Section: Facility Protocol
Policy Number IX D
Policy Name: Medical & Psychiatric Services
Effective Date: June 30, 2008

Policy:

Regional Network of Programs, Inc. shall provide contracted medical, psychiatric and laboratory services to clients while they are receiving co-occurring enhanced intensive residential treatment at New Prospects. Each client shall be required to present documented medical clearance from the referring provider prior to admission. Each client shall provide a medical and psychiatric history and receive a physical examination, laboratory and diagnostic tests upon admission.

Procedures:

A. Medical Evaluations

Each person who applies for co-occurring enhanced intensive residential treatment services at New Prospects is required to have a documented physical examination, performed by a CT licensed physician not more than one (1) month prior to or five (5) days after admission to the program. Due to the nature of the New Prospects program as an alternative to hospitalization co-occurring enhanced 3.7RE level of care, documented medical clearance from the referring provider for each client shall be required before admission is approved. Such medical information will be inserted into the client's file.

Once medically cleared and formally admitted to New Prospects, the physician, in conjunction with nursing staff, shall order laboratory analyses for a complete blood count, chemical profile, urinalysis and RPR. Tuberculin testing shall be provided through RNP's nursing staff for all clients as part of the admission process. All clients will be offered HIV/AIDS testing and counseling services on-site by RNP's Coordinator of HIV/AIDS Services. Such testing and counseling will be provided for all clients who express interest in this service.

A record of each medical or laboratory test provided by New Prospects will be inserted into the client's file. New Prospects reserves the right to require repeat or additional client testing and evaluation for the health and safety of all persons within the co-occurring enhanced intensive residential treatment program.

B. Client Medications

Medication monitoring is the practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. New Prospects staff members monitor, supervise and document this self-administration. New Prospects

residents self-administer their own medications whether these are medications prescribed for medical or psychiatric issues.

Each client medication is entered on a separate Medication Administration Record (MAR) or Record of Controlled Substances. These list the client's name; the medication's name, total amount and strength of dosage; frequency, date and time of ingestion along with other key information. The forms are kept in a binder in the medical staff office along with a current staff signature sheet to acknowledge staff observation of self-administration occurred.

Each instance of a client's medication ingestion shall be noted on the appropriate form, signed by the client and initialed by the staff person who monitors the ingestion. A client's refusal to take prescribed medication shall be so noted on the medication form. Any major concerns regarding missed medications, including refusal to take medications as prescribed or patterns of missed medications shall be called into the consulting physician/psychiatrist for the New Prospects program.

Staff shall not administer any medication, but shall monitor and note the client's self-administration of medicine each time it takes place. If necessary, staff shall also verbally prompt clients to remember their medication schedule. Staff will monitor medications for one client at a time to minimize error.

All medications – both prescription and non-prescription – required for the well-being of New Prospects clients are stored by staff in a secure, locked location in the medical staff office. Controlled medications (Drug Enforcement Administration Schedule I and II) are stored by staff in a double locked secure location in the staff office. All medications shall be stored in the original prescription containers. Staff will use sanitary gloves when counting medication tablets or capsules and will have the client initial to verify the count.

The medication storage location shall be kept locked at all times except when staff and clients are monitoring, counting or storing medications or when the medical staff office is in use by the consulting physician/psychiatrist or nurse. Staff shall never leave the medication storage location unlocked or unattended while a client is present for any reason. Clients will not have access to the medication storage location without staff supervision at all times.

Any medication which is unlabeled shall not be permitted on New Prospects premises. Clients may not keep either prescription or non-prescription medications on their persons or in their possession while residing at New Prospects, unless a specific exception is allowed by the Program Director, approved by the Medical Director and so noted in the client's file.

When the client presents to take his/her prescribed or non-prescribed medications, the staff person shall withdraw the medication from its secure location, read the label to ensure that the medicine will be ingested by the appropriate person at the appropriate frequency and dosage. Staff will hand the medication bottle to the client for his/her visual check of the label and open the binder to the correct page which lists that client's medication schedule.

Once the client has removed the proper medicinal dosage from the container and ingested it, the staff person shall complete the Medication Administration Record (MAR) or Record of Controlled Substances, noting date, time, name of medicine and dose. In the case of controlled substances, the amount remaining in the container shall be noted, as well. The client will initial or sign the form as proof that he/she has ingested the dose. The staff person will initial or sign to indicate that he/she has monitored the client's ingestion of the medicine and will return the medication immediately to a secure location.

Upon transition from the program, the client will repossess his/her remaining medication. Should a client fail to repossess his/her medication at time of discharge and departure from New Prospects, the medication will be stored in a secure location for a period not to exceed thirty (30) days following which it shall be destroyed by flushing down the toilet as witnessed and documented by two staff persons. The Program Director or Clinical Coordinator should be one of the two staff persons witnessing this disposal.

