DEPARTMENT OF CORRECTIONS

Policy Number:	**500.321**
Title:	**Administration of Neuroleptic (Antipsychotic) and Non-Neuroleptic, Psychotropic Medications**
Effective Date:	**12/3/19**

PURPOSE: To provide procedures for prescribing and dispensing neuroleptic (antipsychotic) and non-neuroleptic, psychotropic medications and to specify conditions under which neuroleptic medications may be involuntarily administered to offenders.

APPLICABILITY: Health services

DEFINITIONS:

Capacity to consent to neuroleptic medication – an offender is considered to have the capacity to consent to neuroleptic medication when the offender:

1. Demonstrates an awareness of the offender's condition including possible consequences of refusing treatment with neuroleptic medications; and
2. Demonstrates an understanding of treatment with neuroleptic medications including risks, benefits, and alternatives; and
3. Communicates a clear choice regarding the treatment that is reasoned and not based on delusion. Disagreement with the medical practitioner's recommendation is not evidence of an unreasoned decision.

Coercion – the use of threats or pressure to obtain medication compliance.

Emergency – a situation in which the medical practitioner determines that neuroleptic medication is needed to prevent serious, immediate harm to an offender or others.

Force – the use of physical restraint to administer involuntary medication.

Health care agent – as defined in Minn. Stat. § 145C.01, subd. 2: "an individual age 18 or older who is appointed by a principal in a health care power of attorney to make health care decisions on behalf of the principal." A department of corrections (DOC) employee (except for the medical director/designee), contractor, or another offender cannot act as a health care agent for an offender.

Health care staff – medical practitioners, nurses, and mental health practitioners.

Medical practitioner – physician or a nurse practitioner, psychiatric advanced practice nurse, or physician's assistant with neuroleptic prescribing authority authorized to practice within the DOC.

Mental health professional – mental health professional licensed for independent practice.

Neuroleptic (antipsychotic) medication – all medications, approved by the U.S. Food and Drug Administration (FDA) as antipsychotic agents, having a direct effect on the central nervous system, usually affecting thinking, mood, perception, orientation, or behavior. These same medications are not considered neuroleptic/antipsychotic medications when prescribed for reasons other than the treatment of mental disorders.

Non-neuroleptic, psychotropic medication – all medications, approved by the U.S. Food and Drug Administration (FDA) as psychotropic agents, excluding all antipsychotic/neuroleptic agents, having a direct effect on the central nervous system, usually affecting thinking, mood, perception, orientation, or behavior. These same medications are not considered psychotropic medications when prescribed for reasons other than the treatment of mental disorders.

Substitute decision maker – an individual appointed by the court with authority to consent to the administration of neuroleptic medication to consenting, incompetent offenders, with limitations per statute (see Minn. Stat. § 253B.092, subd. 6).

Treatment facility – for the purpose of this policy, a treatment facility comprises of the mental health unit (MHU) and transitional care unit (TCU).

PROCEDURES:

A. Procedures for Administration of Neuroleptic Medications

1. General procedures

a) Except in emergency situations, medical practitioners must examine offenders prior to prescribing and initiating treatment with neuroleptic medication(s). A medical practitioner must prescribe neuroleptic medication only when clinically indicated, as one facet of a program of mental health treatment.

b) Determining the capacity to consent to neuroleptic medication

(1) The medical practitioner must evaluate and document the offender's capacity to consent to neuroleptic medication prior to obtaining the offender's informed consent.

(2) If the medical practitioner determines the offender maintains capacity to consent to treatment with neuroleptic medications, the medical practitioner must obtain written, informed consent (found on the behavioral health public iShare site) from the offender.

(3) If the medical practitioner determines the offender lacks capacity to give informed consent, neuroleptic medication may be initiated only:

(a) When the offender agrees to take the medication; and
(b) A substitute decision maker consents to its use (with the substitute decision maker providing written, informed consent); or
(c) An appropriately empowered court-appointed guardian consents to its use; or
(d) The offender has executed an advance directive authorizing the medication's use; or
(e) A health care agent consents to its use; or
(f) In an emergency situation (see Procedure A.3.c)); or
(g) Following issuance of a court order (a Jarvis order); or
(h) When the offender has completed an advanced mental health directive authorizing treatment.

