

SUBJECT: MEDICATION USE AND MONITORING

EFFECTIVE

DATE: 06-07-10 (replaces 07-31-09)

APPROVED BY:

Executive Director

Medical Director

Reviewed (no changes): 02-04-11 _____

Pharmacist

POLICY

It is the policy of McIntosh Trail CSB to assess, prescribe, administer, and monitor psychotropic medications according to accepted standard of care regarding drug utilization and medication monitoring.

DISCUSSION

Medication monitoring is the evaluation of a consumer's use or potential use of psychopharmacologicals. Medication monitoring includes the gathering of information about the individual's response to and experience with medications prescribed by McIntosh Trail physicians, the use of medication obtained from other physicians and/or over the counter and the coordination of the use of medications from all sources. It is the responsibility of the medical staff to document currently prescribed medication, to observe the individual to determine reaction to medication including side effects, to inform consumers and their families about drugs including expected effects as well as precautions, dosage schedules and other relevant information, and to record information about the consumer's use of medication within the program, if/as appropriate.

PROCEDURE

The following procedures incorporate the principles governing the use of medications at this agency.

1. Pre-medication screening: Prior to the prescription or administration of initial doses of medication, the following information is obtained and documented in the medical record:
 - a. A preliminary drug and medication history, when known and obtainable, including current medications and medications taken within the past six months; past response to psychotropic drugs; reported use of illicit drugs; ongoing medical conditions/illnesses/allergies; diagnosis; relevant laboratory values; consumer age and sex, including whether of childbearing age.
 - b. An assessment of the consumer's current physiological condition based upon a screening evaluation performed by a licensed nurse, physician's assistant, physician, or CNS.
2. Only a licensed physician prescribes medication. In accordance with Georgia law, a Clinical Nurse Specialist may order medication under protocol with physician's supervision.
3. Only licensed personnel (MD, LPN, RN, PA, or CNS) administers medications.
(See Policy 2007 Medication Administration.)

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4. The choice of medications shall be appropriate to target symptoms, syndrome, or diagnosis; and the rationale for medication selection shall be documented in the physician's progress notes. The rationale for the use of medication for a particular condition which deviates from that which is considered standard or generally accepted is similarly documented. Documentation will include indication and justification for medication and expected therapeutic benefit of the medication.
5. The lowest dose and least intrusive form of medication that is therapeutically effective shall be prescribed. The medical record shall document attempts to titrate dosage to the minimum effective level and shall document the rationale for any deviation on dosage from the generally accepted limits.
6. The risks and benefits associated with the use of any agency prescribed drugs and/or procedures are fully explained to the consumer and documented in the medical record.
 - a. Personalized instruction regarding medication is provided by the consumer's physician for each consumer and/or family member or caretaker. Informed consent is obtained according to Policy 2005.
 - b. After full discussion of the risks (including that of tardive dyskinesia and abuse potential, where applicable), benefits, and commonly associated side effects, the consumer and/or family member or guardian (if applicable) signs the agency's Medication Consent Form (see FormDocs).
 - c. Education may include oral instructions and information and/or patient information sheet provided by pharmacist, physician, or nursing staff.
 - d. Use of medications during pregnancy is discouraged and risks/benefits are explained to consumer. In cases where the risks of decompensation are significant, and medication use is warranted, coordination with other providers is advised and medications with least known risks and lowest effective doses are utilized.
7. All prescriptions made are documented in the consumer's record with the date, name of drug, dosage, directions, and amount prescribed of each medication noted.
8. Medications are reviewed and evaluated by medical staff at least every six months, except as specified in specialized services or specific medication protocols, through a face-to-face contact with the consumer and review of relevant documentation in the consumer record, such as progress notes and service plan reviews.

