

Utilization of Psychotropic Medication in Emergency Situations

Rhode Island Department of Children, Youth and Families

Policy: 1000.0030

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In order to prevent unnecessary utilization of psychotropic medication in residential care programs, all dispensing of this medication in emergency situations shall be monitored, documented, and reviewed. The purpose of this policy is to ensure the health, safety, and welfare of the youngster in placement.

The initiation of psychotropic medication for behavioral management purposes presents possible risks to the youngster. Psychotropic medication shall be considered only when there is a situation of harm to self or others and when all other attempts to intervene and stabilize the crisis situation have either been tried and failed or have been diagnostically eliminated.

Psychotropic medication shall not be initiated unless the patient has been examined by a psychiatrist/physician. However, if the youngster is already receiving psychotropic medication which is prescribed and periodically reviewed by a treating psychiatrist, successful altering of the dose can be managed by a qualified psychiatric nurse reporting to the psychiatrist. All other situations demand direct assessment by a psychiatrist/physician.

It is the position of the Department that each residential care program have written procedures governing the administration of psychotropic medication in emergency situations. The requirements listed below shall be incorporated into the program's written procedures.

Related Procedures

[Emergency Assessment](#)
[Utilization Review](#)

Emergency Assessment

Procedure From Policy 1000.0030: The Utilization of Psychotropic Medications in Emergency Situations

- A. A youngster in crisis is referred to a community mental health center or other medical facility which has a pre-existing emergency plan with the residential program.
 - 1. Residential staff person consults with immediate supervisor prior to referral.
 - 2. Staff person secures safety of youngster through use of police, rescue, holding, restraint, if necessary.
- B. Emergency clinician (master's level or R. N.) evaluates crisis situation and determines need for immediate psychiatric assessment and treatment. The assessment includes a case review, a review of the crisis situation, and a mental status evaluation.
- C. The youngster is seen by an emergency psychiatrist/physician who determines the following:
 - 1. No medication indicated; or
 - 2. Emergency dose of medication indicated due to immediate risk of serious harm to self or others and by virtue of current mental status:
 - (a) PRN Orders are not allowed under any circumstances.
 - (b) If a repeat dosage of medication appears necessary, the staff member may contact the psychiatrist/physician by phone with a description of the child's condition. The repeat dosage may be ordered within forty-eight (48) hours of the last psychiatrist's/physician's evaluation. If forty-eight (48) hours have elapsed since the last evaluation, another evaluation will be necessary.
- D. If medication is administered, the youngster may, depending upon his/her response to the treatment:
 - 1. Return to the residential program.
 - 2. Be referred for inpatient care.
- E. If a youngster received medication, he/she is then referred at the next possible date for a comprehensive reevaluation by a psychiatrist.
- F. Residential program staff person completes the Emergency Medication Report (DCYF #121). The report is forwarded to Community Resources Program Monitor for review by appropriate Departmental staff.

Utilization Review

Procedure From Policy 1000.0030: The Utilization of Psychotropic Medications in Emergency Situations

- A. If medication has been prescribed, the crisis situation and the use of the medication is reviewed at Utilization Review meetings.
 - 1. Each crisis situation is to be reviewed no longer than one (1) week after the crisis occurs.
 - 2. The following individuals will attend the Utilization Review.
 - a. Medical Director of the Program.
 - b. Director of the Program.
 - c. Medical staff person (Physician, RN).
 - d. Staff person responsible for clinical services.
 - e. Staff person responsible for daily care of the child.
- B. Reports and material pertaining to the emergency use of medication are maintained in the child's record and will be open to DCYF inspection.