(4) All consent forms, advance directives, and/or court orders are retained in the offender's medical file.

c) Whenever initiating treatment with a neuroleptic medication, the practitioner must provide the offender with a medication information sheet and educational material addressing Tardive Dyskinesia. Medication information sheets may be obtained at: http://www.nlm.nih.gov/medlineplus/druginformation.html.

d) The practitioner must initiate monitoring for Tardive Dyskinesia whenever neuroleptic medication is prescribed; see Policy 500.210, "Tardive Dyskinesia Monitoring."

e) Dispensing and administration of neuroleptic medication

(1) Medications that are significantly toxic in overdose, as established by the DOC pharmacy and therapeutics committee, must be administered by directly observed therapy. Neuroleptic medication that is not significantly toxic may be provided to the offender for self-administration.

(2) If a medical practitioner, registered nurse, or other health care staff determines that directly observed therapy is necessary, all specified medications (including non-neuroleptics) must be administered and observed by the nursing staff.

2. Administration of neuroleptic medication to assenting offenders

a) Neuroleptic medication may be administered to assenting offenders:

(1) When the offender agrees to take the medication; and

(2) Following procurement of written informed consent of: an offender with capacity to consent; or a substitute decision maker; or a health care agent; or via an advance psychiatric directive.

b) An offender with capacity to consent may refuse to sign the consent, but verbally indicate willingness to take neuroleptic medication. In such cases, the practitioner and one other staff witness must document the offender's verbal consent at the bottom of the consent form in lieu of the offender's signature.

3. Involuntary administration of neuroleptic medication

a) Emergency involuntary medications for general population offenders (as opposed to those within a treatment facility)

(1) When facility staff believe an offender is undergoing a psychiatric emergency, the mental health staff must be notified immediately.

(2) When a medical practitioner or authorized mental health professional determines an offender is mentally ill, is in serious, immediate danger of causing injury to self or others, and may require emergency medication, the medical practitioner or authorized mental health professional must seek to have the offender transferred to a treatment facility. If the offender is too agitated to be safely transported to a treatment facility, the offender must be transported to a local emergency room when authorized by a medical practitioner. The practitioner, in consultation with security staff, must determine whether the offender should be transported by ambulance or state vehicle.

(3) If necessary for the safe transport of the offender, the medical practitioner may order a dose of emergency medication (per Minn. Stat § 253B.092) and transport by ambulance to a hospital emergency room or an appropriate treatment facility. The medical practitioner must document, in the offender's medical file, the necessity for provision of emergency medication and concurrent declaration of a medical emergency accordingly (see Procedure A.3.c)). Once the psychotropic agent is administered, the offender must be monitored via implementation of Procedure A.3.c)(6)) of this directive until paramedics assume care of the offender.

(4) The hospital physician determines the need for involuntary medications and, if ordered, the medication is administered at the hospital.

(5) Once the hospital physician has determined the offender is stable, the offender is transported to an appropriate in-patient treatment facility (e.g., DOC MHU) via ambulance or state vehicle as determined by the hospital physician with input from department staff if requested.

b) Involuntary administration of neuroleptic medication in a DOC treatment facility

(1) Health care staff must seek voluntary participation in mental health treatment whenever possible, including voluntary compliance with prescribed neuroleptic medications.

(2) If an offender refuses to accept neuroleptic medication, health care staff must seek the offender's cooperation through explanations of the purpose of the medication and the medical consequences of medication refusal.

(3) Health care staff must not coerce or deceive offenders into accepting medication – however, staff may inform the offender that force may be used to administer medications if necessary.

(4) If an offender refuses neuroleptic treatment as recommended by a medical practitioner, involuntary emergency treatment with neuroleptic medications may be ordered and administered only in compliance with the Minnesota Commitment Act (Minn. Stat. § 253B.092) – under the emergency administration provision or a court Jarvis order. Minn. Stat. § 253B.092 applies only to offenders who are committed, on a court hold, or on a 72-hour emergency hold.

