COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Recipient Rights**	**Chapter** **05**	**Section** **01**	**Subject** **18**
Subject **Psychotropic Chemotherapy**	**Authorization**		**Approved: 08/28/18** **Replaces: 11/27/12**	

Name changed from "Chemotherapy" to "Psychotropic Chemotherapy" in October 2024.

Updated: October 2024; October 2025

I. PURPOSE: To establish policies and procedures for pharmaceutical practices.

II. APPLICATION: All mental health programs, services and facilities operated by or under contract with the Gogebic Community Mental Health Authority (GCMHA).

III. DEFINITIONS:

A. Psychotropic Drug – Any medication administered for the treatment or amelioration of disorders of thought, mood or behavior.

For the purposes of this guideline the following drug categories are considered Psychotropic Chemotherapy agents:

1) Antipsychotic agents
2) Antidepressants
3) Mood Stabilizers
4) Antianxiety agents
5) Sedative/Hypnotic agents
6) Anticholinergic agents used in treating movement disorders

B. PDR: Physician's Desk Reference

IV. POLICY:

A. Medication shall be administered only at the order of a physician and that medication shall not be administered unless:

1) the recipient, a parent, or a legally empowered guardian has provided informed consent, or

2) administration of the medication has been documented by a physician or order of a court as necessary to prevent physical harm or injury to the recipient or others.

3) in the event that the medication has been administered without informed consent, psychotropic chemotherapy shall be administered in the smallest possible therapeutic dosage, shall be terminated as soon as there is little likelihood that the recipient will quickly return to an actively dangerous state, and in no event extended beyond an initial period of 48 hours.

B. Medication shall not exceed United States Food and Drug Administration standards or a peer standards review organization standards unless the required blood level cannot be otherwise obtained.

C. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment. In instances where medication is used as a

behavioral control technique, a behavior modification program approved by the Behavior Treatment Committee must accompany it.

D. The psychotropic medication when used to prevent physical harm or injury to others may ONLY occur when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others and ONLY after signed documentation of the physician is placed in the recipient's clinical record. The initial administration of psychotropic chemotherapy must be as short as possible, at the lowest therapeutic dosage possible and be terminated as soon as there is no longer a risk of harm.

E. Telephone order for medication will be received, recorded and signed by agency personnel restricted to the following Licensed Health Care Providers: Registered Nurses and Licensed Practical Nurses. Telephone orders will be counter-signed by the prescribing physician within two weeks. Coordination for filling these orders with a pharmacy will also be restricted to the above Designated Health Care Providers: Registered Nurses and Licensed Practical Nurses. The prescribing physician will review the administration of a psychotropic medication once every 90 days or as determined by the prescriber to determine the appropriateness of continued use.

F. Orders for medication shall be effective for a specific number of days, as per MD order.

G. Orders for Schedule II controlled substances shall expire after thirty days.

H. The prescribing physician will review the use of medications at least once every 90 days or as determined by the prescriber to determine the appropriateness of continued use. The frequency of the reviews depends on the degree of severity of the recipient's disability/disorder, whether multiple medications are provided and other contraindications exist, the intensity of the program, and the average length of stay.

The medication review will specifically address the appropriateness of each medication, the need for continued use of each medication, the presence of side effects, unusual effects and contraindication, and potential drug interactions.

I. Recipients will complete laboratory services appropriate to medication.

J. Medications shall only be administered by qualified and trained staff members.

K. Medication errors and adverse drug reactions shall be immediately reported and shall be recorded in the recipient's electronic medical record.

L. An annual physical examination is recommended to all recipients who receive psychotropic agents.

M. All medications dispensed in Board Programs shall be stored in locked cabinets accessible only by trained and qualified personnel.

N. Only medications prescribed by a physician are to be given to a resident upon discharge or leave and that enough medication is made available to ensure the recipient has an adequate supply until he or she can become established with another provider.

V. PROCEDURE:

A. Psychotropic chemotherapy agents are to be prescribed by the agency psychiatrist or by another licensed medical practitioner. These medications are to be prescribed only for those recipients who have a demonstrated need for psychotropic chemotherapy based on a comprehensive clinical assessment.

