

BOB RILEY
GOVERNOR

State of Alabama Alabama Department of Corrections



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ADMINISTRATIVE REGULATION
NUMBER 616

OPR: TREATMENT

PSYCHOTROPIC MEDICATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for the dispensation of psychotropic medication to inmates.

II. POLICY

Psychotropic medication is prescribed to an inmate only for diagnosed clinical benefit, not for punishment or control of behaviors unrelated to psychiatric issues. Psychotropic medication will be prescribed based on:

- A. Clinical presentation.
- B. Mental health diagnosis.
- C. Prevailing standard of care in the psychiatric community.
- D. Medication Consent Form (ADOC Form MH-020, 021, 022, 023) will be obtained before psychotropic medication is dispensed. Inmate will:
 1. Be advised of the potential benefits, side effects and risks of accepting psychotropic medication.
 2. Have the right to refuse medication.
 3. Be routinely monitored by a psychiatrist or nurse to ensure there are no adverse side effects from the psychotropic medication. Monitoring will include:
 - a. Laboratory testing.

- b. Behavioral observation.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, Mental Health Definitions and Acronyms:

Chief Psychiatrist

Psychotropic Medication

Side Effect Medication

Treatment Plan

Medication Consent Form

Abnormal Involuntary Movement Scale (AIMS) – Modified

SOAP Format

SMI

IV. RESPONSIBILITIES

A psychiatrist or nurse practitioner will ensure that:

- A. Psychotropic medication will be prescribed for ADOC inmates in a responsible manner, not as a means of control for inmates without clinical psychiatric symptoms.
- B. A nurse will dispense psychotropic medication to inmates.

V. PROCEDURES

- A. ADOC staff may refer inmates to a psychiatrist for psychotropic medication evaluation:
 - 1. During admission to ADOC.
 - 2. Any time during incarceration.
- B. Inmates who received psychotropic medication before entering the ADOC will have their need for continuance assessed by a psychiatrist at the admitting institution.

- C. Psychiatric evaluation for the use of psychotropic medication will be documented on the ADOC Form MH-018, Psychiatric Evaluation form and will include:
1. Review of the inmate's medical record (particularly, prior mental screenings and evaluations).
 2. Direct examination of the inmate and referral for physical and laboratory tests, if indicated, in accordance with the following guidelines:
 - a. General screening for possible organic symptoms should be ordered if they have not been performed within the preceding six months.
 - b. CBC with differential
 - c. SMAC-24
 - d. TFTs
 - e. EKG if inmate over age 40
 - f. When drug reaction problems or potentially complicating conditions are known, other pre-treatment tests should be performed.
 3. In emergency situations, laboratory testing may be performed following initiation of psychotropic medication.
- D. When antipsychotic medication is initially prescribed, the psychiatrist will assess and record any unusual involuntary movements using the ADOC Form MH-019, Abnormal Involuntary Movement Scale (AIMS)-Modified, to establish a baseline for future monitoring.
- E. While the psychiatrist will be permitted to prescribe psychotropic medication based on his/her medical judgment, the following guidelines will be adhered to:
1. No inmate will be prescribed psychotropic medication without a documented psychiatric diagnosis made in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.
 2. Psychotropic medication(s) will be ordered no longer than a period of ninety days.
 3. Unless contradicted, psychotropic medication will be prescribed to be administered once or twice a day.
 4. In the absence of a serious mental illness:

- a. Inmates who report mild symptoms of anxiety, insomnia or nervousness, will be referred for mental health counseling before psychotropic medication is initiated.
 - b. Inmates whose symptoms do not respond satisfactorily to counseling may be referred for psychiatric consultation.
 - c. Psychotropic medication use should be limited to a maximum of four weeks.
5. A prescription for more than three classes of psychotropic medication requires approval of the Chief Psychiatrist.
 6. A prescription for two or more psychotropic medication in the same class of drugs requires approval of the Chief Psychiatrist.
 7. Psychiatrists are not restricted to use psychotropic medication on the approved formulary. However, use of non-formulary medications must be based on sound clinical judgment and approved by the Chief Psychiatrist.
- F. Inmates will sign a medication consent form when psychotropic medication is initially prescribed, or if changed:
1. The psychiatrist will inform inmates of the potential risks and benefits of the prescribed medication, including possible side effects, and alternative treatments.
 2. Mental Health Services: Medication Consent forms are available for:
 - a. Lithium
 - b. Antipsychotics
 - c. Antidepressants
 - d. ADOC Form MH-023, Psychotropic Medication Consent: General

NOTE: A copy of the relevant form will be given to the inmate for reference.

