Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* *Psychotropic Medication Orders and Consents*
Department: Clinical **Author:**	**Local Policy Number (if used)**
Regional Operations Committee Approval Date **02/04/2019**	**Implementation Date** **03/15/2019**

I. PURPOSE

To establish regional practice standards for the safe prescribing and monitoring of psychotropic medications.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
3/8/17	1.0	New regional policy (formerly local)
6/18/18	2.0	Updated to address Public Acts 246-255 of 2017 (Michigan Opioid Laws)

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

Medication and medical treatments shall be administered only at the order of a physician or a prescriber who is a medical professional vested with legal authority through professional licensing or certification to prescribe medications.

Psychotropic medications will be prescribed only following informed consent by the recipient, legal representative, or pursuant to a court order authorizing treatment.

V. DEFINITIONS

Chemotherapy: The use of psychotropic medications.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Delegated Prescribing Authority: A licensed physician who is a credentialed and privileged member of the CMH may delegate the authority to prescribe medications to a Mental Health Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Informed Consent: Informed consent is defined as either of the following:

1. A written agreement signed by a recipient, unless the recipient has a designated legal representative with authority to execute consent. If the recipient has a designated legal representative, the legal representative must provide written agreement.
2. A verbal agreement of a recipient, unless the recipient has a designated legal representative with authority to execute a consent, that is witnessed and documented by an individual other than the individual providing treatment. If the recipient has a designated legal representative, the legal representative must provide verbal agreement.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Michigan Automated Prescription System (MAPS): Michigan's prescription monitoring program. MAPS is used to track controlled substances, schedules 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

Medication Order: A written direction provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse. **Examples of some different types of medication orders are:**

- Copy of a written prescription
- Written order on a consultation form, signed by the practitioner
- Written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist
- A verbal order given to a **licensed** person
- Electronic prescriptions signed electronically via a secured system

Nurse Practitioner or Clinical Nurse Specialist: An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician: An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws. The "practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333.17001(1)(f)).

Physician Assistant: An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber: A Physician who is licensed to prescribe medications, or Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist with delegated prescribing authority who is licensed to prescribe medications. A licensed physician who is a credentialed and privileged member of CMH may delegate the authority to prescribe medications to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076, 17210, 17708(2).

Psychotropic Medications: Medications prescribed to treat or ameliorate disorders of thought, mood or behavior.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

VI. STANDARDS

A. Prescribers will be familiar with psychotropic medication through specific training and/or experience. Medication references, such as the Physicians' Desk Reference, are available.

B. Psychotropic chemotherapy shall not be administered unless: (1) the recipient gives informed consent; (2) there is a court order; (3) the administration is necessary to prevent physical injury to the recipient or others. A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the recipient's clinical record and when the actions of a recipient or other objective criteria clearly demonstrate to the physician that a recipient poses a risk to him/herself or others. The initial course of medication may not extend beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The medication shall be terminated as soon as there is little likelihood that the recipient will pose a substantial risk to him/herself or others.

C. Medication Orders will include the name of the recipient and at least one other identifier, the name of the medication, dose and timing of medication administration, method of drug administration, number/amount of medication to be dispensed, number of refills allowed and special instructions, when indicated.

D. Psychotropic medication will be selected by the prescriber based on best research evidence of effectiveness and safety, prescriber expertise, and recipient preference.

E. Medications are selected from a list of medications, maintained in the medical record, which comprises the formulary. The CMH maintains an open formulary to ensure that medication determined by the Medical Staff to meet the selection criteria noted above is available to the recipient.

F. Staff will identify the diagnosis, condition, or indication-for-use for each medication ordered.

G. Medication orders are completed in the Psychiatric Evaluation or Medication Review Note and maintained in the recipient record, showing the prescribed medication use/history. The recipient's medication history prior to involvement with the CMH is documented in the Psychiatric Evaluation.

H. The prescriber will determine for each individual the initial psychotropic medication dosage for treatment by considering the recipient's, age, sex, weight, physical condition and any previous adverse reactions to medication.

I. All orders for medication shall be in effect only for the specific number of days indicated by the prescriber.

J. All new or discontinued medications will be documented by the prescriber in the medical record.

K. The use of all medications will follow Physician's Desk Reference (PDR) guidelines regarding contraindications, warnings, precautions, adverse effects, dosing and administration. If a prescriber departs from these guidelines, the clinical justification for it shall be documented in the Psychiatric Evaluation or Medication Review Note in the medical record.

L. Justification and rationale for the concomitant use of two or more psychotropic medications from the same category (e.g., Antipsychotic, Antidepressants), use of high dose pharmacotherapy (i.e., dosage greater than that recommended in the PDR), or prescription of controlled substances (i.e., benzodiazepines, psycho-stimulants) must be recorded in the Psychiatric Evaluation or Medication Review Note.

M. Before initiating a course of treatment with psychotropic medication, the prescriber or another licensed health professional acting under his/her delegated authority, will explain the specific risks and potential side effects associated with the medication and shall provide the recipient with a written summary of the most common adverse effects.

