



**HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH AND RECOVERY SERVICES**

POLICY AND PROCEDURE

SUBJECT: Department Philosophy Regarding Medication

APPLICABLE PROGRAM: Mendocino County Mental Health
Managed Care Plan

APPROVED BY: Tom Pinizzotto, Mental Health Director

Signature: *Tom Pinizzotto*

CREATED: 02/01

REVISED: 04/06, 7/08, 10/12

Policy:

The philosophy of the Mental Health Plan regarding the use of medications in treatment, as prescribed by all physicians/nurse practitioners, whether employees or under contract, include the following principles:

1. Medication will be prescribed only when indicated as an appropriate treatment associated with a diagnosed psychiatric condition for which it is expected to be corrective or palliative.
2. The expected benefits to be gained by the use of any medication, and the potential side effects associated with its use, will be discussed with the patient. Instructions on how to take the medication, how much and how frequently, will be provided. Action to be taken in the event of suspected side effects will be explained.
3. The Consent for Medication Form will be completed at the first psychiatrist visit.
4. Special instructions, (e.g., need for restricted activity, special diet, incompatibility of some medications with other medications or substances,

variation in dosage or frequency of administration, or requests for laboratory tests associated with some medications) will be advised as appropriate.

5. Issues of addiction, habituation, increased tolerance, or risks of withdrawal will be discussed with the patient.
6. Physician/nurse practitioner or staff monitoring of patient's response and/or tolerance to medication will be discussed with the patient.
7. For those patients diagnosed as having a chronic condition requiring prolonged use of medication, the physician will explain his/her plan for medication reduction to the lowest therapeutic level, including any plan for discontinuance.
8. Patients will be thoroughly apprised of the importance of refraining from the concurrent use and/or abuse of alcohol or illicit drugs while taking psychotropic medications. It will be explained that failure to refrain from continued substance abuse might result in the discontinuance of further psychotropic medication prescriptions due to the threat of adverse interactions.

Procedure:

The following references to documentation requirements are provided as a means to demonstrate the many institutionalized references to the above referenced principles.

1. Physicians/nurse practitioners shall document prescription of medication on the "Medication Log," located in each patient's chart at time of visit.
2. Physicians/nurse practitioners will, after complete patient advisement, secure the patient's signature on the "Medication Consent". This form is to be updated whenever there is a new medication prescribed or when clinically appropriate.
 - a. The Consent for Medication Form must have a list of the medications being prescribed, the signature of the client and the physician/nurse practitioner.
 - b. The Consent for Medication Form will be updated every time a new medication is added, and if additional space is needed, a new Consent of Medication Form will be completed.

- c. The Consent for Medication Form will be updated annually.
3. Medication orders shall be rewritten/updated every three (3) months.
4. Physicians/nurse practitioners will document each patient visit in a progress note according to guidelines established for Medi-Cal adults (MCMHS-57).

Medication Monitoring

1. The designated Medication Monitor for BHRS is the Contract Pharmacist.
2. Each quarter, twenty (20) random charts will be pulled from the Medi-Cal funded pool for all locations.
3. The Pharmacist will perform quarterly chart reviews of medication monitoring services and reports as required by the BHRS. There will be a review of the clinical record to obtain screening criteria and compliance information. This information will be documented on the Medication Monitoring Form and become a permanent record of review and compliance with State-mandated Quality Improvement practices.
4. Completed Chart Review of Medication Monitoring reports will be provided to the Professional Staff. The Pharmacist will be available to the Professional Staff for consultation and review of the Chart Review of Medication Monitoring.

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY - MENTAL HEALTH
MANAGED CARE PLAN
MEDICATION CONSENT

I understand that my treating psychiatrist has recommended I receive medication. I understand that side effects may occur in association with medication and that when applicable this aspect of my treatment will be discussed with me. I acknowledge that my treating psychiatrist has been available to respond to questions I might have relating to my medication regimen.

I agree to take the following medications as prescribed in the dosage and frequency recommended.

