INTEGRATED SERVICES OF KALAMAZOO

ADMINISTRATIVE PROCEDURE 44.02_01

Subject: Pharmacotherapy	**Section:** Psychiatric Services
Applies To: ☒ ISK Staff ☒ ISK Contract Providers	**Page:** 1 of 7
Revised: 02/07/2019	**Supersedes:** 03/08/2016

PURPOSE

To establish standards for pharmacotherapy for ISK funded services.

DEFINITIONS

Informed Consent
Refer to ISK policy 24.04 (Informed Consent).

Medication Information
Includes the name of and purpose for the medication, therapeutic dosage range, benefits, risks, consequences and side effects, if any.

Pharmacotherapy
The practice of evaluating, prescribing, dispensing and/or administering medications to persons served in response to specific symptoms, behaviors and conditions for which the use of medications is indicated and efficacious. Medication use is directed toward maximizing the functioning of the person served while reducing their specific symptoms and minimizing the impact of side effects.

STANDARD

I. All medications will be prescribed by the ISK in accordance with state and federal laws, and Michigan Department of Health and Human Services (MDHHS) requirements as well as the standards set forth in this document.

II. Only persons licensed pursuant to Public Act 368 of 1978, as amended, shall prescribe, dispense and administer medications.

III. All prescriptions for medications shall be sent electronically or written legibly and signed by a licensed physician or physician's assistant/nurse practitioner delegated prescribing authority by physicians within the practice. If no prescriber (psychiatrist, physician's assistant or nurse practitioner) is available on-site to order a prescription as a result of a

consultation, a Registered Nurse (RN) may accept a verbal order for non-scheduled medications, read back, and confirm from the prescriber and transmit that order to the pharmacy. Verbal orders will then be confirmed with signature by the prescriber's next scheduled day.

IV. Each order shall include the name of the person served, date of order, name of medication, dosage, route of administration, frequency of administration and the amount of medication to be dispensed. Prescriptions will be completed and transmitted electronically where possible. Where electronic prescribing systems are used, if outages occur, prescriptions will be written on a prescription pad by the prescriber and placed in the electronic system when the outage is resolved.

V. Drug specific education regarding desired effects and potential side effects shall be provided to each person served prior to prescribing or dispensing each new medication, as part of the written informed consent specific to the pharmacological agent being prescribed, which shall be obtained. Written educational material will be offered.

VI. The consents must be monitored to assure they are obtained as needed. Consent forms (available within the electronic health record) must be completed annually. If there is a new medication a new consent must be obtained. If an outage occurs, paper consent forms are available (exhibit A).

VII. Appropriate laboratory testing shall be obtained based on the prescriber's clinical judgment after considering the medical and drug histories of the person served, and pharmacology of the drug to be used.

VIII. When two (2) or more psychotropic drugs in the same therapeutic class are used, justification for such practice and reason for such use shall be documented in the electronic health record of the person served.

IX. Normally medication dosage should not exceed the maximum recommended in the Physician Desk Reference (PDR) or American Hospital Formulary Services Drug Information. If clinically necessary to exceed the recommended dosage, the rationale for prescribing such dosage should be documented in the electronic health record of the person served.

X. The prescriber's assessment shall include:

A. The evaluation of co-existing medical conditions.

B. The identification of substance use disorders.

C. Special dietary needs and restrictions associated with medication use.

D. Coordination with primary care providers and other treating providers by forwarding and requesting electronic health records (e.g., diagnosis, medication

changes and laboratory results) and availability to consult by phone as requested.

XI. Medication should be selected on the basis of clinical symptoms age, sex, weight, physical condition, comorbidities and a review of post medication use, including:

A. Effectiveness

B. Side effects

C. Allergies or adverse reactions

XII. Observed and potential drug and food interactions shall be documented in the electronic health record of the person served.

XIII. Adverse drug reactions should be documented in the electronic health record of the person served.

XIV. AIMS testing will be performed and documented per procedure 44.02_05 (AIMS Testing).

XV. Persons served on maintenance psychotropic medications should be evaluated at intervals directed by the prescriber assessing the risk/benefit of the long-term use of psychotropic agents. The continued need for use of psychotropic medication shall be documented in the electronic health record of the person served.

XVI. Medications shall not be used as punishment, reward, for the convenience of staff or as a substitute for other appropriate treatment.

XVII. A woman of childbearing age is told of potential side effects of medications if she should become pregnant. The use of any medication during pregnancy shall be carefully weighed in terms of need and potential hazard. A risk/benefit assessment shall be made and documented in the electronic health record of the person served and close coordination of care with maternal health care provider will occur by forwarding and requesting electronic health records (e.g., diagnosis, medication changes and laboratory results) and availability to consult by phone as requested.

XVIII. Prescribed medications and known use of other medications shall be integrated into the overall plan of the person served. If the medication is prescribed for the management of behaviors and not for treatment of a specific condition/diagnosis, a Behavior Treatment Plan must be written and approved by the Behavior Treatment Committee. If a prescriber is prescribing a medication for behavioral management purposes, s/he will refer the person to a behavior specialist for the purpose of developing a Behavior Treatment Plan. Clinicians, persons served or family members may also request a behavior specialist be consulted if they feel a medication or other treatment is used for behavior management rather than the treatment of specific symptoms or conditions.

