

 <p>State of Connecticut Department of Correction</p> <p><b>ADMINISTRATIVE DIRECTIVE</b></p>	Directive Number 8.8	Effective Date 9/15/2008	Page 1 of 4
	Supersedes Psychoactive Medication, dated 9/1/2004		
Approved By  <i>Theresa C. Lantz</i>	Title  Psychoactive Medication		

1. Policy. The Department of Correction (DOC), through its Health Services Unit, shall prescribe and administer psychoactive medication to inmates requiring such treatment in a safe and effective manner.
2. Authority and Reference.
  - A. Connecticut General Statutes, Sections 18-81 and 18-81d.
  - B. Public Act 07-71, An Act Concerning Involuntary Administration of Psychiatric Medication for Purposes of Competency to Stand Trial.
  - C. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
  - D. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standard 4-4378.
  - E. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-4C-38 and 4-ALDF-4D-17.
  - F. National Commission of Correctional Health Care, Standards for Health Services in Prisons, 2003.
  - G. National Commission of Correctional Health Care, Standards for Health Services in Jails, 2003.
3. Definitions. For the purposes stated herein, the following definitions apply:
  - A. Health Care Guardian. A licensed health care provider with specialized training in the treatment of persons with psychiatric disabilities to represent the health care interests of the defendant before the court.
  - B. Mental Health Emergency. A situation that requires an immediate response to an individual in psychiatric crisis to protect the safety or well being of the individual, staff, or other inmates.
  - C. PRN Medication Order. A medication ordered by a physician or to be administered on an "as needed" or "pro re nata" (PRN) basis.
  - D. Psychoactive Medications. Medications used in the treatment of psychiatric disorders.
4. Administration. Psychoactive medications shall be administered only by physicians, registered or licensed nurses, and others legally authorized.
  - A. Administration of PRN Medication. The decision to administer a psychoactive medication to an inmate on a PRN basis shall be made only by a physician, registered or licensed nurse. The reason and effectiveness of the medication shall be documented in the health record. No order on a PRN basis shall be written for longer than two (2) weeks.
  - B. Telephone Orders. Requests for a physician's telephone order for psychoactive medication shall only be made by a licensed nurse. A Licensed Practical Nurse (LPN) shall not carry out an order until a Registered Nurse (RN) has reviewed and assessed the order/inmate to ensure the order is consistent with the plan of care. Telephone

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orders shall be signed by a physician, physician assistant, or Advanced Practice Registered Nurse (APRN) within 72 hours.

- C. Consultation and Consent. Prior to prescribing a medication that is indicated, an inmate shall be educated regarding the reasons for the medication, the benefits and risks of the treatment, potential adverse effects and any medically acceptable alternative treatment. The inmate's informed consent shall be documented on Attachment B, Consent for Treatment with Psychoactive Medication (HR-503).

When deemed to be in the best interest of any inmate under the age of eighteen committed to the custody of the Commissioner of Correction, the Commissioner or designee may authorize medical or dental treatment, including surgery and oral surgery, to ensure the continued good health of such inmate. Any such authorization for medical treatment or surgery shall be made on the advice of a physician licensed to practice in the State of Connecticut.

Prior to such authorization, the Commissioner or designee shall exercise due diligence to obtain the consent of the parents or guardian of such inmate for such treatment or surgery, and in all cases shall send notice to the parents or guardian by letter to their last-known address informing them of the actions taken, of their necessity and of the outcome. In any case where the Commissioner or designee fails to notify such parents or guardian, such failure will not affect the validity of the authorization. All costs incurred for any such treatment or surgery shall be paid by the State of Connecticut.

- D. Refusal of Health Services. An inmate refusal of medication or treatment shall be documented on Attachment A, Refusal of Health Services (HR-301), and subsequently placed in the inmate's health record.

5. Court Ordered Psychiatric Medication to Maintain Competence to Stand Trial. The court may order that mentally ill defendants be involuntarily given psychiatric medication in order to maintain their mental competence while criminal charges are pending. The treating psychiatrist or APRN shall continue the court ordered medication as described in the court report completed by the court appointed Health Care Guardian.

If the medication recommended to the court by the Health Care Guardian is not on the Health Services Unit formulary, the treating psychiatrist or APRN will complete a Non-Formulary Request (NFR), documenting the court order as the rationale for the NFR.

If the court ordered medication is judged by the treating psychiatrist or APRN to be medically contraindicated or has resulted in serious side effects for the inmate, the treating psychiatrist or APRN will contact the DOC Chief Mental Health Officer for resolution. The DOC Chief Mental Health Officer shall be responsible for contacting the Health Care Guardian.