A maximum of one (1) take-home bottles prescribed by a licensed Medication-Assisted Treatment provider may be removed from New Prospects premises by the departing client whose name is on the prescription label. Limiting the client to one (1) take-home bottle, assists in an effort to avoid overdose or potential diversion as it requires the client who has left the program to continue to attend medication-assisted services post-discharge for ongoing medication and counseling. Removal of the methadone or Suboxone medication by the client shall be noted on his/her Record of Controlled Substances. Should the client fail to remove the take-home bottle at the point of his/her departure, the New Prospects Program Director or Clinical Coordinator shall request the prescribing Medication-Assisted Treatment provider to remove the methadone medication at their earliest convenience. RNP's Kinsella Treatment Center will be the primary provider for medication-assisted treatment. Clients have the right to choose an alternative provider for medication-assisted treatment

Unwanted partial or individual doses of all other controlled medications which are left behind by a departing New Prospects client shall be destroyed at New Prospects pursuant to CGS Sec. 21a-262-9. The primary counselor shall contact the Coordinator of Nursing Services immediately if a client chooses to leave the New Prospects program against medical advice. The Pharmacist and Coordinator of Nursing Services, together, shall destroy the medication by flushing it down the toilet. A record, indicating the date and time and the name, form, strength and quantity of such destruction, shall be signed by the two persons destroying the controlled substance. Such record shall be kept available for inspection at New Prospects for a period of seven (7) years.

C. Psychiatric Evaluations

Given the nature of the intensive residential treatment program which is designed to serve clients with co-occurring substance abuse and mental health disorders, each client admitted will meet with the consulting psychiatrist on-site for a psychiatric evaluation. Upon completion of the psychiatric evaluation, it may be determined that a renewal of prescription(s) or new prescription(s) is warranted to appropriately treat the client's symptoms. In addition, on an as-

needed basis, particularly for the client with non-medicated depression, suicidal ideation or anger issues, the Program Director (Licensed Clinical Psychologist) shall either directly perform or request a psychiatric evaluation or ongoing monitoring to assess all aspects of the client's mental status, diagnosis and recovery plan and to provide feedback to the client and the counselor. Specific attention will be paid to assure that the client's medical and psychiatric status is being addressed appropriately, the diagnosis is correct and the treatments planned are appropriate to the individual's diagnosis and clinical presentation.

A determination will be made as to whether pharmacotherapy should be added to the individual recovery plan. If a medication is recommended and agreed upon by the client, a full discussion will occur as to the indications for the medication, its potential side effects, the probable course of treatment and the potential outcome. This information will be documented on the mediation assessment form under the list of current medications.

D. Management of Psychotropic Medications

Psychotropic medications may be initiated by the consulting psychiatrist at New Prospects, after direct evaluation of the client and the usual medical assessment has been completed by a physician. The psychiatrist may prescribe the full range of medications utilized in the treatment of psychiatric disorders, appropriate to co-occurring enhanced intensive residential treatment.

Documentation of prescribed medications will include the following in the physician's note:

- Name of medication
- Dose of the pill or concentration of the liquid
- Quantity prescribed
- Instructions as to how the medication should be taken
- Documentation of the review of side effects and efficacy when the medication is placed in the medication binder.

The psychiatrist is responsible to provide the client with the following information and note in the file: indications and/or target symptoms, common side effects, intended effects during the course of treatment. A routine medication monitoring schedule will be documented by the psychiatrist for all clients prescribed psychotropic medications. In addition, New Prospects staff may request the psychiatrist to provide follow-up medication evaluation appointments when clinically indicated outside of the routine medication schedule set forth.

If a client runs out of medication, the psychiatrist may call in enough medication to last until the next appointment after assessing the need and appropriateness of the request. A follow-up appointment should be arranged in the near future. Repeated requests to call in medication should not be honored without a direct, in-person visit with the psychiatrist.

To facilitate ongoing provision of care, the psychiatrist records on a progress note, kept in the client's file in the medical section, the client's known significant diagnoses, conditions, procedures, drug allergies and medications. Such progress notes will be retained in the client's file in the medical section.

E. Medication Abuse

Should a client be found to abuse medications, the New Prospects Program Director shall request review by the consulting physician/psychiatrist or Medical Director to determine whether the client can be better served by a psychiatric or substance abuse detoxification program. This shall be documented in the client file.

Should the client be on medication prescribed by an outside psychiatrist and should a pattern of abuse be noted at New Prospects, the New Prospects consulting psychiatrist or primary counselor shall inform the outside psychiatrist, first ensuring proper authorization has been obtained from the client. The medical director shall review and recommend whether referral to a more structured treatment program should be considered. This shall be documented in the client record.

Should a client be discharged for non-compliance from the New Prospects program, staff shall contact the client's family member or other designated emergency contact to pick up the client's medication if so authorized by the client in writing.