1. _____
2. _____
3. _____
4. _____
5. _____

Patient
Comment: _____

Patient or Responsible Party's Signature: _____

Date Signed: _____

Physician
Comment: _____

Physician Signature: _____

Date Signed: _____

	<u>CHANGES</u>	<u>PATIENT'S INITIAL</u>	<u>DATE</u>
1.	_____	_____	_____
2.	_____	_____	_____

CHART REVIEW OF MEDICATION MONITORING

MENDOCINO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Agency.....Date.....

Chart#.....Initials.....

Physician.....Reviewer.....

Axis I.....Age.....Gender.....

Axis II.....

Axis III.....

Medications.....Comments.....

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<i>Screening Criteria and Compliance</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>#</i>	<i>%</i>
1. Is there documentation of hx of drug & /or food allergies or contraindications?	_____	_____	_____	_____	_____
2. Where indicated, for female clients of child-bearing age, was PG ruled out or discussed?	_____	_____	_____	_____	_____
2a. If postpartum, check meds in milk	_____	_____	_____	_____	_____
3. <i>Is the Medication appropriate for the client's diagnosis and target symptoms?</i>	_____	_____	_____	_____	_____
4. <i>Is the dosage level within the accepted ranges?</i>	_____	_____	_____	_____	_____
5. If the dosage level was not within accepted ranges, is the rationale documented?	_____	_____	_____	_____	_____

Screening Criteria and Compliance	Yes	No	N/A	#	%
6. Is the duration of treatment appropriate?	_____	_____	_____	_____	_____
7. Justified use of 2 drugs in same class?	_____	_____	_____	_____	_____

7a. Was the first agent ever used at maximum dose? Do not include Desyrel?	_____	_____	_____	_____	_____
8. Justified use of 3 or more psychotropics?	_____	_____	_____	_____	_____
8a. Was the combination safe?	_____	_____	_____	_____	_____
8b. Was the combination a reasonable use of medications?	_____	_____	_____	_____	_____
9. Is there documentation of informed consent?	_____	_____	_____	_____	_____
10. Is there documentation of presence/absence of side effects?	_____	_____	_____	_____	_____
11. Is there documentation of subjective response to current medications?	_____	_____	_____	_____	_____
12. Is there documentation of rationale for changes in medication or dose?	_____	_____	_____	_____	_____
13. Is there documentation of client's adherence to medications?	_____	_____	_____	_____	_____
14. If client on antipsy was nonadherent, was a decanoate product considered?	_____	_____	_____	_____	_____
15. Has the client been seen by the NP or psychiatrist quarterly or 3x/yr if stable?	_____	_____	_____	_____	_____
16. When a significant medication was added, discontinued or the dosage changed, was the client seen by staff w/in 30 days?	_____	_____	_____	_____	_____
17. For pts on antipsychotics, is the presence or absence of TD documented in the progress note/or an annual AIMS?	_____	_____	_____	_____	_____
18. Are labs ordered to initiate/monitor drug therapy where indicated?	_____	_____	_____	_____	_____
a. Lithium-Baseline + annual SCr or BUN, TSH & levels, EKG if >40 & electrolytes if necessary	_____	_____	_____	_____	_____
1. Weight-baseline + annual	_____	_____	_____	_____	_____
b. Depakote/Tegretol-Baseline & annual CBC, LFTs & levels	_____	_____	_____	_____	_____
1. Weight-baseline + annual	_____	_____	_____	_____	_____
c. Within year of treatment TSH for antidepressant	_____	_____	_____	_____	_____
Screening Criteria and Compliance	Yes	No	N/A	#	%
d. Other: Clozaril-CBCs per protocol Atyp Antipsychot (Baseline +annual) -Bld Sugars	_____	_____	_____	_____	_____

(Baseline+annual) -Cholesterol	_____	_____	_____	_____	_____
(Baseline + annual) -Triglycerides	_____	_____	_____	_____	_____
(Baseline + annual) -Weight	_____	_____	_____	_____	_____
e. Topamax-(CO2) on electrolyte panel, if necessary	_____	_____	_____	_____	_____
f. Trileptal-Na levels w/in 60 days of initiating therapy.	_____	_____	_____	_____	_____
19. Current labs in chart.	_____	_____	_____	_____	_____
20. Vitals for clients on stimulants:					
Ht/Wt	_____	_____	_____	_____	_____
BP	_____	_____	_____	_____	_____
Pulse	_____	_____	_____	_____	_____