6. Prescription. Psychoactive medication shall be initiated, renewed, discontinued, and or changed only by order of a psychiatrist or Advanced Practice Registered Nurse (APRN) with psychiatric certification.

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- A. Orders for Psychoactive Medication. Psychoactive medication orders shall be written on Attachment I, Physician's Orders (HR-925) and shall include:
1. the full legal signature of the person prescribing the medication;
  2. date and time;
  3. name of medication;
  4. strength;
  5. dose;
  6. route of administration;
  7. frequency; and,
  8. duration.
- B. Documentation. With the exception of a mental health emergency, psychoactive medication shall be given only when the following documentation is in the inmate's health record:
1. medical and mental health history, Attachment E, Mental Health Assessment (HR-508);
  2. a health assessment or periodic health assessment within one year;
  3. a diagnosis supported by DSM-IV-R criteria (or provisional diagnosis that must be changed to a diagnosis within 30 days of medication initiation). The diagnosis shall be documented on Attachment D, Initial Psychiatric Evaluation Form (HR-507);
  4. the completion of Axis I - V;
  5. a record of past psychoactive medication, if any, all current medications and any known allergies or contraindications;
  6. completed Attachment B, Consent for Treatment with Psychoactive Medication Form (HR-503);
  7. completed Attachment D, Initial Psychiatric Evaluation (HR-507), which includes target behaviors or symptoms for which medication is prescribed;
  8. laboratory tests ordered by the prescribing physician;
  9. pregnancy tests for female inmates;
  10. a completed Attachment I, Physician's Orders (HR-925);
  11. an Attachment C, Abnormal Involuntary Movement Scale (AIMS)(HR-506) completed, as a baseline, by the prescribing physician or APRN, if indicated; and,
  12. a Medication Administration Record (MAR) documenting each medication dose offered to an inmate and whether it was taken or refused. The MAR shall include any known allergies to medication.
  13. Documentation regarding psychoactive medication response shall be maintained in the health record of all inmates on psychoactive medication.
7. Monitoring. The psychiatrist or APRN shall assess the inmate within 30 days following the initial psychiatric evaluation, if psychoactive medication was ordered. The examining physician or APRN with psychiatric certification shall document side effects and continuing effectiveness of the medication in the health record. A psychiatrist or APRN with psychiatric certification shall examine inmates on psychoactive medication at a minimum of once every 90 days. If the inmate is prescribed anti-psychotic medication, an Attachment C, Abnormal Involuntary Movement Scale (AIMS)(HR-506) shall be completed every 90 days by the psychiatrist, APRN or trained designee, which shall be kept in the health record.

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8. Discharge Medications. The psychiatrist or APRN with psychiatric certification shall be advised whenever an inmate receiving psychoactive medication is scheduled for release to the community. The psychiatrist or APRN with psychiatric certification shall determine if the inmate will be released with or without medication in accordance with the following:
- A. Furlough. Inmates releasing to furlough may receive a supply of medication sufficient for the duration of the furlough. The medication shall be given to the inmate with instructions by the Health Services Unit staff authorized to administer medication.
  - B. Discharge, Parole or Transitional Supervision. Inmates releasing to discharge, parole or Transitional Supervision may receive up to a two (2) weeks supply of medication ordered by the psychiatrist or APRN with psychiatric certification.
  - C. Halfway House. Inmates transferring to a halfway house, who are in community release status may receive whatever medication is left of the inmate's current supply at the facility. These inmates may receive refills, if prescribed, as well as newly prescribed medication, if indicated.
- The psychiatrist, or APRN with psychiatric certification, shall document the instruction given to the inmate in the inmate health record. Medication and/or supplies shall be packaged and labeled by the contracted pharmacy staff. The medication shall be given to the inmate, or appropriate staff at the halfway house, with instructions by the health services staff authorized to administer medication.
9. Forms and Attachments. The following attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
- A. Attachment A, Refusal of Health Services (HR-301);
  - B. Attachment B, Consent for Treatment with Psychoactive Medication (HR-503);
  - C. Attachment C, Abnormal Involuntary Movement Scale (AIMS)(HR-506);
  - D. Attachment D, Initial Psychiatric Evaluation (HR-507);
  - E. Attachment E, Mental Health Assessment (HR-508);
  - F. Attachment F, Mental Health Involuntary Medication Hearing Referral (HR-512);
  - G. Attachment G, Notification of Mental Health Board Hearing (HR-513);
  - H. Attachment H, Mental Health Board Hearing Written Response to Inmate (HR-518);
  - I. Attachment I, Physician's Orders (HR-925); and,
  - J. Attachment J, Consent for Treatment of Minor (HR-306).
10. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.