

## The Right Door for Hope, Recovery and Wellness

Chapter Title <b>Clinical</b>	Section # <b>C</b>		Subject # <b>350.1</b>
Subject Title <b>Pharmacotherapy</b>	Adopted 3/15/05	Last Revised 3/12/20	Reviewed 4/25/08; 1/24/11; 2/6/14; 6/23/15; 3/20/17; 10/4/19; 3/12/20; 5/20/22

### PROCEDURE

#### Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

#### 1.0 Initiation of Treatment with Psychotropic Medications/Agent Selection

When initiating and reviewing psychotropic medications of The Right Door for Hope, Recovery and Wellness with persons served, family member or guardian prescribing practitioners will do the following:

- 1.1 Select a psychotropic agent or agents from The Right Door for Hope, Recovery and Wellness-approved formulary which offers the most effective treatment for the psychiatric disturbance exhibited by the person served based on a thorough evaluation and the following criteria:
  - medication history including effectiveness, side effects, allergies, and adverse reactions;
  - co-existing medical conditions and the potential medication impact.
  - Tobacco, alcohol or other drug use and the risk of diversion;
  - i. use of over-the-counter medications/homeopathic supplements and other supplements;
  - pregnancy status;
  - use of medications by women of child-bearing age;
  - special dietary needs and restrictions;
  - necessary lab studies, tests, or other procedures; and
  - financial resources of the person served.
  
- 1.2 Review the benefits, risks, alternatives, potential drug-drug interactions (prescription, over-the-counter, alcohol, caffeine, tobacco, and illicit), potential food-drug interactions, and most common adverse effects of each medication to be prescribed with the person served, their guardian, caregiver(s), and family (when appropriate and possible).
  
- 1.3 Advise the person served of the expected duration of pharmacotherapy and the importance of taking medications as directed, assessing for compliance with medication, stockpiling of medications or overtaking medications prescribed.
  
- 1.4 If person served is experiencing financial constraints that may limit his/her ability to procure medications, refer person served to The Right Door for Hope, Recovery and

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Wellness nursing staff for instructions on applying for patient assistance medications, receipt of sample medications, and/or locations of discount pharmacy programs.

- 1.5 Advise the person served to contact The Right Door for Hope, Recovery and Wellness nursing staff if they experience any adverse effects of medication use.
  - 1.6 Advise the person served of any baseline and on-going laboratory studies and/or monitoring necessary through the duration of pharmacotherapy. Order appropriate laboratory testing, as designated by The Right Door for Hope, Recovery and Wellness-approved formulary.
  - 1.7 Arrange for medication review appointments with the person served to assess effectiveness/tolerance of medication. Monitor for common medical co-morbidities. Medication reviews are to occur at least quarterly.  
Note: Medication reviews may occur more frequently in accordance with the plan of service, as indicated by the clinical status of the person served, and/or as indicated by recent medication changes or the use of multiple medications simultaneously.
  - 1.8 Refer person served to The Right Door for Hope, Recovery and Wellness nursing staff for written medication information, completion of informed consent for each medication prescribed, and for a baseline AIMS (Abnormal Involuntary Movement Scale) evaluation if prescribed medication(s) has a known side effect of Tardive Dyskinesia.
- Documentation:**
- 1.9 Include the rationale for the use of pharmacotherapy, specific agent(s) and dosage(s) chosen, expected results, expected duration of pharmacotherapy, person served report of effectiveness, and other relevant information, as applicable, in the progress note.
  - 1.10 Assessment of abnormal involuntary movements (AIMS) in person served receiving anti-psychotic medications. Aims testing will be completed and documented at the initial start of an antipsychotic medication and every 3 months thereafter, unless prescriber's orders state more frequent.
  - 1.11 If medication(s) is to be used on an as-needed (prn) basis, include the parameters for use on the written prescription and in the medical progress note.

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1.12 Prescribers will electronically prescribe prescriptions. Forward copies of sample requests and medication instructions to The Right Door for Hope, Recovery and Wellness nursing staff for placement in electronic medical records.

**The Right Door for Hope, Recovery and Wellness nursing staff:**

1.13 Record sample and patient assistance information in the electronic medical records.

1.14 Send all documents (Vitals Record, AIMS, consents, and any other paper documents) to the Medical Records Department for data entry, scanning, and filing into the electronic clinical record.

