been updated since original publication effective date of May 16, 2010.

DEFINITIONS

Code means the Michigan Mental Health Code.

Informed consent means the knowing consent in a written agreement or written documentation of a verbal agreement executed by a recipient or his/her legal representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion. The basic element of information necessary to such consent include:

- a. A fair explanation of the purposes of the treatment, medication to be administered and/or procedures to be followed, including identification of any which are experimental.
- b. A description of any benefits reasonably to be expected.
- c. A description of any attending discomforts and risks reasonably to be expected.
- d. A disclosure of any appropriate alternative treatment and/or medications that might be advantageous for the person.
- e. An offer to answer any inquiries concerning the treatment, medication and/or procedure.
- f. An instruction that the person is free to withdraw his/her consent and to discontinue participation without prejudice to the person.

Psychotropic drug means any medication administered for the treatment of disorders of mood, thought, or behavior.

POLICY

It is the policy of the MDHHS that psychotropic drugs are prescribed by a qualified licensed physician, subject to signed written informed consent, are limited to the treatment of substantiated disorders of mood, thought, and behavior and are never used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

STANDARDS

1. A facility shall not use medication as punishment, for the convenience of the staff, or as a substitute for other appropriate treatment.
2. A facility shall ensure that the use of psychotropic medications is subject to the following restrictions.
 - a. Unless the individual consents or unless administration of psychotropic medication is necessary to prevent physical injury to the individual or others, psychotropic medications shall not be administered to:
 1. A resident who has been admitted by medical certification or by petition until after a final adjudication as required by section 468(2) of the Code.
 2. A defendant undergoing examination at the center for forensic psychiatry or other certified facility to determine competency to stand trial.
 3. A person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation by the Center for Forensic Psychiatry.
 - b. A provider may administer psychotropic medication to prevent physical harm after signed documentation of the physician is placed in the resident's clinical record and when the actions of the resident or other objective criteria clearly demonstrate to a physician that the psychotropic medication is necessary to prevent physical harm or injury to the recipient or others.
3. Psychotropic drugs shall be prescribed, dispensed, administered, and monitored as set forth in MDHHS Policy and

Procedure 10.5.2 regarding medication procedures. In addition:

- a. Psychotropic drugs shall be prescribed by a licensed physician with documented education, training, and clinical experience in their use.
 - b. Psychotropic drugs shall be prescribed pursuant to a current mental status examination.
 - c. Psychotropic drugs shall be administered pursuant to a signed written informed consent specific to the pharmacologic agent being administered.
 - d. The prescriber or a licensed health professional acting under the delegated authority of the prescriber, in addition to explaining the specific risks and most common adverse side effects, shall provide the individual with a written summary of those most common adverse side effects.
 - e. Psychotropic drugs shall be prescribed within established specific practice parameters for their use.
 - f. The rationale for drug selection and dosage schedules falling outside published corridors shall be documented in the clinical record.
 - g. Medication effects of psychotropic drugs shall be monitored, reviewed, and appropriately adjusted at least every thirty days.
4. Psychotropic drugs may be prescribed on a single dose basis (frequently known as "STAT" for the acute management of a single emergent episode of challenging behavior that is placing the person or others at significant risk of serious injury. Initial administration of psychotropic chemotherapy may not be extended beyond 48 hours unless there is consent. The physician shall document in the record the determination of present dangerousness of the recipient to self or others.
- a. A separate prescription shall be written/ordered for each subsequent dose whenever a prolonged episode of challenging behavior does not adequately respond to a single administration of psychotropic drug.
 - b. The challenging behavior shall be considered recurrent, (i.e., no longer singly occurring episodes, following the

second occurrence within a two week period) and shall be addressed in the person's treatment plan.

5. Psychotropic drugs shall be withheld in accordance with Sec. 718 of the Mental Health Code (MCL 330.1718) on the day before and day of his/her court hearing unless the person consents or unless the administration of the psychotropic drugs is necessary to prevent physical injury to the individual or others.
6. A medication used as a restriction to manage the recipient's behavior or restrict the recipient's freedom of movement that is not a standard treatment or dosage for the recipient's condition shall be deemed chemical restraint and must comply with the MDHHS policy and procedure 10.7.1 regarding restraint.

REFERENCES

- Michigan Mental Health Code, MCL 330.1752
- Michigan Mental Health Code, MCL 330.1718
- Michigan Mental Health Code, MCL 330.1719
- MDHHS Administrative Rule 330.7158

CONTACT

For additional information concerning this policy, contact the Director of the Office of Recipient Rights at (517) 373-2319.