



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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

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Authority: Title 42 CFR 483.15A, 483.25, 483.450  
Chapter 71A RCW  
Chapter 74.42 RCW

**PURPOSE**

Some individuals with developmental disabilities 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, manage and improve their behavior and their 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 Residential Habilitation Centers (RHCs) operated by the Division of Developmental Disabilities (DDD), and Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

**POLICY**

- A. Psychotropic/neuroleptic drugs and other medications that are administered for a person's behavior management or for the treatment of a mental illness may be prescribed by a physician or psychiatrist, with the approval of an interdisciplinary team and in accordance with DDD Policy 7.03, *Informed Consent*.

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- B. The use of such drugs and medications shall be in the best interest of the person using them to improve his/her quality of life.
- 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 (DSM IV-TR) given 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) or Individual Plan of Care (IPOC), includes:
    - a. Provisions for behavior management;
    - b. Justification for use of the medication(s), including the benefits and potential side effects;
    - c. Plans to monitor medication side effects; and
    - d. Plans to simplify the number and types of medications and to reduce dosages and discontinue medications unless otherwise contraindicated.
  3. A Human Rights Committee has reviewed and approved the person's treatment plan;
  4. Informed consent of the person and/or his/her parent or guardian has been obtained for:
    - a. Administration of the drug(s) or medication(s); and
    - b. Implementation of the treatment plan; and
  5. Training and education has been provided to the person and/or their guardian or family member regarding the risks and benefits of any prescribed drug or medication as part of the informed consent process.

- D. Once the person is receiving psychotropic/neuroleptic drugs and/or other medications, the facility shall ensure the following actions occur at least every ninety (90) days:
1. 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.
- E. This policy does not authorize the use or threat of physical force for the administration of psychotropic/neuroleptic drugs or other medications.

### **DEFINITIONS**

**Antipsychotic Medications** means medications used for treatment of schizophrenia or other psychoses. Also called **neuroleptics** because of characteristic side effects on cognition and behavior that mimic neurological diseases. Symptoms ameliorated by neuroleptic drugs include hyperactivity, hostility, aggression, delusions, hallucinations, irritability and poor sleep.

**Atypical Antipsychotics** are dopamine and serotonin receptor antagonists. These medications are more effective for negative systems of schizophrenia with significantly less extrapyramidal side effects and lower risk for tardive dyskinesia than typical antipsychotics. These include, but are not limited to, clozapine, quetiapine, olanzapine, risperidone, and ziprasidone.

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

**Psychostimulants** are medications used to treat Attention Deficit Hyperactivity Disorder (ADHD).

**Psychotropic Medications** are neuropharmacologic or therapeutic agents that are capable of affecting/modifying mental state or behavior.

**Tardive Dyskinesia** means an abnormal condition characterized by involuntary, repetitious movements of the muscles of the face, tongue, neck, 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. This condition may also result from medications such as metopromide and amoxepine.