1.15 Urine Drug Screening and Breathalyzer – if a person served appears or is suspected to be using illegal substances or under the influence of alcohol, a urine drug screen or breath alcohol detector may be performed prior to administering, dispensing, or prescribing psychiatric medications. The safety and efficacy of psychotropic medications is the goal related to this screening.

- A notification is provided in advance of this protocol
- A nurse shall have an order signed by a prescriber to carry out the drug screen procedure.
- A nurse shall stand outside the bathroom door and wait for the specimen.
- The prescriber shall be informed of the test results. Medications and further treatment shall then be decided.
- If the person served refuses the test, the prescriber may or may not choose to prescribe medications.
- The test shall NOT be shared with outside agencies and is strictly confidential to The Right Door for Hope, Recovery and Wellness.

1.16 A prescription drug monitoring program (MAPS) shall be used when prescribing medications at risk of misuse, abuse or diversion.

**2.0 Maintenance or Discontinuation of Pharmacotherapy**

Once the desired clinical result is obtained and the condition of the person served has stabilized, the prescribing practitioner will do the following:

2.1 Continue the medication at the most effective maintenance dose,  
OR  
If the medication is no longer necessary, titrate the medication (as appropriate) until at a safe dose for discontinuation.

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- 2.2 Review signs and symptoms of early relapse with person served and/or guardian.
- 2.3 Instruct the person served and/or guardian to contact The Right Door for Hope, Recovery and Wellness immediately if symptoms reoccur or worsen with a decrease in dosage or discontinuation of medication.
- 2.4 Include changes made and the rationale for change/discontinuation of medications in the medical progress note.
- 2.5 Electronically prescribe medications to pharmacy or forward sample requests and medication instructions to The Right Door for Hope, Recovery and Wellness nursing for review. The Right Door for Hope, Recovery and Wellness nurse will forward for scanning in the electronic clinical record of the person served.

### **3.0 Emergency Use of Medication**

A provider may administer medication to prevent physical harm or injury after signed documentation of the physician is placed in the clinical record of the person served and when the actions of a person served or other objective criteria clearly demonstrate to a physician that the person served poses a risk of harm to himself/herself or others. Medication(s) may not be used as punishment or for the convenience of staff.

Emergency administration of psychotropic medications is not to extend beyond forty-eight (48) hours unless there is consent. The prescribing practitioner is to use the smallest dose possible to achieve the necessary result.

### **4.0 Black Box Warning for Antidepressant Medications**

The purpose of this procedure is to address the potential risk for increased suicidality associated with the initiation of some types of antidepressant therapy. Upon initiation of treatment with antidepressant medication, The Right Door for Hope, Recovery and Wellness staff (prescribing practitioner, RN, primary clinician) will have contact with the person served stated below unless determined differently by the prescriber:

- 4.1 Two weeks after the antidepressant has started then
- 4.2 Determined by the prescriber for next contact then
- 4.3 12 weeks following prescription initiation/change.

For persons served under the age of 18, the legal guardian must be present in person or by telephone at the time of the initial and follow-up assessments.

### **5.0 Telephone Orders**

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In the event that a medication, medication dose change, or administration instruction must be given via telephone, the prescribing practitioner will do the following:

- 5.1 Give medication orders only to a licensed health care professional (RN, LPN, MD, DO, PA, pharmacist).
- 5.2 If a licensed provider is not available to take the order:
  - 5.2.1 Get the name and telephone number of the pharmacy used by the person served.
  - 5.2.2 Phone in or send electronically the medication order directly to the pharmacy specified.
- 5.3 The qualified recipient of the order will do the following:
  - 5.3.1 Repeat the order back to confirm
  - 5.3.2 Immediately record the instructions in the clinical record
  - 5.3.3 The order is to be countersigned by the prescribing practitioner as soon as that individual is available to do so.
  - 5.3.4 In residential services, a copy of the written medication order will be available either from ICCMHA nursing staff or the pharmacy filling the medication order.

**6.0 Performance measurements for prescribers.**

Prescribers will participate in a peer review which focuses on prescribing practices. Each prescriber will review one medication review and one Psychiatric Evaluation of another prescriber quarterly. The Medical Director will do a final review once completed. The recommendations of improvement from the Medical Director will be discussed in Utilization Management Team for implementation.

Nurses will also participate in a peer assessment project quarterly focusing on strengthening nursing practices.

Kerry Possehn, Chief Executive Officer	Date		