DEPARTMENT OF CORRECTIONS

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| **Policy Number:** | **500.210** |
| **Title:** | **Tardive Dyskinesia Monitoring** |
| **Effective Date:** | **12/3/19** |

**PURPOSE:** To provide a systematic way of monitoring offenders/residents for the symptoms of tardive dyskinesia (TD).

**APPLICABILITY:** All adult and juvenile facilities.

**DEFINITIONS:**

Abnormal Involuntary Movement Scale (AIMS) – a standardized instrument used to rate offenders/residents for TD.

Neuroleptic medications – prescription drugs classified as anti-psychotics or similar drugs known to be associated with the potential side effects of TD.

Practitioner – physician/psychiatrist, nurse practitioner, physician's assistant, or other person licensed and authorized to prescribe medications.

Tardive dyskinesia – an involuntary movement disorder associated with the long term use (generally greater than six months) of neuroleptic medication.

**PROCEDURES:**

A. The psychiatric provider must:

1. Obtain written informed consent. This must occur prior to initiating neuroleptic medications, or continuing them upon intake, and within 14 days of emergency neuroleptic medication administration.

2. Complete the AIMS evaluation prior to initiating neuroleptic medication(s), and/or continuing neuroleptic medication(s) upon intake, and within 14 days of emergency administration of neuroleptic medication(s).

3. Complete the AIMS evaluation at least bi-annually (every six months).

4. Document the course of action in a psychiatric case note including any required follow-up for AIMS evaluation.

5. Return the consent form and AIMS evaluation to the offender's/resident's mental health file.

6. For a tardive dyskinesia (TD) diagnosis:
   a) Document in the psychiatric note and medical record.
   b) Inform the offender or legally authorized representative of the diagnosis and risks.
   c) Obtain an amended written informed consent from the offender, or the legally authorized representative, indicating that they have been informed of the potential risks.

d) Inform the department of corrections (DOC) medical director.

7. For the discontinuation of neuroleptic medications:
   a) Complete the AIMS evaluation two months after the discontinuation of neuroleptic medication(s).
   b) If a positive AIMS score is determined, complete the AIMS evaluation again within three months, and as warranted thereafter.

B. Mental health staff must:
1. File the consent form in the legal section of the offender's/resident's mental health file.

2. File the AIMS evaluation in the clinical section of the offender's/resident's mental health chart.

3. Forward a copy of the AIMS evaluation to medical staff for the psychiatric section of the medical file.

4. Track offenders requiring AIMS follow-up on the facility Master Client List (MCL), which includes scheduling offenders for follow-up appointments.

C. Nursing staff must:
1. File a copy of the consent for the neuroleptic medications in the legal section of the offender's/resident's medical file.

2. File a copy of the AIMS evaluation in the psychiatric section of the offender's/resident/s medical file.

**INTERNAL CONTROLS:**
A. AIMS evaluations and consent forms are filed in the medical and mental health records.

**ACA STANDARDS:** 4-4397

**REFERENCES:** Diagnostic and Statistical Manual of Mental Disorders (DSM) IV Criteria 33.82 Neuroleptic-Induced Tardive Dyskinesia
Munetz, Benjamin, "How to Examine Patients Using the Involuntary Movement Scale," Hospital and Community Psychiatry (1988) 1172-1177.
Policy 500.321, "Administration of Neuroleptic (Antipsychotic) and Non-Neuroleptic, Psychotropic Medications"

**REPLACES:** Policy 500.210, "Tardive Dyskinesia Monitoring," 5/1/18.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** None

**APPROVALS:**
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support

Assistant Commissioner, Facility Services