Administrative Order 2:13
(Revised)

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: December 1, 1978 **DATE ISSUED: November 1, 1978**

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SUBJECT: Guidelines for Psychotropic Medication

I. PURPOSE

The purpose of this Administrative Order is to promulgate policy and procedures with regard to the administering of psychotropic medication to adult patients/clients in Department institutions. As necessary and appropriate, Divisions may promulgate additional policies and procedures which exceed or elaborate on, but in no case may conflict with, the Departmental standards set forth in this document.

II. SCOPE

This order has Department-wide applicability for adult patients/clients of Department of Human Services residential facilities.

III. DEFINITION

The following term when used in this order has the meaning indicated:

Psychotropic medication means medication which has a direct effect upon the central nervous system and which can modify emotion, thinking, behavior, and perception of the individual.

Drugs included in these guidelines are:

1. Antipsychotics (or neuroleptics)
2. Mood stabilizing drugs
3. Anti-depressants
4. Anxiolytics
5. Sedatives and hypnotics
6. Stimulants

N.B. While strictly speaking not psychotropics, the anti-Parkinsonian drugs and those that are used to enhance or supplement the action of psychotropics are included under these guidelines.

IV. POLICY

A. Medication must be prescribed in accordance with:

1. Division of Mental Health and Hospitals - N.J.S.A. 30:4-24.2 which states, in part, that the patient has a right to be free from unnecessary and excessive medication, and that medication is not to be used as punishment, for the convenience of the staff, or as substitute for other effective treatment;

2. Division of Developmental Disabilities - the Rights of the Developmentally Disabled as contained in N.J.S.A. 30:6D; or,

3. other applicable patient/client Bill of Rights.

B. Medication must be prescribed and administered in accordance with applicable national standards and State regulations. The following standards shall be adhered to, in addition to any other more restrictive, but not less restrictive, Division specific standards.

1. Drugs shall be prescribed only by individuals who are authorized by the medical staff and within the specified guidelines established in Section V. O below.

2. There shall be automatic stop orders on specified medication(s).

3. Each dose of administered medication shall be recorded in the patient's medical record.

4. Medication errors and adverse reactions shall be reported immediately and recorded in the patient's record.

5. There shall be methods of detecting side effects and toxic reactions.

6. There shall be ongoing programs to update the medical and nursing staff skills in the area of medication use.

C. Divisional policies, procedures, and practices must conform to the appropriate rules and regulations, e.g., Division of Mental Health and Hospitals policies must conform to Administrative Bulletin 5:04 where the court's decisions in the Rennie vs. Klein case are stated concerning patients refusing medication; Division of Developmental Disabilities must conform with ICF/MR regulations and applicable State statutes, rules, and regulations.

D. The practice of prescribing psychotropic drugs in state institutions must be in substantial conformance with NIMH and American Psychiatric Association scientific writings and position statements and the most recent textbooks of psychiatry. Isolated opinions, even of the more prominent researchers, can only be considered as they are accepted in the mainstream of American psychiatric thinking. In areas of continued controversy and substantial division of opinions, the administration of the Department of Human Services will choose the safest course consistent with the Department's philosophy of care.

V. PROCEDURES

The following guidelines are to be followed when treatment by means of psychotropic medication is to take place.

A. Before initiating treatment with psychotropic medication, a comprehensive drug history should be obtained with special emphasis on which drugs have, in the past, produced a positive response, and which drugs have caused allergic or toxic reactions. Unfavorable reactions shall be emphasized in the record and listed as individual risk factors. In cases where the patient may have taken a combination of drugs prior to coming to the institution, details must be obtained especially with regard to the street and over-the-counter drugs. If such information is not available, the admitting physician should consider a drug-free period of observation.

B. A drug profile of each patient shall be maintained, according to Division policy, to ensure that the institution's pharmacy or the community pharmacy, where applicable, has the appropriate and accurate information concerning the patient/client.

C. In patients with obscure histories or those who never used psychotropic medication, a test dose of the intended medication should be administered.

D. Urine testing for drugs should be ordered on newly admitted patients who present an unclear diagnostic picture or where drugs could be part of the patient's problems. This pertains particularly to the potential uses of street drugs and also to some other patient categories, such as confused elderly who are often taking numerous prescribed and over-the-counter drugs.