(5) If medication was administered involuntarily prior to transport, the head of the recipient treatment facility, or designee, must be notified to ensure coordination and timely submission of necessary petitions to impose treatment as clinically indicated.

c) Involuntary administration of neuroleptic medication following declaration of a medical emergency

(1) Emergency neuroleptic medications may be administered for 14 days if the emergency condition persists. If the medical practitioner has submitted a request to the court to continue the medication beyond 14 days, the neuroleptic may be continued until the date of the first hearing.

(2) A substitute decision maker cannot authorize administration of neuroleptic medication to an offender who is incompetent and refusing medication.

(3) A health care agent cannot authorize administration of neuroleptic medication to an offender who is incompetent and refusing medication unless the offender specifically granted such power to the agent.

(4) The administration of long-acting (depot), intramuscular forms of neuroleptic medications is not permitted in an emergency situation.

(5) If force is necessary to administer neuroleptic medication, sufficient staff must use approved techniques to provide adequate restraint to ensure the safety of the offender and staff.

(6) Following the initial implementation of a course of neuroleptic medication on an involuntary basis, nursing staff must assess the offender at the following intervals and immediately report any side effects to the prescribing (or on-call) physician:
   (a) Every 15 minutes for the first hour;
   (b) Every hour for the next two hours; and
   (c) A minimum of every shift while on emergency involuntary medication. Assessments may be more frequent if the condition warrants.

(7) Staff must document all actions regarding emergency administration of neuroleptics on an involuntary basis in the offender's medical and mental health files. Documentation must minimally include:
   (a) The reason for declaring a medical emergency, noting the circumstances and offender's behaviors constituting an emergency;
   (b) Less intrusive/restrictive means attempted and/or rejected;
   (c) The physician's order specifying the name, quantity, and route of administration of the medication;
   (d) Amount and type of force deployed to ensure the medication was administered in a safe fashion;
   (e) The initial and periodic nursing assessments; and
   (f) Medical and behavioral assessments following administration of medication.

(8) Staff must report all instances of administration of neuroleptic medication on an emergency basis to the DOC directors of nursing and behavioral health no later than the next business day.

B. <u>Procedures for Administration of Non-Neuroleptic, Psychotropic Medications</u>

1. General procedures

a) Prescribing non-neuroleptic, psychotropic medications

Except in emergency situations, medical practitioners must examine offenders prior to initiating treatment with non-neuroleptic, psychotropic medication(s). A medical practitioner must prescribe non-neuroleptic, psychotropic medication only when clinically indicated, as one facet of a program of mental health treatment.

b) Determining the capacity to consent to non-neuroleptic, psychotropic medication:

(1) The medical practitioner must evaluate and document the offender's capacity to consent to non-neuroleptic, psychotropic medication prior to obtaining the offender's informed consent.

(2) If the medical practitioner determines the offender maintains capacity to consent to treatment with non-neuroleptic, psychotropic medications, the medical practitioner must document informed consent.

(3) If the medical practitioner determines the offender lacks capacity to give informed consent, non-neuroleptic, psychotropic medication may be initiated only:

(a) When an appropriately empowered health care agent or court-appointed guardian consents to its use; or

(b) When the offender has executed an advance directive authorizing the medication's use; or

(c) In an emergency situation (see Procedures B.2.a) and B.2.b)(5)).

(4) Consent forms, court orders, and advance directives are retained in the offender's medical record.

c) Administration of non-neuroleptic, psychotropic medication:

(1) Medications that are significantly toxic in overdose (as established by the DOC pharmacy and therapeutics committee) must be administered by directly observed therapy.

(2) If a medical practitioner, registered nurse, or other health care staff person determines that directly observed therapy is necessary, all specified medications (including non-neuroleptic, psychotropic) must be administered and observed by authorized staff.

2. Involuntary administration of non-neuroleptic, psychotropic medication

a) Emergency involuntary medications for general population offenders

(1) When facility staff believe an offender is undergoing a psychiatric emergency, they must immediately notify mental health staff.

