


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Psychiatric Evaluations Content, Referrals for Psychiatric Evaluation and the Use and Management of Psychotropic Medications		Policy Number: 32
Number of Pages: 7		Section: XI
Attachments	Related Standards & References	
Informed Consent for Psychotropic Medication Forms XI.32.A.1-24 Psychotropic Medication Standing Orders Form XI.32.B	ACA Juvenile Health Care Performance Based Standards: 4-JCF-4C-03, 4-JCF-4C-27, 4-JCF-4C-28, 4-JCF-4C-29	
Effective Date: 06/09/06 Revision Date: 07/01/07, 04/25/08, 06/22/09, 05/01/11	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that Standard procedural guidelines shall be established for the management of psychotropic medications. Psychotropic medication shall be prescribed to manage the symptoms of mental illness of the youth. Under no circumstances shall psychotropic drugs be administered for purposes of discipline, to chemically restrain a youth for program management or security control, or for the purposes of experimentation or research. (4-JCF-4C-27, 4-JCF-4C-28, 4-JCF-4C-29)

Timely evaluations by a Psychiatrist after referral this includes initial referral by either nursing staff or Qualified Mental Health Professional (QMHP) and referrals after initial admission assessment has occurred.

The use of medical restraints (also known as 4 point restraints) is strictly forbidden.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Psychotropic medication - are medications that affect; psychological, emotional and cognitive functioning. These medications are traditionally utilized to treat mental illness and/or neurological conditions. Classes of these medications include those with an antianxiety, antidepressant, and antipsychotic actions. psychostimulants, anticonvulsants, and mood-stabilizing medications are also considered psychotropic in nature.

Mental Disorder –Statistical Manual of Mental Disorders” (DSM)- “Clinically

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significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress, disability, or with significantly increased risk of suffering, death, pain disability or an important loss of freedom, In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event for example the death of a love one period. What ever its original cause it must currently be considered a manifestation of a behavioral, psychological or biological dysfunction in the individual.

Mental Health Treatment Plan – the structured treatment documentation outlining intervention needs and goals for change for youth on the mental health caseload.

Medical (4-point) restraints – usually made of sturdy material, these restraints are to designed to restrain patients with the minimum of discomfort and pain and to prevent patients injuring themselves or others. As a medical restraint, limb restraints are soft, padded cuffs which are applied to a patient to prevent the patient from causing harm to him/herself or to others. The device consists of cuffs which are wrapped around the patient's wrists and/or ankles, and straps that are attached to the frame of their bed or chair.

III. PROCEDURE

- A. While the use of psychotropic medication can be valuable in enabling a youth to achieve and maintain successful adaptive functioning, such medication shall only be utilized when clinically indicated as a part of the comprehensive mental health treatment plan.
 1. A psychiatric assessment shall be completed documenting the need for psychotropic medication prior to the administration of this medication, unless the youth arrives at the DYS facility on psychotropic medication prescribed by a community provider.
 2. Continuous and regular reassessments, to occur at least once every 30 (thirty) days, are required by the Psychiatrist to maintain the use of psychotropics with any youth.
 3. Psychotropic drugs, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, requiring parenteral administration shall be prescribed only by a physician and then only following an established treatment plan, or in emergency situations. (4-JCF-4C-28)
- B. Qualified Providers and Medical Prescription
 1. Only a Board Certified or Board Eligible Psychiatrist Licensed in the State of Mississippi shall prescribe psychotropic Medication.
 2. If a Psychiatrist is not available, a non-psychiatric physician, Licensed in the

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State of Mississippi, may prescribe psychotropic medication for a period of up to thirty days.

C. Prescription and Administration

1. A psychiatric diagnosis shall be documented in the medical record prior to initiating a psychotropic medication order unless a youth is admitted to MDYS with prescribed psychotropic medication. If a youth is admitted to MDYS on psychotropic medication, a psychiatric diagnosis will be documented in the medical record as soon as reasonably possible either from past medical record or after an initial psychiatric evaluation at the MDYS facility. Refer to section "F" for acceptable time guidelines.
2. A written psychiatric evaluation and treatment plan shall be completed and filed in the youth's health record. This treatment plan shall minimally indicate presenting problems, background information, mental status examination, diagnostic impressions using DSM or ICD nomenclature and clinical recommendations. This shall be accomplished within 14 (fourteen) days of admission to the facility
3. Psychotropic Medication, which has been ordered by an emergency room physician, may be continued for up to thirty (30) days by a facility physician/psychiatrist. The youth shall be seen within seven (7) to ten (10) business days but not to exceed fourteen (14) business days following return from the emergency room by the facility psychiatrist.
4. The prescribing facility psychiatrist or physician shall verbally explain to the youth the need, use, benefits, and possible side effects of the prescribed psychotropic medication.
 - a. The prescribing physician shall complete the appropriate Informed Consent Form Psychotropic Medication Form XI.32.A, which includes possible medication side effects. The prescribing physician will attempt to notify the parent/guardian of the youth.
 - i. Medications do not need to be delayed due to inability to contact the parent/guardian.
 - ii. If parent/guardian refuse to give consent for the administration of psychotropic medication and the youth has agreed to take the medication, the psychiatrist shall notify the Health Services Supervisor/designee and the issue will be referred to the Facility Administrator for consent for medication.
 - b. The appropriate Informed Consent for Psychotropic Medication shall be filed in the youth's health record under the informed consent tab.

