



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ADMINISTRATION OF PSYCHOTROPIC/ POLICY 9.02
NEUROLEPTIC DRUGS AND OTHER MEDICATIONS
FOR BEHAVIOR MANAGEMENT
OR TREATMENT OF MENTAL ILLNESS

Authority: 42 CFR 483.15A, 483.25, 483.450
RCW 74.42
DDD Policies 5.12, 7.03

PURPOSE

Some individuals who exhibit mood or other psychiatric disorders may be appropriately treated by the administration of psychoactive drugs (i.e., antipsychotic, antidepressant, antianxiety, and antimanic) which may act to enhance the person's health or inhibit illness, and improve the quality of life.

This policy ensures conformity with state and federal laws and regulations when administering psychotropic/neuroleptic drugs prescribed for management of a person's behavior or for treatment of a mental illness.

SCOPE

This policy applies to community Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and Residential Habilitation Centers (RHC).

POLICY

- A. Psychotropic/neuroleptic drugs and other medications for a person that are administered for the person's behavior management or for the treatment of mental illness may be prescribed by a physician or psychiatrist, with the approval of an interdisciplinary team, and in accordance with Division of Developmental Disabilities (DDD) Policy 5.12, Restrictive Behavior Management Programs, and DDD Policy 7.03, Consent.

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- B. The use of such drugs and medications shall be in the best interest of the person using them.
- C. Before the administration of such drugs and medications, community ICF/MRs and RHCs shall ensure the following:
1. Each person with a mental illness has an AXIS 1 diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSMIII-R), by a licensed psychologist or psychiatrist;
 2. The medical part of a total treatment plan which is developed as a part of the person's Individual Habilitation Plan (IHP) include:
 - a. Provisions for behavior management;
 - b. Justification for use of medication, including the benefits and potential side effects;
 - c. Monitoring of drugs and medication side effects; and
 - d. Dosage reduction or plan to withdraw the medication unless contraindicated;
 3. A Human Rights Committee has reviewed and approved the treatment plan;
 4. Informed consent of the person or their parent or guardian has been obtained for:
 - a. Administration of a drug or medication; and
 - b. Implementation of the treatment plan; and
 5. Training and education has been provided to the person or their guardian or family member regarding the risks and benefits of any prescribed drug or medication as part of the informed consent process.

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- D. Once the person is receiving psychotropic/neuroleptic drugs and/or other medications, the facility shall ensure the following actions occur:
1. Every ninety (90) days or more often, a physician and a clinical pharmacist review and document the status of each person for adverse effects; and
 2. A physician documents the presence or absence of tardive dyskinesia in the person's medical record every ninety (90) days or more often if necessary.
- E. This policy does not authorize the use, or threat, of physical force for the administration of psychotropic/neuroleptic drugs or other medications.
- F. Each facility shall establish procedures to implement this policy.

DEFINITIONS

"**Neuroleptic Drugs**" means drugs acting on the nervous system; includes the major antipsychotic tranquilizers.

"**Psychoactive**" means possessing the ability to alter mood, anxiety, behavior, or cognitive processes; or mental tension, usually applied to pharmacological agents.

"**Psychotropic Drugs**" means drugs that affect the psychic functions, behavior or experience of a person using them.

"**Tardive Dyskinesia**" means an abnormal condition characterized by involuntary, repetitious movements of the muscles of the face, the limbs, and the trunk. Dyskinesia can be an adverse effect of prolonged use of phenothiazine medications and most commonly affects older people or those with brain injuries.

SUPERSESSON

Division Policy Directive 340.3
Issued march 1, 1989

Approved: /s/ Norm Davis Date: 12/16/1993
Director, Division of Developmental Disabilities