N. Except as delineated above (IV. Standard B.), informed consent is required prior to the initiation of psychotropic medication. The recipient or recipient's legal representative signify their consent to the use of psychotropic medication by signing the Consumer Medication Consent form (Exhibit A). The consent form can be revoked by the recipient at any time.

O. All apparent adverse reactions/side effects from psychotropic medications such as leukopenia, extra-pyramidal syndromes, etc. and action taken as a result of an adverse reaction/side effect will be documented in the medical record.

P. Effects of the medication(s) on target symptoms will be recorded in the medical record each time the recipient is evaluated by the prescriber. CMH Nurses administering medication document recipient-reported and observed effects of medication(s), and CMH staff in contact with recipients monitor effects of medication(s) on an ongoing basis. CMH staff has immediate access to CMH health professionals for consultation and/or triage in situations of potential adverse effects.

Q. For those recipients taking antipsychotic medications associated with the potential to induce tardive dyskinesia, an AIMS test will be performed at least quarterly, or at each appointment with a prescriber if appointments occur less than quarterly.

R. Medication use will be reviewed at least quarterly, or as indicated in the recipient's individual plan of services or based upon the recipient's clinical status, and either

continued, revised, or discontinued.

The following types of orders will be used as noted:

a. Standing Orders are medication orders written for over-the-counter medications prescribed by the primary care physician for recipients living in residential programs. These medications are reviewed by the CMH prescriber during the medication reconciliation process.
b. Taper Orders and/or Titration Orders are written by CMH prescribers when recommended by the manufacturer and/or as recommended in the Physicians' Desk Reference to minimize side effects when instituting a medication or to minimize withdrawal symptoms when terminating a medication.
c. The rationale or justification for the use of a psychotropic medication prescribed on an "as needed" basis must be documented in the Medication Review. The medication order will also document general indications for its use and length of time it is in effect.

S. Verbal/telephone orders for medication are allowed. The order is to be given to a CMH nurse by the prescriber, recorded in the medical record/Nurses Progress Note, read back verbatim to the prescriber, signed by the RN and co-signed by the prescriber.

T. For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the medical record, read it back verbatim to the caller, and have the caller confirm the accuracy of the read back. A facsimile may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow-up with the recipient will occur, if directed by the practitioner.

U. All forms referenced in this policy will become a part of the recipient's clinical record.

V. Prescribers will not prescribe medications for non-behavioral health conditions (including seizure disorders). Recipients that have known medical illness, or that are determined to have symptoms suggestive of medical illness by history, response to the Personal Health Review, or routine laboratory screening, will be referred to a primary care provider for medical assessment and treatment.

W. Opioid controlled substances shall not be prescribed by any prescribers employed or under contact with the CMHPSM.

X. All prescribers must be enrolled in the Michigan Automated Prescribing System (MAPS).

Y. Before prescribing a controlled substance for a recipient in a quantity that exceeds a 3-day supply, a prescriber shall obtain and review a MAPS report pertaining to the recipient and signify in the electronic health record (EHR) that the MAPS report was reviewed.

Z. Prescriber delegates may run MAPS reports on behalf of a prescriber. The reports must be reviewed by the prescriber.

AA. MAPS reports may not be uploaded into the EHR or provided to the recipient.

BB. MAPS findings and information may be included within the EHR note and may be discussed with the recipient.

CC. While providing on call coverage for the physician/nurse practitioner group, the on call provider may not prescribe a controlled substance to a recipient in a quantity that exceeds a 3-day supply unless the on call provider is also the prescriber of record and has a pre-existing prescriber-patient relationship.

DD. During a prescriber vacation or leave of absence, the covering prescriber may provide medication refills until the return of the away prescriber. Based on clinical judgment, the covering prescriber may request to face-to-face visit with the recipient prior to granting refills and may adjust, taper, or discontinue medications according to the clinical and safety needs of the recipient.

EE. Incomplete or unclear medication orders will be brought to the prescriber's attention when identified. The prescriber will rewrite the orders for clarity.

FF. Use of abbreviations, acronyms and symbols are to be avoided and a list of abbreviations to be avoided is available to prescribers and medication certified staff.

GG. The medical record will contain medication history information to reduce risks associated with medication. Information includes: current medications; allergies to medication, food, environment; sensitivities to medication; age; gender; height/weight; vital signs; use of alcohol/illicit substances; pregnancy/lactation status; any other relevant health/medication history.

HH. Use of abbreviations on the Joint Commission official DO NOT USE list is prohibited. The list will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed for revisions annually by the Medical Director or designee (see Exhibit B).

II. Prescribers, nurses, and staff trained in medication safety will be aware of the potential danger of "Look-alike & Sound-alike" medications. A list of "Look-alike & Sound-alike" medications will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee (see Exhibit C).

JJ. Prescribers, nurses and staff trained in medication safety will be aware of the potential danger of "High Alert Medications." A list of high-alert medications relevant to the medications utilized by staff will be printed on bright paper and posted in the prescriber and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee.