XIX. Some medications may not be taken each day, but when certain symptoms exist. For these

medications, sometimes referred to as PRN (as needed) or Urgent Administration Medications, the prescriber will clarify which conditions warrant taking the medication at a given dose.

PROCEDURE

I. MEDICATION TRAINING AND EDUCATION

A. As appropriate, medication training and education will be provided to staff, persons served, families and significant others.

B. The elements of the medication training and education includes:
1. The biological principles associated with pharmacotherapy.
2. The risks associated with each medicine.
3. The intended benefits.
4. Side effects.
5. Contraindications.
6. Appropriate knowledge of adverse interactions between multiple medications and food.
7. Risks associated with pregnancy.
8. The importance of taking medications as prescribed.
9. The need for laboratory monitoring.
10. The rationale for each medication.
11. Alternatives to the use of medications.
12. Alternative medications.
13. Early signs of relapse.
14. Signs of non-adherence to medication prescriptions.
15. Potential drug reactions when combining prescription and non-prescription medications, including alcohol, tobacco, caffeine, illicit drugs and alternative medications.
16. Instructions on self-administration, when applicable.
17. The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

II. INFORMED CONSENT

A. Persons served and/or guardians are to be involved in making decisions about medications recommended by the agency prescribers and to assure that the person served and/or guardian are provided with information regarding possible side effects, precautions and other relevant information for all medications prescribed.

B. Informed consent will be obtained before a medication is started, generally at the time of a Psychiatric Services appointment.

C. Informed consent may be initiated and medication information supplied by a physician, nurse, nurse practitioner, physician's assistant or case manager/supports

coordinator/family supports coordinator.

D. The prescriber will assure that the understanding of the person served and/or legal representative is adequate and will sign, credential and date the consent form.

E. The person served or legal representative will also sign and date the consent form, signifying their informed consent.

F. Medication will not be started until informed consent has been obtained.

G. If a medication is prescribed and the individual has a guardian who is not present for the appointment, verbal consent must be obtained via a phone call to the guardian as soon as possible. Documentation of verbal consent will be documented on the Informed Consent form. The Medication Informed Consent form and the medication information will be sent to the guardian within 24 hours. Guardians are encouraged to contact the prescriber if they have questions.

H. The consents must be monitored to assure they are obtained as needed. Consent forms must be completed annually. If there is any change in medication (e.g., type) a new consent must be obtained.

III. NON-FORMULARY MEDICATION

A. The person served or pharmacist will contact Psychiatric Services nursing staff when a non-formulary drug is ordered by a ISK psychiatrist and a pre-authorization number is needed to fill the prescription.

B. The staff will contact the health insurer for a pre-authorization as required.

C. If the pre-authorization is refused by the health insurer's representative, the ordering prescriber must then be contacted with the decision and the rationale for the refusal.

D. The prescriber may then change the prescribed medication or write or call the health insurer to appeal the denial.

IV. EMERGENCY MEDICATIONS

A. Emergency medications are used when:
   1. The person served is experiencing a severe and life-threatening allergic reaction or other serious reaction to a medication administered or ingested immediately prior to the reaction.
   2. The person served is experiencing a serious anxiety attack or reaction.

B. Emergency Medications will only be administered to an individual with a prescriber's verbal or written order to administer a specific medication, and the

medication is available.

C. The nursing staff assisting the individual will contact Emergency Medical Services (EMS) by dialing 911, stating the nature of the medical emergency and whether or not emergency medications are available for administration.

V. LABORATORY TESTS

A. When an ISK prescriber determines the need for laboratory testing, generally at the time of the Psychiatric Services appointment with the person served, a Laboratory Testing Request will be completed and signed by the prescriber. Alternatively, the prescriber may use the EHR to order laboratory tests and monitoring results. This functionality may not be available with all area laboratories.

B. All required laboratory tests will be tracked to ensure that it is completed and results are obtained.

C. Laboratory testing results coming via fax will be initially reviewed by nursing staff and are provided to the prescriber who ordered the lab work for review.

D. If the results are significantly outside the "normal" range and the ordering prescriber is not available for review within 24 hours, the results are provided to the on-call prescriber for review.

E. The prescriber will document clinical review and evaluation either within the EHR or on the paper results. If on paper, the laboratory results will then be sent to medical records staff to be scanned into the electronic health record. The prescriber will complete any recommendations or further orders at this time.

VI. BIOHAZARDS

Biohazards associated with the use of medications will be handled according to ISK procedure 11.04_02A (Disposal of Biohazard Waste at Psychiatric Services Sites).

VII. MEDICATION ERRORS

All medication errors will be reported according ISK policy 03.06 (Incident, Event and Death Reporting).

REFERENCES

- Department of Community Health Administrative Rule: 7205
- Public Act 258 of 1974 (Mental Health Code) supplemented through ACT 152 of 1996: Section 718

EXHIBITS

A. Medication Consent (English, Spanish)

B. Delegation of Prescribing Controlled Substances to Physician Assistants (Model Agreement)

C. Collaboration Agreement with Nurse Practitioners (Model Agreement)