

State of Iowa Department of Corrections

Policy and Procedures

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Subject: Psychotropic PRN Medication Administration and Assessment

ACA Standards: 5-ACI-6A-28

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Authority:

1. PURPOSE

To provide assessment, documentation and follow-up for the use of psychotropic PRN medications.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to provide psychotropic medication in a timely manner to treat or de-escalate suicidal or violent patients and to provide short-term relief of anxiety and similar symptoms for patients with appropriate clinical conditions.

While offering many benefits to patients and caregivers, PRN medications carry the potential for dangerous polypharmacy and serious harm to patients. With appropriate use, proper documentation, follow-up and close monitoring, these risks can be held to a minimum. Whenever possible, PRN medication use should be restricted to patients with an SMI diagnosis, residing on acute intensive treatment units such as those at IMCC and ICIW, or for patients who are civilly committed. Using PRN medication appropriately requires two types of documentation: 1) An order containing the clear specification of the need and symptoms being treated; and 2) The response or outcome after a reasonable length of time if the medication is used.

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- B. Assessment
- C. Alternatives
- D. Detection, Prevention and Management of Extrapiramidal Symptoms (EPSE)
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3. DEFINITIONS

- A. PRN – As the circumstances require; used in writing prescriptions.
- B. Extrapiramidal Side-Effect (EPSE) – Atypical involuntary muscle contractions that influence gait, movement and posture.
- C. Tardive Dyskinesia – A disorder characterized by choreiform, athetoid, and rhythmic movements of the tongue, jaw, trunk, and extremities that persists for at least four weeks as a result of neuroleptic treatment.
- D. Abnormal Involuntary Movement Scale (AIMS) – a rating scale designed to detect and measure involuntary movements resulting from EPSE and can be followed over time.
- E. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURE

A. Indicators

Common PRN indications and reasons for use include:

1. Prevention or de-escalation of agitation
2. Prevention or de-escalation of physical aggression
3. Prevention or de-escalation of severe anxiety

4. Treatment of side effects associated with medication

B. Assessment

1. The AIMS is a tool that is used to measure the presence or severity of EPSE. Completion of Form **HSF-753A** is to be accomplished minimally every six months or as indicated. The mental health care provider is responsible for ordering the AIMS. The licensed nurse is responsible for completing the AIMS. A positive AIMS exam is a score of 2 in two or more movements or a score of 3 or 4 in a single movement.
 - a. Positive AIMS scores should be referred by scheduling a chart review and/or electronically notifying the mental health care provider.
 - b. AIMS testing will be completed and documented in ICON Medical.
 - c. Patients who refuse testing will be marked as refused and a nursing encounter will be entered into the EMR and a chart review scheduled for the psychologist and psychiatrist. The psychologist will continue to monitor patients who have refused testing.
 - d. The primary psychiatrist will be notified electronically of patients who refuse the AIMS test for care direction.
2. For other PRN indications, nursing staff will assess the current mental health status of the patient and determine the appropriate intervention, which may include the administration of ordered PRN medication.

C. Alternatives

When appropriate, alternative interventions shall be considered to assist in lessening the patient's need for a PRN:

1. Talking with the patient.
2. Alternative activities with encouraged participation.

3. Assistance with leisure skills, thereby offering the ability to entertain themselves.
4. Encouraged time alone in cell until calm.

D. Detection, Prevention and Management of Extrapyrarnidal Symptoms (EPSE)

1. Symptoms of EPSE can range from minimal discomfort to permanent involuntary muscular movements, and can occur after one dose of an antipsychotic medication or several weeks into treatment. Clinical symptoms include Akathisia, Dystonia, Pseudoparkinsonism, Dyskinesia, Neuroleptic Malignant Syndrome.
2. EPSE symptoms are attributed to the connection between the neuroleptics and the dopamine receptor blocking properties. These symptoms can easily be mistaken for other disorders, such as: anxiety, major depression, manic episodes of Bipolar Disorder, psychosis, Tourette's syndrome, Cerebral Palsy, intoxication, stroke, Restless Leg Syndrome, Lupus or poor fitting dentures.
3. First generation, or typical, antipsychotic medications causing the most EPSE symptoms include Haloperidol, Fluphenazine, Chlorpromazine, etc.
4. Second generation, or atypical, antipsychotic medications which are newer and are less likely to cause EPSE include Risperidone, Aripiprazole, Olanzapine, etc.
5. Clinical symptoms
 - a. Akathisia (one of the most common EPSE)
 - b. Dystonic Reactions
 - c. Pseudoparkinsonism (Neuroleptic-induced Parkinsonism usually seen early in treatment/med increase)
 - d. Dyskinesia (Late appearing EPSE which are difficult to treat and may become permanent)

- e. Neuroleptic Malignant Syndrome (considered to be a medical emergency) and requires immediate verbal notification to the mental health provider.

E. Documentation

1. New PRN Orders (STAT/Acute)

- a. If a patient is given a new order for a PRN medication due to an acute mental health situation, within 30 minutes of administering the medication, nursing will clearly document the following in the patient's electronic medical record:
 - 1) Effectiveness of medication: Effective, Somewhat Effective, or Ineffective
 - 2) Side effects, if observed
- b. A follow-up appointment shall be scheduled with the patient's primary mental health provider on the next administrative working day.
- c. PRN order shall not be ordered more than 7 days duration unless in an acute mental health setting.
- d. Patients whose PRN medication orders are **NOT** utilized and whose clinical condition no longer appears to warrant their use should be put into the provider for a review to determine if the medication can be discontinued.
- e. Reports or observations of any significant side effects, adverse reactions, or other clinical concerns should be fully documented as an encounter in the EMR and reported to the patient's primary mental health provider.