



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent _____ Signature Designated Health Authority _____ Signature	Effective Date: November 1, 2016	Revised Date: July 5, 2018	Procedure Number: 8027 Medical Services
Subject: MEDICATION MANAGEMENT - PSYCHOTROPIC MEDICATION MONITORING		Reference: 63M-2022 through 63M-2.037 F.A.C. and 63N-1.0085 Quality Improvement Standard 4.35	
Purpose:	The purpose of this policy is to outline procedures for the monitoring the usage of psychotropic medications, ensuring youths’ safety through a comprehensive process.		

PROCEDURE:

A. Youth Currently Prescribed Psychotropic Medication Upon Admission

- a. Youth currently prescribed psychotropic medications upon admission require notification of the DHA, the facility’s prescribing Psychiatrist or Psychiatric ARNP, and the Designated Mental Health Authority (DHMA).
- b. Upon admission it will be determined by intake staff from the Healthcare Admission Screening, preliminary mental health screening, review of past record, and interview of either the youth or the parent/guardian, if the youth has been previously diagnosed with a mental disorder and is currently prescribed psychotropic medication.
- c. The youth’s diagnosed mental disorder will be added to the Problem List in the youth’s IHCR with a notation of “history of” until the youth is seen by the Psychiatrist.
- d. The psychotropic medications the youth was receiving prior to admission shall continue to be administered until the Psychiatrist or Psychiatric ARNP conducts an initial diagnostic psychiatric interview of the youth unless there is clinical indication that the medication has or is causing harm to the youth. Documentation of the youth’s medical condition must be noted in the youth’s IHCR at the time the medications are placed on hold by the psychiatrist.
- e. The initial diagnostic psychiatric interview shall be conducted within fourteen days of the youth’s admission.
- f. Youth receiving psychotropic medication prescribed prior to admission for which the youth has a verified prescription at the time of admission shall NOT be adjusted or changed unless, in the opinion of the facility’s Psychiatrist there is a change in the diagnosis, behavior, side effects, or other signs, symptoms which warrant adjustment of the psychotropic regimen.
- g. Youth receiving psychotropic medication prescribed prior to admission shall receive medication monitoring/review by the Psychiatrist or Psychiatric ARNP.
- h. If psychiatric referral is needed, the mental health clinical staff or licensed mental health professional shall refer the youth to the Psychiatrist or Psychiatric ARNP within twenty-four hours of the mental health evaluation.

- i. Coordination of Psychiatric Services is the responsibility of the Psychiatrist or other healthcare staff to contact the Psychiatrist or other provider treating the youth prior to admission, to coordinate services and obtain treatment records. The Psychiatrist is responsible for contacting the prior Psychiatrist or provider with any questions or concerns regarding the effectiveness of prescribed drugs and psychotherapeutic interventions utilized prior to admission.
 - i. Contact with the previous Psychiatrist or provider treating the youth prior to admission must be documented in the youth's Individual Health Care Record.
 - ii. The Psychiatrist must assume responsibility for delivery and management of the youth's psychiatric services while in the DJJ facility, including psychiatric assessment and provision of psychopharmacological treatment.
 - iii. The continuation or renewal of psychotropic medication from community providers shall be based on the Psychiatrist's timely evaluation of the youth.
- j. The initial diagnostic psychiatric interview will be used to determine whether the psychotropic medication prescribed prior to admission should be continued, modified or discontinued. The initial diagnostic psychiatric interview must include:
 - i. History (medical, mental health and substance abuse)
 - ii. Mental Status Examination
 - iii. DSM-IV-TR Diagnostic Formulation (Axis I-V)
 - iv. Treatment Recommendations
 - v. Prescribed Medications
 - vi. Explanation of the need for psychotropic medication and Frequency of Medication Monitoring/Review
- k. Youth receiving psychotropic medication prescribed prior to admission shall receive medication monitoring/review by the facility Psychiatrist. Medication monitoring/review shall be provided and documented as specified in the Facility Operating Procedures.
- l. Any adjustment or change in the youth's pre-admission psychotropic medication regimen must be based upon a written order of the facility Psychiatrist and documented on the CPPN per 63M-1.0085.
- m. If the youth is currently being prescribed psychotropic medication upon admission, the youth should be placed on the facility's Medical Alert list in JJIS, and assigned a medical grade of "5", even if the comprehensive physical assessment has not been done, or if the youth was not assigned a medical grade of "5" previously.