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5. All required testing as outlined in Form XI.32.B Psychotropic Medication Standing Orders shall be completed and reviewed by the psychiatrist prior to beginning any medication covered in the psychotropic medication standing orders.
6. All Psychotropic medication shall be administered by a physician or nurse. Administration of Medication shall be recorded in accordance with the record keeping procedures as defined by the DYS Policy XI.30 Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures.
7. Medical staff and/or supervising Juvenile Care Workers (JCW's) shall verify that oral medication has been swallowed. To verify ingestion, staff may check the youth's hands and look into the youth's mouth as part of the process. Refer to Policy XI.30 Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures.

D. Youth Refusal of Medication

1. The facility Psychiatrist and Psychologist shall receive weekly notification of youth who are non-compliant with their prescribed psychotropic medication.
 - a. The nurse shall document all medication refusals on the Medication Administration Record (MAR), Medication/Treatment Refusal Form (XI.30.C) and Interdisciplinary Progress Notes. Refer to Policy XI.30 Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures.
 - b. The Medication/Treatment Refusal Form (XI.30.C) completed when youth refuse medication shall be filed under the MAR (Medication Administration Record)
 - c. If the Psychiatrist wants immediate feedback from the nursing staff regarding the youth's non-compliance, the psychiatrist shall note this request in the physician's orders. The psychiatrist shall then be notified by phone of the noncompliance.
2. The psychiatrist, psychologist, Health Services Supervisor and/or designee shall counsel the youth on psychotropic medication compliance and discuss with him/her the alternate routes of administration.
3. The psychiatrist shall determine the appropriateness of discontinuing medication if a pattern of non-compliance, which has not resulted in deterioration of the youth's mental status or resulted in the youth being a danger to self, or others or his/her physical environment, has been documented.

- E. Emergency Medication shall be administered only by order of a physician. Administration may be involuntary in the event the youth is a danger to

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himself/herself or others. The order shall indicate whether medication is given orally or intramuscularly.

1. A youth who is prescribed emergency medication due to becoming a danger to himself/herself or others by a non-psychiatric physician shall be referred to the psychiatrist for a follow-up evaluation no later than 72 hours after the administration of the prescribed medication. The psychology supervisor or designee shall maintain daily contact with the youth and medical staff from the time an medication incident arises until the time the youth is no longer in psychiatric crisis as determined by the psychiatrist.
2. The nurse shall notify the facility psychiatrist immediately for a phone order to transport the youth to an emergency room for an evaluation and intervention when:
 - A youth appears to be experiencing acute psychiatric symptomology and cannot be seen by the psychiatrist or physician and/or
 - The youth is in imminent danger to themselves or others (i.e. severe unmanageable head banging, eye-poking, biting, etc.).
 - The youth does not respond to acute interventions by DYS staff.

Due to the urgency of such situations, if the psychiatrist cannot be contacted in a timely manner, the administrator or designee may provide authorization for transport.

- a. Transportation in such emergency situations shall follow standard DYS procedures for transport.
- b. If during the emergency room consultation it is deemed necessary to transport the youth to another medical facility, the Facility Administrator and/or the Division Director or designee shall be contacted by the Health Services Supervisor or designee to facilitate the transfer and select the appropriate placement.
- d. Youth returning from an emergency room psychiatric consultation shall be given a risk assessment per DYS procedures. In the absence of the psychological or psychiatric assessment, the youth shall be placed on level III observation.
- e. Youth returning from an emergency room psychiatric consultation shall be referred for psychiatric evaluation to be completed immediately but no later than five (5) days following return to the facility.

F. Psychiatric Assessment and Referral

1. Upon admission to DYS facilities, all youth currently on psychotropic medication shall receive a physical examination by a licensed physician in addition to clinical assessments. (4- JCF-4C-03)

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2. When a youth is admitted to MDYS on a prescribed psychotropic medication, the facility physician and/or facility psychiatrist shall review the youth's medical record. He/she may authorize continued use of the currently prescribed psychiatric medications prior to a full evaluation for thirty (30) days from the date of admission to the facility. In all cases, the Health Services Supervisor or designee shall have the youth examined by the psychiatrist.
 3. The admitting nurse shall make a referral for psychotropic medication consultation by the psychiatrist. The evaluation shall be completed within 15 (fifteen) business days of youth's admission to the facility.
 4. Any youth not on the psychotropic medication but identified as requiring a psychiatric consultation shall be referred to the psychiatrist by the psychology or nursing staff.
 - a. This shall include all youth who have been hospitalized in a mental facility within the two (2) previous years.
 - b. This shall also include youth deemed as having a serious mental illness
 - i. Those youth who have a current mental health diagnosis and are receiving treatment or therapy
 - ii. Those who have a history of mental health diagnosis that is not currently being treated.
 5. Any youth who is referred to the psychiatrist for evaluation the following classification timelines shall be followed:
 - a. Emergency- the nurse shall notify the psychiatrist by phone for orders.
 - b. Urgent- the youth shall be seen on the next psychiatry clinic day, but not later than 72 hours.
 - c. Routine- the youth shall be seen by the psychiatrist within 14 (fourteen) business days.
- G. The initial psychiatric evaluation shall include at a minimum the following elements:
- Identifying data
 - History of present illness
 - Past psychological and psychiatric history
 - Medical history to include allergies
 - Developmental history
 - Family history

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- Social history
 - Mental status exam
 - Diagnostic Formulation
 - Five Axis Diagnostic
 - Assessment and Plan
- H. The psychiatric follow-up (or progress note) shall include at a minimum the following elements:
- Identifying data
 - Interim history
 - Mental status exam
 - Assessment
 - Diagnosis(es)
 - Plan
- I. Under no circumstances will medical restraints will be used.
- J. The Health Services Coordinator shall revise this policy as necessary.