

State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: Health Services
Sub Chapter: Mental Health
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Subject: Psychiatric Medication Compliance
ACA Standards: 5-ACI-6A-28
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Authority:

1. PURPOSE

To monitor the compliance of psychiatric medications.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that psychiatric medication compliance is monitored.

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- A. Absences
- B. Non-Compliance/Refusals
- C. Forced Medication
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3. DEFINITIONS

- A. STAT Med Order - A one-time medication order to be given immediately.

- B. Involuntary Psychotropic Medication (Forced Medication) - Psychotropic medication the patient does not consent to, which is used in emergency situations for patients who are not civilly committed who are deemed to be harmful to self or others. This could also include those patients in extreme cases who are unable to care for themselves.
- C. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURE

A. Absences

Nursing staff are responsible for identifying and locating civilly committed patients and dispensing medications if they do not report to pill line.

B. Non-Compliance/Refusals

1. Patients with a mental health history have the right to refuse mental health services. An evaluation must be completed by a mental health care professional if mental health services are refused.
2. Although patients have the right to refuse medications, those patients diagnosed with a serious mental illness (SMI) will be seen every three months and those diagnosed with other mental illness (OMI) will be seen every 6-12 months by a mental health provider per IDOC Policy **HSP-701**, *Mental Health Services*.
3. The on-call mental health care provider will be notified via phone by nursing staff if an patient is refusing the following medication:

Clozapine

For all other psychotropic medications, nursing staff will conduct a weekly audit to assess medication compliance and notify the mental health care professional if a patient has missed medications for seven consecutive days. Nursing staff will schedule a chart review with the attending mental health care provider and document all notifications in the electronic medical record.

4. When a patient is in a crisis situation and refuses a STAT medication, there shall be consultation with the ordering provider on how to proceed.

- a. Upon consultation, a decision needs to be made between the mental health care provider and nursing staff as to whether the STAT medication will be forced or not.
 - b. Nursing documentation will reflect the mental health care provider's notification and any orders received.
 - c. Nursing staff will schedule a chart review/follow-up with the attending mental health care provider.
5. Nursing staff will notify the mental health care provider immediately if a civilly committed patient refuses medications and document the notification in the electronic medical record.
- a. Patients under civil commitment status may have a standing authorized STAT psychotropic medication administration order from their attending mental health care provider in the event a patient refuses their routine psychiatric medication.
 - 1) Depending on the patient's diagnosis, and at the discretion of the mental health provider, a civilly committed patient may have a contingency medication order for psychotropic medication to be administered IM in case of refusal of their oral medications according to their individual treatment plan. These orders may be written: "Give Haloperidol 5mg IM, if oral Haloperidol is refused."
 - 2) In the event that a civilly committed patient refuses their regularly scheduled oral psychiatric medication and has an order for IM administration, the nurse will do the following:
 - A) If applicable, notify the unit officers of the need to have security staff assistance in administering IM medication.
 - B) Document this notification in a Nursing Encounter recording the mental status of the patient.
 - C) Notify the attending psychiatrist of the refused scheduled oral medication the next business day.
 - 3) The nurse caring for a civilly committed patient who does not have an order for parenteral administration of psychotropic

medication and who refuses their oral psychotropic medication will:

- A) Notify the attending or on-call psychiatrist of this refusal and the patient's status as civilly committed.
 - B) Document this notification in a Nursing Encounter recording the mental status of the patient, information reported to the psychiatrist as well as any orders received.
 - C) Notify the attending psychiatrist of the refused medication and care provided by the on-call psychiatrist on the next business day.
- 4) Patients who are under civil commitment will be identified as a major problem using the appropriate ICD code.
- b. Nursing staff will schedule a chart review/follow-up with the attending mental health care provider.
 - c. Patients who are refusing their scheduled psychiatric medications and are being monitored for potential civil commitment (Iowa Code 229) will continue to be offered medications until a final determination is made by the provider of record.

C. Forced Medication

Refer to procedures in IDOC Policy **HSP-752**, *Involuntary Psychotropic Medication in Emergency Situations*.

D. Misappropriation of Medication

1. Security and mental health provider will be notified if the patient is suspected of misuse of psychotropic medication.
2. Special needs patients are vulnerable to victimization, strong-arming and frequently lack insight into their own mental illness. These factors should be considered when a special needs patient receives a disciplinary notice for misappropriation of medications. When psychology staff complete the *Disciplinary Report Form*, **HSF-731A**, all mitigating factors for accountability should be included for consideration by the ALJ.

E. Self-Administration

Patients shall be identified through the treatment team as being eligible for self-administration of medication. Refer to procedures in IDOC Policy **HSP-751**, *Self-Administration of Prescribed Psychiatric Medication*.

Frequently Abused Medications

Certain medications that have been identified as being frequently abused within correctional systems shall be required to be given to all non-minimum live-out patients as crushed tablets or emptied capsules, mixed in liquids or soft food. These medications may be medical or mental health, formulary or non-formulary, and the list may change as new information about drugs being abused is received. At this time the following medications will be administered in this manner within the Iowa DOC:

1. Quetiapine tablets
2. Bupropion Immediate Release tablets
3. All stimulants (i.e. Methylphenidate, Mixed Amphetamines)

F. Medication Education

1. Patients shall be provided with a medication information profile whenever they have a new medication order. Patients should be assessed for capacity to understand the information provided and appropriate accommodations made if needed.

Patients will be offered written and verbal medication education when requested. Every attempt will be made to provide written information at the reading level of the patient.

2. Mental health care professionals may offer patients access to weekly medication groups to address issues with their medication.