F. Laboratory Tests

Based on medical judgment and if deemed medically necessary, the psychiatrist shall order routine laboratory tests for clients on psychotropic medication. General guidelines for ordering laboratory tests include those outlined on the following page. The Registered nurse will either directly be responsible for drawing blood or otherwise ensure that this service is provided by a phlebotomist for all clients as needed based on the medication(s) prescribed.

G. Guidelines: When testing for psychotropic medications during routine laboratory tests.

MEDICATION	INITIAL SCREENING TESTS	FOLLOW-UP
Lithium	Creatinine, BUN, Electrolytes, CBC with platelet count, T3, T4, TSH, EKG in clients over 40 with pre-existing cardiac disease	Lithium level every 1-2 weeks until stable then every three months or earlier if indicated by “other drug effects” or dose changes. Serum creatinine and TSH every six months
Tegretol	CBC with platelet count, liver profile, Electrolytes, EKG for Clients over 40 with pre-existing cardiac disease	Carbamazepine level every 1-2 weeks until stable, then every three months or earlier if indicated by “other drug effects” or dose changes. Monthly CBC with platelet count, serum sodium, SGPT for first three months. If signs of infection: CBC
Depakote	Liver Profile, CBC with platelet count, EKG if client is over 40. Previous existing disease	Valproic Acid level every 1-2 weeks until stable, then every three months or earlier if indicated by “other drug effects”, or dose changes.
Hecterocyclic Antidepressants	CBC with platelet count, EKG if client is over 40 or earlier if there is pre-existing cardiac disease, Liver Profile if client is at risk for hepatic disease.	EKG three months after medication initiated. Other tests if indicated by “other drug effects”. Recheck level after significant dose change in an elderly or medically ill client.
SSRI and Newer Antidepressants	No recommended initial screening tests	Follow up indicated by “other drug effects”.
Antipsychotics-Phenothiazines, Haloperidol,Thiothixene, Molindione, Risperidone, Zyprexa	None indicated unless concurrent hepatic, renal, hematologic or cardiac disease	As indicated by “other drug effects”
Anti-pyschotics – Clozapine	EKG, CBC with platelet count, Liver Profile, Metabolic Profile II (Glucose, Creatine, Electrolytes, BUN)	Weekly CBC with differential Other tests as indicated by “other drug effects”
Benzodiazepines, sedatives, hypnotics	No routine tests	
Anti-parkinsonian medication	No routine tests	
Stimulants	No routine tests	
Inderal – Other beta-blockers	Check and record pulse as indicated by systems	
Tricyclic Antidepressant Blood Levels Imipramine, Disipramine, Nortiptyline, Amitriptyline	Antidepressant blood levels are not necessary on a routine basis.	

H. Crisis Intervention

Clinical and support staff are trained in crisis intervention upon hire and annually. New Prospects staff recognizes the possibility that clients may become psychologically stressed to the point of severe emotional breakdown, psychotic episode or violent acting out behavior. If such a situation arises, New Prospects staff shall not use physical restraint on the client but shall follow guidelines to gain control of the situation through the use of appropriate crisis intervention techniques. In every case, it shall be the goal of staff to stabilize the client. In case the client leaves New Prospects premises to be stabilized, a return to the program shall be possible. This will be determined based on the discharge information and plan obtained from the facility where stabilization was to be achieved.

- Staff involved should assess the situation in order to determine the severity of the incident. Clinical staff should be notified immediately in order to make the crisis intervention or determine what interventions are appropriate. Code “Dr White” shall be announced on the intercom system to inform all staff on the unit that there is a need to respond and provide clinical assistance at a clearly designated area.

- Staff shall ensure that clients who are not involved in the incident are escorted away from the location of the incident promptly as a safety measure.

- If the incident is violent, severe or threatening to staff or clients, the police should be notified by calling 911. An incident report shall be completed and forwarded immediately to the Director of Quality Systems/Risk Management.

- If the incident is not violent, crisis intervention techniques should be used to calm the client in order to determine whether further intervention, such as immediate psychiatric treatment, is appropriate.

- If emergency psychiatric treatment is appropriate, the client should be sent by ambulance (with police if necessary) to the nearest emergency room for evaluation and referral.

- If emergency psychiatric treatment is not necessary, the staff shall conduct an intervention with the client. The intervention is a confidential session, attended by the client and two or more New Prospect staff present for the purpose of addressing the issues or behavior which precipitated the crisis situation. A progress note detailing the intervention shall be inserted into the client file.

- The Program Director shall consult with the RNP Director of Quality Systems/Risk Management regarding any incident which by licensing regulations shall be filed with the CT Department of Health or the CT Dept. of Mental Health and Addiction Services. The Director of Quality Systems/Risk Management shall determine if the Chief Clinical Officer and/or Chief Executive Officer need to be made aware of the incident. At no time should employees place themselves in jeopardy or apply physical restraint on clients.