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|  | BEHAVIORAL HEALTH ADMINISTRATION (BHA)  PO BOX 45010, OLYMPIA WA 98504-5010  Policy 3.12  **Involuntary Antipsychotic Medication Hearing Checklist** |
| Are emergency antipsychotic medications required due to danger to self, others, or inability to meet needs?  Daily face-to-face every 24 hours to assess ongoing emergency treatment need  Document daily interaction  Sent request for Involuntary Antipsychotic Medication Hearing (IAMH) to CMO. CMO or designee approval received every 72 hours:  Period 1 day 1 – 3  Period 2 day 4 – 6  Period 3 day 7 – 9  Period 4 day 10 – 13  Period 5 day 14, must stop after this date unless approved for involuntary medication through IAMH    Non-emergency situation and antipsychotics are required to treat the patient as they present a danger to self or others, or are gravely disabled, as a result of a mental disorder, involuntary antipsychotic medication is in the patient’s medical interests, and there no less restrictive alternatives are available or appropriate.  No emergency medication are prescribed  Sent request for Involuntary Antipsychotic Medication hearing (IAMH) to CMO    Materials needed prior to the IAMH:  The basis of the request;  Diagnosis, problematic behaviors observed, and mental status;  Recommended course of treatment;  Methods used to encourage voluntary adherence;  Voluntary medication history;  History of involuntary medication; and  Description of the less intrusive treatment alternative considered or attempted prior to requesting the hearing.    At least 24 hours prior to a hearing, the patient and his or her Staff Representative will receive a copy of the petition filed by the psychiatrist.  The patient will be provided with a notice that includes:  The date and time of the hearing;  The current diagnosis;  The basis of the referral; and  The opportunity to list witnesses.  At least 24 hours prior to the seven (7) day and subsequent 14 day hearings, the patient and his or her Staff Representative will be notified of the time and place of the review hearing.  Treating psychiatrist will present the information from the initial petition, an evaluation of the patient’s mental condition and a medication treatment plan.  Additional witnesses may be called at the discretion of the chairperson. | |