E. Laboratory surveillance when prescribing psychotropic drugs should consist of:

1. a complete blood count;

2. urine examinations;

3. wide screening (such as SMA) to assess liver and renal functions; and,

4. a physical examination.

F. Adequate initial doses should be used to obtain desired effect, but excessive initial dosing (or "Loading") is no longer recommended and the practice of "rapid neuroleptization" introduced in psychiatric hospitals by the Division of Mental Health and Hospitals Administrative Bulletin 5:06 will be discontinued.

G. Depot medication should not be used with patients/clients who willingly take oral medication.

H. Megadoses, or doses of neuroleptic medication which approach or exceed the maximum recommended dose in the Physician's Desk Reference, will not be prescribed routinely by physicians. Similar restraint must be exercised in regard to all psychotropics. Prescribing of megadoses require a special informed consent from the patient/client or his/her representative.

If the patient/client demonstrates unresponsiveness to moderate doses and there is reason to believe that high doses may be helpful, a procedure must be developed where the clinical director or an outside consultant is brought in on the case. All cases of continuous (over three months) use of megadoses must be brought before the joint meeting of the clinical directors of the state psychiatric hospitals, or a comparable forum in the Division of Developmental Disabilities, for discussion.

I. Since up to 6 weeks may be required before significant improvement in psychotic symptoms is observed, changes of neuroleptics before that time are not recommended unless they have caused serious side reactions or a dramatic escalation of symptoms which required emergency intervention. Similarly, early changes in antidepressants, before 3 weeks time, are discouraged.

J. In those cases where neuroleptics are used for behavior control, such use must be in accordance with applicable Division policy.

K. While combinations of drugs, such as neuroleptics and anti-depressants, mood stabilizers, or anxiolytics are an acceptable and useful practice, polypharmacy, or the use of several drugs of the same kind, is not recommended. Any exception to this rule must be rigorously justified in the record.

L. Prophylactic use of anti-Parkinsonian drugs is acceptable in younger patients, especially males under age 45, who are acutely psychotic and are treated with high potency neuroleptics. The prophylactic effects of anti-Parkinsonian drugs on older patients and those who are on low potency medication are less clear and there is little justification for their regular use. Anti-Parkinsonian drugs must not be continued for long periods of time (over 6 months) but must be decreased or discontinued as the neuroleptic doses are decreased.

M. Institutions must establish protocols for early detection of troublesome side effects and allergic or toxic reactions to medication (see Section IV. B., 5). Among these hyponatremia, agranulocytosis and Neuroleptic Malignant Syndrome are important because of possible sudden development of crisis and Tardive Dyskinesia because of its chronic course. The patient's response to the medication is most conveniently monitored at a morning staff meeting on the treatment unit. The family members' observations should also be obtained, especially if the patient is allowed home visits.

The possibility of drug complications should be minimized by a therapeutic regimen which strives to achieve results with the smallest dose of medication.

N. The use of FDA-approved drugs which are not primarily psychiatric but where experience has shown that they can be psycho-active by themselves or in combination with neuroleptic medication is acceptable provided use is restricted to well established drugs or drug combinations and the institution has developed protocols for their use.

Any institution which intends to expand the pool of such drugs must obtain the concurrence from the Division Director in conjunction with professional opinion.

O. Medication shall be prescribed only on a written order of a physician or by emergency phone order provided that the physician countersigns the phone order within 24 hours. Orders written by a physician in training without a New Jersey license shall be countersigned within 24 hours by a physician licensed in New Jersey. Orders written by a physician practicing under an exemption shall be countersigned within 24 hours by a physician licensed in New Jersey, unless the exemption does not involve medication prescription privileges.

VI. RESPONSIBILITY

Each component of the Department of Human Services which provides direct patient care and where psychotropic medication is used must establish an effective and ongoing system of monitoring medication practices in its domain. Each division within the Department having institutions which use psychotropic medication will establish a mechanism for ensuring the effectiveness of the monitoring procedures at the institutions within its jurisdiction.

Alan J. Gibbs
Commissioner