VII. EXHIBITS

A. Medication Consent form
B. Joint Commission "Do Not Use" abbreviation list
C. "Look alike and sound alike" medication list

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission	X	MM 4.10-5.20
MDHHS Administrative Rules	X	AR 7158
MDHHS Policy	X	Psychotropic Medications, III-7158-R-GL
Michigan Public Health Code	X	
Physician's Desk Reference	X	

Exhibit A

Organization Name

CONSENT FOR THE USE OF MEDICATION

Name: John Doe (Test) **Case Number:** 0000000011

It has been explained to me that I have a psychiatric illness. To treat my illness, the doctor recommends initiation or continued treatment with:

Medication	Class	Dosage Range mg/day
Abilify	Antipsychotic	2 - 30
Adderall XR	Central Nervous System Agent	5 - 60
Ativan	Antianxiety	0.5 - 10
Depakote	Anticonvulsant	125 - 4500
Escitalopram Oxalate	Antidepressant	5 - 20
Haldol Decanoate	Antipsychotic	Max 400 mg IM/month
Metformin XR	Antidiabetic	500 - 2000
Narcan	Opioid Antagonist	
Nardil	Antidepressant	45 - 90
Risperdal Consta	Antipsychotic	12.5mg IM q2w - 50mg IM q2w
Valium	Antianxiety	2 - 40

I and/or Guardian was provided with both a verbal explanation and a written summary of the benefits, specific risks, and most common adverse effects associated with the prescribed medication.
While medications of this type have been used successfully in the treatment of others with symptoms similar to mine, I understand that no guarantee can be made that any of these agents will be effective in the treatment of my particular symptoms. If I think the medication is not helping me within the time the doctor has said I should, or if I have any other problems with the medication, I understand I should contact my doctor.
Also, I will inform my doctor if I have a change in my physical health status.

Female Consumers only: ☐ I am pregnant ☐ I am not pregnant (Also, I will inform my doctor if I am pregnant or plan to become pregnant to avoid any ill effects to my unborn child.)

I voluntarily consent to take this medication. I also understand I have the right to withdraw my consent and stop taking the medication at anytime. **By signing I acknowledge that I have received a copy of this form for my personal reference.**

Special Remarks (Other known physical and/or medical issues related to the medication(s) prescribed above)

Consumer Date Date

☐ Parent ☐ Guardian Date Witness Signature Date

Exhibit B

JOINT COMMISSION OFFICIAL “Do not Use “List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO_4 and $MgSO_4$	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate

Exhibit C

LOOK-ALIKE & SOUND-ALIKE MEDS

USE CAUTION WITH THESE MEDICATIONS PLEASE

Medication	Confused with
Adderall	Inderal
Alprazolam	Lorazepam
Artane	Altace
Benadryl	Benazepril
Bupropion	Buspirone
Carbamazepine	Oxcarbazepine
Celexa	Celebrex; Zyprexa; Cerebyx
Chlorpromazine	Chlordiazepoxide; Chlorpropamide
Clomipramine	Clomiphene
Clonazepam	Lorazepam, Clonidine
Clozaril	Colazal, Clonidine
Cymbalta	Symbyax
Depakote	Depakote ER
Desipramine	Disopyramide
Diphenhydramine	Dimenhydrinate
Duloxetine	Fluoxetine
Effexor	Effexor XR
Fluoxetine	Paroxetine; Duloxetine
Fluvoxamine	Flavoxate
Hydroxyzine	Hydralazine
Klonopin	Clonidine
Lamictal	Lamisil, Lomotil
Lamotrigine	Lamivudine; Levothyroxine
Lexapro	Loxitane
Lorazepam	Alprazolam; Clonazepam; Lovaza
Loxitane	Lexapro; Soriatane;
Lunesta	Neulasta
Luvox	Lasix
Lyrica	Lopressor
Naloxone	Lanoxin

Medication	Confused with
Neurontin	Motrin; Noroxin
Norpramin	Normodyne
Olanzapine	Quetiapine
Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC; Tambocor
Paroxetine	Fluoxetine
Paxil	Doxil; Taxol; Plavix
Prozac	Prograf; Provera; Prilosec
Quetiapine	Olanzapine
Restoril	Risperdal
Risperdal	Restoril
Risperidone	Ropinirole
Ritalin	Ritodrine
Ritalin LA	Ritalin SR
Rozerem	Razadyne
Sarafem	Serophene
Seroquel	Seroquel XR; Serzone; Sinequan
Sertraline	Cetirizine; Soriatane;
Serzone	Seroquel
Sinequan	Saquinavir; Singulair; Zonegran; Seroquel
Topamax	Toprol-XL
Tegretol	Tegretol XR; Tequin; Trental
Trazodone	Tramadol
Wellbutrin XL	Wellbutrin SR
Xanax	Zantac
Zyban	Diovan
Zyprexa	Celexa; Reprexain; Zestril; Zyrtec
Zyprexa zydis	Zelepar; Zydis