(2) When a medical practitioner or authorized mental health staff member determines an offender is mentally ill, is in serious, immediate danger of causing injury to self or others, and may require emergency medication, the practitioner or mental health staff member must seek to have the offender transferred to a department treatment facility. If the offender is too agitated to be safely transported to a treatment facility, the practitioner or mental health staff member must seek approval from a department medical practitioner for the offender to be transported to a local emergency room. The medical practitioner, in consultation with security staff, must determine whether the offender should be transported by ambulance or state vehicle.

(3) If necessary for the safe transport of the offender, a department medical practitioner may order a dose of emergency medication(s) prior to transport

by ambulance to a hospital emergency room or an appropriate treatment facility. The medical practitioner must ensure documentation of the necessity for provision of emergency non-neuroleptic medication and concurrent declaration of a medical emergency.

(4) The hospital physician determines the need for involuntary medications and, if ordered, the medication is administered at the hospital.

(5) Once the hospital physician has determined the offender is stable, the offender must be transported to an appropriate in-patient treatment facility (e.g., the department mental health unit) via ambulance or state vehicle as determined by the hospital physician with input from department staff if requested.

b) Involuntary administration of non-neuroleptic, psychotropic medication in a department treatment facility

(1) Health care staff must seek voluntary participation in mental health treatment whenever possible, including voluntary compliance with prescribed non-neuroleptic, psychotropic medications.

(2) If an offender refuses to accept non-neuroleptic, psychotropic medication, health care staff must seek the offender's cooperation through explanations of the purpose of the medication and the medical consequences of medication refusal.

(3) Health care staff must not coerce or deceive offenders into accepting medication – however, staff may inform the offender that force may be used to administer medications if necessary.

(4) Health care staff may consider initiating proceedings for appointment of a guardian.

(5) Staff must document all actions regarding emergency administration of non-neuroleptic, psychotropic medications on an involuntary basis, in the offender's medical and mental health files. Documentation must minimally include:

(a) The reason for declaring a medical emergency, noting the circumstances and offender's behaviors constituting an emergency;
(b) Less intrusive/restrictive means attempted and rejected;
(c) The physician's order specifying the name, quantity, and route of administration of the medication;
(d) Amount and type of force deployed to ensure the medication was administered in a safe fashion;
(e) The initial and periodic nursing assessments; and
(f) Medical and behavioral assessments following administration of medication.

(6) Following the initial administration of a course of non-neuroleptic medication on an involuntary basis, nursing staff must assess the offender at

the following intervals and immediately report any side effects to the prescribing (or on-call) physician:

(a) Every 15 minutes for the first hour,
(b) Every hour for the next two hours, and
(c) A minimum of every shift while on emergency involuntary medication. Assessments may be more frequent if the condition warrants.

(7) Any order regarding forced administration of non-neuroleptic, psychotropic medication is limited to 24-hours duration, though it may be renewed upon reassessment.

(8) Staff must report all instances of administration of non-neuroleptic, psychotropic medications on an emergency basis to the department directors of nursing and behavioral health no later than the next business day.

C. All prescribed medications must be tracked in the Electronic Medication Administration Record (eMAR).

INTERNAL CONTROLS:

A. Documentation of emergencies treated with neuroleptic medication, consent forms, advance directives, and court orders are filed in the medical record.

B. Prescribed medications are tracked in the Electronic Medication Administration Record (eMAR).

ACA STANDARDS: 3-4341, 3-4342, 3-4342-1, 3-4337, 3-4372, and 3-4342-1

REFERENCES: Minn. Stat. § 145C.01, subd. 2
Policy 500.210, "Tardive Dyskinesia Monitoring"
Policy 500.125, "Offender Health Care Directive and Power of Attorney"
Policy 500.126, "Offender Health Care Decisions"
Policy 500.305, "Mental Health Services On-Call"

REPLACES: Policy 500.321, "Administration of Neuroleptic (Antipsychotic) and Non-Neuroleptic, Psychotropic Medications" 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