B. In those cases where medications are used, a collaborative physician may assume joint case management responsibility with the agency psychiatrist. This physician may be a local medical practitioner, or another psychiatrist whose service is contracted by GCMHA. Any medical or osteopathic doctor that is licensed in the State of Michigan who has a physician/recipient relationship with agency clientele may prescribe medications to the agency recipients.

C. Each of the recipients of the Board programs has a primary therapist/CSM who provides ongoing case management functions including therapeutic support to the recipient. The primary therapist/CSM has the responsibility for the case record and makes certain that the documentation of a collaborative physician's work is both ongoing and adequate to show evidence of the collaboration between the primary therapist/CSM and the physician. This documentation shall include the specific medication that is provided for the recipient in conjunction with his psychological disorder.

D. Physical Examination and Laboratory exams

1) All recipients who are receiving psychotropic chemotherapy agents through a GCMHA physician are recommended to have a physical assessment on at least an annual basis. Recipients in need of specific medical care are to be referred to appropriate resources.

2) Lab tests are to be conducted in accordance with accepted standards as outlined in the PDR or the following GCMHA Board policies:

- **a)** Extrapyramidal Side effects
- **b)** AIMS
- **c)** Psychotropic Medications
- **d)** Agency Standards for Laboratory Studies
- **e)** Outpatient Guidelines - Psychotropic Medication

E. Prescription and Dispensation of Drugs

1) In emergency circumstances, verbal orders and telephone orders may be given to an agency RN or to authorized staff members. This type of transaction must be documented in the recipient's record, and the physician who is responsible for order should countersign it at the earliest possible time.

2) Residential recipients who are receiving prescribed medications are to be reviewed by a physician on a quarterly basis. Recipients seen on an outpatient basis shall be reviewed quarterly or as otherwise indicated by the prescribing physician at which point a recipient must be seen and the medication must be reviewed before further dispensations. Recipients are seen by primary therapists/ CSMs during the interim period.

3) Automatic stop orders are in force for antibiotics and narcotics in the event that the agency physician prescribes them. Minimal duration and safe termination

shall be determined by consulting Physician's Desk Reference (PDR) recommendations.

4) Prescribed medications shall be dispensed in the original container. All medications used should be current; outdated medications shall be disposed of according to agency policy.

F. Drug Reactions, Medication Errors, and Side Effects

1) Residential recipients are seen monthly by an Agency RN. Outpatient recipients are seen no less often than quarterly by an Agency RN for the direct monitoring of possible side effects, except as necessary and indicated.

2) Primary therapist/CSMs who have recipients on medication shall be familiarized with possible side effects and toxic reactions so that they will constitute additional monitoring personnel.

3) Prior to initiating a course of psychotropic drug treatment, the recipient, parent of a minor or legally empowered guardian shall be advised verbally of specific risks, benefits and most common adverse side effects and instructed to report adverse reactions to the physician or nurse promptly. Documentation supporting the provision of this information shall be incorporated on the medication consent form. A written summary of the most common adverse side effects shall be provided to the recipient, parent of a minor, or legally empowered guardian.

4) Medication errors and drug reactions shall be reported immediately to a physician and mental health nurse who shall be responsible for further assessment and care of the recipient when indicated and recorded in the recipient's record. Incidents of medication error shall also be reported to responsible case manager on an Unusual Incident Report and noted in the case record to show the relationship between the use of a specific medication and the recipient's response including toxic reactions.

G. Documentation: Any medication prescribed by the agency physician must be documented in the recipient's record by the physician/Agency RN.

VI. REFERENCES AND LEGAL AUTHORITY: Act 258 of the Public Act of 1974, as amended; Michigan Department of Health and Human Services Administrative Rule R. 330.7158; Section 7.6c and 7.6d, "Medical Services," Standards for Michigan Community Mental Health Services; "Policies Governing Medical and Pharmaceutic Practices," Mental Health Board, March 28, 1978.

VII. EXHIBITS: None