

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 05/20/2016	NUMBER: I-67.1  Page 1 of 3
	Replaces: 12/11/2014	
	Formulated: 9/89 Reviewed: 04/16	
<b>COMPELLED PSYCHOACTIVE MEDICATION FOR MENTAL ILLNESS</b>		

**POLICY:** Psychoactive medications may be compelled by the treating psychiatrist/psychiatric mid-level practitioner for a patient who is mentally ill and/or imminently dangerous to self or others due to mental illness or at risk of significant deterioration.

**DEFINITION:**

Compelled psychoactive medication is medication that is administered after the patient meets the criteria in IA and/or B and has had a due process hearing in the case of a non-emergent situation, and a psychiatrist/psychiatric mid-level practitioner(s) has given order for compelled medication.

**PROCEDURE:**

- I. A patient may be compelled to take psychoactive medication prescribed for mental illness when the patient has refused to voluntarily take medication and when the refusal to take the medication results in a condition that mental health professional(s) deem either
  - A. Emergency – Imminently likely to cause serious harm to the patient and/or others due to mental illness
  - OR
  - B. Non-emergency – Likely to result in continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the patient’s ability to function independently.
  
- II. Compelled psychoactive medication may be employed only in mental health inpatient crisis management facilities. However, in extreme circumstances it may be necessary to compel medications in order to safely transport an extremely agitated patient to an inpatient or crisis management facility. In such cases, a Certificate for Emergency Compelled Psychoactive Medications (HSP-1A) will be completed in accordance with the requirements of this policy. (See Attachment A)
  
- III. Psychoactive medication will be compelled only when one or both of the above-situations are imminent or immediate. Compelled medication orders designated as “PRN, as necessary” or otherwise written as standing orders, are prohibited. A Certificate for Emergency Compelled Medication (HSP-1A) will be valid for one time only. Depot medications may be compelled only in non-emergency situations.
  
- IV. The following procedure should be followed in an emergency situation, as described in I.A. above.
  - A. Documentation is made in the health record by mental health or medical staff of the patient’s mental deterioration and dangerous behavior due to mental illness and of the patient’s refusal to comply with prescribed medications.
  - B. During normal working hours the treating psychiatrist/psychiatric mid-level practitioner will examine the patient to determine that the patient is an imminent threat to self or others and is in need of psychoactive medication, with or without his/her consent. The determination is documented in the health record.

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- C. During normal working hours and whenever possible, a non-treating psychiatrist/psychiatric mid-level practitioner will examine the patient and agree or disagree with the decision to compel medications. Documentation of this determination is made in the health record.
  - D. After normal working hours, one psychiatrist/psychiatric mid-level practitioner may order compelled medications only on an emergency basis. A telephone order must be co-signed within 72 hours.
  - E. The treating or on-call psychiatrist/psychiatric mid-level practitioner gives orders for compelled medication. Emergency Compelled Medication Certificates are valid only for a single dose of medication administered.
  - F. Prior to the administration of compelled medication, attempts are made by clinical staff to obtain voluntary compliance and are documented in the health record.
  - G. During an emergency situation, if the patient agrees to take the medication, the treating psychiatrist/psychiatric mid-level practitioner **may not** discontinue the order for compelled medication. It will be documented on the Certificate of Emergency Compelled Psychoactive Medication in a Mentally Ill Person (HSP 1A) (See Attachment A) that:
    - 1) the patient voluntarily accepted the compelled medication; no enforcement occurred, OR
    - 2) enforcement of the compelled medications occurred.
  - H. Following the administration of compelled medication, the administering nurse will document injuries, adverse drug effects, and desired results. Documentation will reflect, for each administration, whether the compelled medication was accepted voluntarily or required enforcement.
  - I. The Certificate of Emergency Compelled Psychoactive Medication in a Mentally Ill Person (HSP 1A) will be completed and forwarded to the facility mental health clinical director for review and signature, and filed the certificate will be scanned into the health record on all patients including those who voluntarily accept the compelled medication after the process has begun.
  - J. All incidents of emergency compelled medication are reviewed by the facility QI/QM committee.
  - K. Each month a copy of the Compelled Psychoactive Medication Log will be forwarded to the Director of Mental Health Monitoring and the TDCJ Division Director for Health Services or designee for review.
- V. The following procedure should be followed in a Non-emergency situation, as described in I.B. above:
- A. Documentation in the health record is made by the treating psychiatrist/psychiatric mid-level practitioner and treating clinician of the patient's mental deterioration and/or dangerousness due to mental illness and of the patient's refusal to voluntarily comply with prescribed medications.
  - B. The treating psychiatrist/psychiatric mid-level practitioner determines that the patient is in need of psychoactive medication, with or without the patient's consent and documents the decision in the record.

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- C. Documentation is made of the mental health professional's attempts to persuade the patient to take the medication voluntarily.
  - D. A non-treating psychiatrist/psychiatric mid-level practitioner officiates an Administrative Due Process Procedure which includes the patient, a designated non-treating mental health clinician (as the patient advocate), and the treating psychiatrist/mid-level practitioner. Results of the due process hearing are documented in the record and signed by panel members.
  - E. If the hearing concludes that compelled medication is necessary, the treating psychiatrist/psychiatric mid-level practitioner writes orders for compelled medication. Non-emergency compelled medication certificates are valid for 30 days.
  - F. Continued attempts to obtain voluntary compliance are documented in the record for each incident of compelled medication.
  - G. Following the administration of compelled medication, the administering nurse will document injuries, adverse drug effects, and desired results. Documentation will reflect, for each administration, whether the compelled medication was accepted voluntarily or required enforcement.
  - H. The Certificate of Non-Emergency Compelled Psychoactive Medication in a Mentally Ill Person (HSP-1) will be completed and forwarded to the facility mental health clinical director for review and signature and scanned in the health record. (See Attachment B)
  - I. All incidents of Non-emergency compelled psychoactive medication are reviewed by the facility QI/QM Committee.
  - J. Each month a copy of the Compelled Psychoactive Medication Log will be forwarded to the Director of Mental Health Monitoring and the TDCJ Division Director of Health Services or designee for review.
- VI. The Facility mental health Clinical Director or designee will maintain a log of all incidents of compelled medications. The Compelled Psychoactive Medication Log will include the following information, at a minimum:
- A. Date of incident
  - B. Patient name and TDCJ#
  - C. Emergency or non-emergency
  - D. Psychiatrist/MLP ordering compelled medications
  - E. Mental health diagnosis
  - F. Date of QI/QM review
  - G. Date documentation was forwarded to the Director of Mental Health Monitor