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- a. Ongoing medication education for the consumer and/or his/her caretakers are a part of medication reviews. The consumer and/or his or her family shall be offered instructions on the safe and effective use of the medication, in accordance with legal requirements and individual needs. Education will include:
1. The name and description of the medication.
 2. The dosage, route of administration and duration of drug therapy.
 3. Intended use and expected actions of the drug therapy.
 4. Common severe side effects, adverse effects, or interactions and therapeutic contraindications that may be encountered including their avoidance and the action required if they occur.
 5. Techniques for the self-monitoring of drug therapy.
 6. Proper storage and expiration dating.
 7. Action to be taken in the event of missed dose.
 8. Any other information peculiar to the particular consumer or drug therapy, including self-administration, safe handling, and use of medication by women of childbearing age.
 9. Instructions on potential drug-food interactions and/or drug/drug interactions.
 10. Proper disposal of unused or expired medication.
- b. When a consumer is receiving neuroleptic medication, the physician (or physician's assistant, nurse or other appropriately trained staff under the physician's supervision) screens the consumer for abnormal involuntary movements (including tardive dyskinesia), using an Abnormal Involuntary Movement Scale (AIMS), at least every six (6) months for adults or every three (3) months for children and adolescents. The result of the AIMS is entered into the record, signed and dated by the responsible clinician (see FormDocs).
- c. At the time of medication review, the following are documented by the physician in the progress notes: evidence of continued therapeutic effect, any previously unnoted side effects reported, any change in medical status or addition of new medications from non-agency physicians, and evidence of continued need for a particular medication in the face of documented adverse effects of this medication, risks or potential for abuse.
- d. Medication monitoring will include preliminary and followup laboratory studies which the physician will order and review as indicated for specific medications: Guidelines in Physicians Manual.
- e. A physician reviews each relevant clinical record and then documents in the individual's clinical record both the clinical need and rationale for prescribing a drug with abuse potential, as well as maintenance use.

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- f. Prescription of Clozapine will be managed according to agency policy and pharmaceutical company guidelines.
- g. Clinical Nurse Specialists will provide all these aspects of medication monitoring under protocol.
- 9. Clinical rationale for use of multiple medications will be documented and potential interactions considered.
 - a. When more than five psychoactive medications are ordered, peer review of the case will occur. Medications used to prevent or alleviate side effects are not included in the number triggering a review.
 - b. When more than two medications in the same category are ordered, peer review of the case will occur. This includes anti-psychotics, anti-depressants, mood stabilizers and anti-anxiety agents.
 - c. Peer review process will occur as a part of medication monitoring audits conducted by Pharmacy and Therapeutics Committee and medical staff group.
- 10. Adverse drug reactions will be evaluated, managed, documented, and reported to Pharmacy and Therapeutics Committee (see Adverse Drug Event policy 2205).
- 11. Telephone medication orders are accepted by medical/nursing staff only from physicians or CNS who are included on the list of authorized prescribers and who are known to the staff receiving the orders.
 - 1. Telephone medication orders are accepted and written in the consumer record only by staff authorized and licensed to administer medication.
 - 2. Telephone medication orders are authenticated in one of the following ways:
 - a. The authorized prescriber faxes a written medication order which is reviewed by medical/nursing staff to ensure the accuracy of the previous telephone order and placed in the chart, and the original signed order is sent through interoffice mail; or
 - b. A verbal medication order is entered in the consumer record and is signed by the prescriber within 72 hours.
 - 3. Telephone orders are verified for accuracy by having the transcriber read the order back to the prescriber.

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12. Up-to-date pharmaceutical reference materials are available to all direct care staff responsible for assessing medication effects on target symptoms and medication side effects.
13. The Pharmacy and Therapeutics Committee (composed of the Medical Director, Pharmacy Director, nursing staff representative and administration representative) will assess the processes of medication use.
 - A. Pharmacy & Therapeutics Committee shall review dispensing processes and errors for compliance and improvement.
 - B. Pharmacy & Therapeutics Committee shall review administration processes and errors for compliance and improvement.
 - C. Pharmacy & Therapeutics Committee will advise the Medical Director in the review of the medical staff's prescribing practices to insure adherence to accepted drug utilization principles.
 - D. Pharmacy & Therapeutics Committee will review all adverse drug events for appropriate response and preventable reaction. (See Adverse Drug Event and Medication Incidents policies.)
 - E. Pharmacy & Therapeutics Committee will review audits of use of specific medications associated with (1) substantial risk, (2) significant side effects, or (3) abuse potential for appropriate prescribing and monitoring practices.