3. Documentation of the informed consent will include:
 - a. Name of the psychotropic medication
 - b. Range of dosage to permit potential adjustment

4. Medication consent form becomes inactive when an inmate:
 - a. Withdraws his/her consent
 - b. Advises the psychiatrist either verbally or in writing
 - c. The prescription is discontinued
 5. Informed consent will be documented by the inmate's signature on a Mental Health Services: Medication Consent form or by a legible note signed by the psychiatrist using the following ADOC authorized stamp:

*The potential benefits and side effects of _____
with the dosage range of _____ have been discussed
with the inmate and the inmate has agreed to accept the medication.*
 6. The inmate each time a new psychotropic medication is initiated must give informed consent.
- G. Inmates prescribed psychotropic medication(s) will be seen within 90 days by a psychiatrist or nurse practitioner, to monitor and document their:
1. Responses
 2. Improvements
 3. Deterioration
 4. Side Effects
 5. Medication Non-Compliance
- H. Progress notes and follow-up visits will be made by the psychiatrist or qualified nurse practitioner as often as clinically indicated, but not less frequently than:
1. Bi-weekly for the first thirty days of medication administration.
 2. Monthly for the next sixty days of medication administration.
 3. Every sixty to ninety days thereafter.
- I. Routine Laboratory testing will be completed no less than annually for inmates receiving psychotropic medication. Blood levels will be requested:
1. As clinically indicated.
 2. In compliance with community standards when an inmate is prescribed:

- a. Lithium
- b. Carbamazepine
- c. Valporic Acid
- d. Clozapine
- e. Other medications requiring such monitoring

J. All inmates prescribed antipsychotic medication for longer than six months will be routinely assessed at least every six months by the psychiatrist for the potential development of tardive dyskinesia (TD). This assessment will be:

1. Documented by the completion of ADOC Form MH-019, Abnormal Involuntary Movement Scale (AIMS) - Modified
2. Completed by a:
 - a. Psychiatrist
 - b. Mental health nurse, with review by the psychiatrist
3. Filed in the mental health section of the inmate's medical record

K. Psychiatric documentation requirements:

1. Initial psychiatric evaluation will be recorded on the ADOC Form MH-018, Psychiatric Evaluation, and will:
 - a. Include clinical rationale for medication if prescribed
 - b. Be filed in the mental health section of the inmate's medical record
2. Psychiatric progress notes for follow-up visits will be in the SOAP format and will document the inmate's:
 - a. Mental status
 - b. Response to treatment
 - c. Observation of side effects
 - d. Referral for laboratory testing, if indicated
3. Medication orders will be recorded on a physician order form and will specify:

- a. Type of medication
 - b. Amount
 - c. Route of administration
 - d. Frequency of administration
 - e. Duration of order (not to exceed ninety days)
4. Laboratory tests requested will be recorded on a physician order form and the results:
 - a. Will be initialed by the ordering psychiatrist or nurse practitioner
 - b. Are filed in the inmate's medical record
 5. ADOC Form MH-019, Abnormal Involuntary Movements Scale (AIMS) – Modified assessments will be filed in the inmate's medical record

L. Nursing documentation requirements:

1. Nursing staff administering medication will document an inmate's acceptance or refusal of medication on the medication administration record in accordance with AR 617, Psychotropic Medication Administration.
2. Psychotropic medication administered STAT in an emergency or crisis, and/or PRN will be documented in the mental health progress notes of the inmate's medical record including reasons for use and the inmate's response to the medication.
3. When an inmate reports medication-related problems or exhibits negative side effects during medication administration, nursing staff will complete an ADOC Form MH-024, Psychotropic Medication Report.
4. Medication compliance of inmates prescribed psychotropic medication will be monitored in accordance with AR 618, Psychotropic Medication Monitoring.

M. Mental health staff who have contact with an inmate who is receiving psychotropic medication must record the following information in mental health progress notes:

1. Information reported to them by the inmate.

2. Observations of behavior that may be related to prescribed psychotropic medication to include:
 - a. Side effects
 - b. Deterioration
 - c. Improvement

- N. Each inmate who is prescribed psychotropic medication will have a treatment plan which addresses, at a minimum, the following information:
 1. Frequency of medication reviews by the psychiatrist or nurse practitioner.
 2. Frequency of routine monitoring by mental health staff.
 3. Medication education activities.

- O. To facilitate continuity of care upon admission to the ADOC and until a routine psychiatric evaluation may be conducted, a psychiatrist, physician or nurse practitioner may order up to a fourteen day interim supply of psychotropic medication that was previously prescribed for the inmate to facilitate continuity of care.

- P. The contracted mental health provider, to facilitate continuity of care when an inmate is released from the ADOC, will provide a ten-day supply of psychotropic medication.

VI. DISPOSITION

See AR 601, Mental Health Forms and Disposition.

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition for:

- A. ADOC Form MH-001 – Authorization for Release of Information
- B. ADOC Form MH-018 – Psychiatric Evaluation
- C. ADOC Form MH-019 – AIMS – Modified
- D. ADOC Form MH-020 – Psychotropic Medication Consent: Lithium
- E. ADOC Form MH-021 – Psychotropic Medication Consent: Antipsychotics
- F. ADOC Form MH-022 – Psychotropic Medication Consent: Antidepressants

- G. ADOC Form MH-023 – Psychotropic Medication Consent: General
- H. ADOC Form MH-024 – Psychotropic Medication Report
- I. ADOC Form MH-032 – Treatment Plan
- J. ADOC Form MH-040 – Progress Notes

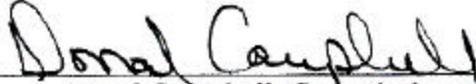
VIII. SUPERCEDES

This administrative regulation supercedes AR 456 dated August 21, 2001.

IX. PERFORMANCE

This administrative regulation is published under the authority of:

- A. The authority of the Bradley Agreement of August 8, 2000
- B. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003
- C. The Code of Alabama 1975, Section 22-50-11



Donal Campbell, Commissioner