



TITLE: PSYCHOACTIVE MEDICATIONS

POLICY 2.45

Rev. September 2017

PURPOSE AND SCOPE

This policy outlines Kokua requirements for employees who assist clients with psychoactive medications.

A. PURPOSE OF PSYCHOACTIVE MEDICATIONS

Psychoactive medications are medications that are prescribed for the purpose of stabilizing mood, giving an individual better control of their own behavior or to treat a mental illness. Psychoactive medications have the ability to alter mood, anxiety level, behavior, cognitive processes or mental tension. Common groups of psychoactive medications are anti-psychotics or neuroleptics, antidepressants, anti-anxiety medication, sedatives or hypnotics, psychostimulants, and mood stabilizers.

B. REFERRAL FOR ASSESSMENT

If it appears that a person has a mental illness or would benefit from taking a psychoactive medication, the person will be referred to a professional for an assessment. If available, it is recommended that this assessment be with a psychiatrist, a psychologist, or with a physician's assistant or a nurse practitioner who has experience in treating people with developmental disabilities and mental illness or challenging behavior. If not available, a physician may be contacted. Prior to the assessment, staff will prepare a psychiatric referral summary and send or take this to the treatment professional conducting the assessment. The summary will briefly describe the frequency and severity of the client's symptoms or behaviors and what has been tried previously.

C. PSYCHOACTIVE MEDICATION TREATMENT PLANS (PMTP)

Every psychoactive medication prescribed for a client to treat a mental illness or alter mood requires a written Psychoactive Medication Treatment Plan (PMTP). This plan will include

- the behavior or symptoms for which the medication is prescribed,
- the name of the medication,
- the dosage, diagnosis, purpose, side effects,
- the length of time considered sufficient to determine if the medication is effective,
- the behavioral criteria which demonstrate the effectiveness of the medication, and
- the schedule for follow-up visits.

The PMTP must be signed by the prescribing physician. All psychoactive medications require the written consent of the client. If a client has a guardian, the guardian should also be asked for consent. If the person's legal representative refuses to give consent, the agency should encourage the legal representative to meet with the treatment professional to discuss the medication issue. There may be situations in which a client's legal representative is unavailable or unwilling to provide consent. Where, in the physician's opinion, the benefits outweigh the risks,

the agency should act in the client's best interest and assist him/her in obtaining and taking the medication.

The PTMP must be updated whenever there is a change of medication, including intra-class changes. Changes in dosage of a medication may be noted on the client's medication records and does not require updating the PMTP.

D. MONITORING AND REVIEW OF PSYCHOACTIVE MEDICATIONS

The prescribing professional is responsible for obtaining informed consent when necessary from the client or, if applicable, his/her legal representative. Agencies should retain a copy of the signed consent form, if available, in the person's record. Agency staff will review with the client and his/her legal representative the name, purpose, potential side effects and any known potential drug interactions of the medication. Agency staff should base such discussion on the written information supplied by the dispensing pharmacy whenever possible. Kokua will have an information sheet from the pharmacy for each psychoactive medication taken by persons served by Kokua.

The Client Services Coordinator will monitor the client for any side effects and any side effects noted will be reported to the physician in a timely manner. Side effects should also be reported to the Health Coordinator. Clients taking psychoactive medications need to see their physician at least every three months to review their medications, unless a different schedule has been recommended by the physician.

The medication review visit schedule needs to be written in the PMTP. The PMTP shall be reviewed by the prescribing physician at least annually.

E. POSITIVE SUPPORTS

If positive supports have been identified that will assist in the treatment, reduction or elimination of the person's symptoms or behaviors, these should be documented in a written plan, e.g. a Positive Behavior Support Plan, a Psychoactive Medication Treatment Plan or an Individual Instruction and Support Plan.

F. EXCEPTIONS TO POLICY:

Any exceptions to this policy must have prior written approval of the Deputy Assistant Secretary.