B. Youth Prescribed Psychotropic Medication Subsequent to Admission

- a. Youth not currently prescribed medication at the time of admission that later exhibit significant changes in their emotions and behaviors which suggest severe emotional disturbance or mental illness must be immediately brought to the attention of the mental health staff and licensed mental health professional.
- b. The facility mental health staff must screen the youth within 24 hours, and will determine whether a referral is needed, the mental health staff will refer the youth the Psychiatrist within 24 hours of the mental health evaluation/screening.
- c. Upon examination, if the Psychiatrist determines that psychotropic medication is needed, the youth must receive an initial diagnostic psychiatric interview or psychiatric evaluation prior to prescribing the medication.

C. Prescription of Psychotropic Medications: Basic Standards

- a. The Psychiatrist shall only prescribe medications, which address the youth's specific diagnosis and target symptoms.
- b. If psychotropic medications are required, then the lowest dosage of medication necessary to achieve therapeutic effect should be used bearing in mind potential benefits and risks.
- c. The Psychiatrist is expected to be aware of and inform the youth, parent/legal guardian and clinical staff about FDA warnings and advisories for specific psychotropic medication as well as closely monitor or change therapy as appropriate. The Psychiatrist should regularly review the FDA's MedWatch website for new information. This site can be addressed at: <http://www.fda.gov/medwatch/safety.htm>
- d. The use of more than one psychotropic medication as part of a mental health treatment regimen requires documented clinical justification by the licensed Psychiatrist.
- e. Psychotropic medication shall be only one component of the therapeutic program. Additional treatment modalities such individual, group and family therapy, behavioral therapy substance abuse counseling and psychosocial skill training shall be utilized in conjunction with the use of psychotropic medication.
- f. Psychotropic medication will not be used as punishment; for staff convenience, discipline, coercion, or retaliation; as a substitute for meaningful psychosocial, rehabilitative services; or in quantities that lead to a loss of functional status.
- g. There will be no standing orders for psychotropic medications.
- h. There will be no emergency treatment orders for psychotropic medication.
- i. There will be no PRN orders for psychotropic medications.
- j. Medications prescribed for sleep shall require a sleep log/evaluation prior to prescribing and utilization of alternative medications with the least risk for potential side effects shall be considered.

D. The psychiatric evaluation may be documented on the DJJ form entitled "Clinical Psychotropic Progress Note" (CPPN) (all 3 pages) or in a form developed by the facility but it must include the third page of the DJJ CPPN. The form utilized (CPPN or program form) shall be clearly identified as a "Psychiatric Evaluation."

- a. The following information shall be documented for each psychotropic medication monitoring/review visit:
 - i. Identifying data;
 - ii. Diagnosis;
 - iii. Target symptoms of each medication;
 - iv. Evaluation and description of effect of prescribed medication on target symptom(s);
 - v. Prescribed psychotropic medication, if any (name, dose, age, and quantity of the medication); 1. Normal dose range; 2. Ordered Dosage; 3. Frequency and route of administration; 4. Reasons for changes in medication and/or dosage shall be clearly documented by the Psychiatrist or Psychiatric ARNP;
 - vi. Side Effects (description of response to medication(s) both positive and adverse drug experiences or documentation if none present);
 - vii. Youth's adherence to the medication regime;
 - viii. Height, weight, blood pressure, most recent serum drug levels or laboratory findings (as appropriate);
 - ix. Whether there was telephone contact with parent/ guardian to discuss medication;
 - x. Signature of the Psychiatrist or Psychiatric ARNP;

- xi. Date of signature.
- b. The Psychiatrist, Psychiatric ARNP, and nursing staff shall have documentation of monitoring for Tardive Dyskinesia on a monthly basis for youth prescribed antipsychotic medications.
- c. A monthly CPPN shall be completed if youth are continued on the psychotropic medication.
- d. All youth currently receiving psychotropic medications at the time of admission or prescribed psychotropic medication subsequent to admission must receive an in-depth psychiatric evaluation or an updated psychiatric evaluation by a licensed Psychiatrist or Psychiatric ARNP working under the clinical supervision of the Psychiatrist within 30 days of admission to the DJJ facility or program (for youths currently receiving psychotropic medications at the time of admission) or within 30 days of the initial prescription of psychotropic medication (for youths prescribed psychotropic medication subsequent to admission).
- e. The psychiatric evaluation may be documented on the DJJ form entitled “Clinical Psychotropic Progress Note (CPPN) (all 3 pages) or in a form developed by the facility or program. The form utilized (CPPN) or facility/program form must be clearly identified as a “Psychiatric Evaluation.” However, if the psychiatric evaluation results in the prescription of psychotropic medications or changes to a youth’s existing psychotropic medication regimen, page 3 of the CPPN must be completed, regardless of the format used to document the psychiatric evaluation.