

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Care and Treatment of Patient -
Medication Administration

POLICY # TX II-11

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SUBJECT: Psychotropic Medication Review

EFFECTIVE DATE: December 2016
SUPERSEDES DATE: April 2011

References

Related ACA Standard

4th Edition Standards for Adult Correctional
Institutions 4-4401

PURPOSE

To provide monitoring guidelines for medications prescribed by behavioral health staff.

POLICY

Given that significant adverse side effects can accompany the use of psychotropic medications in the treatment of diagnosable mental illness, special precautions must be taken to ensure that these side effects are identified at the earliest possible time and kept to the lowest incidence possible.

PRESCRIBING PROCEDURE

- A. As a general practice, new orders for psychotropic medication should not be written to exceed thirty (30) days. However, in the outpatient setting this thirty (30) day period may be extended up to ninety (90) days, if the attending psychiatrist determines that this extension is clinically justified. The clinical rationale for extending the period beyond thirty (30) days must be documented in the progress note section of the offender's health care records.
- B. Psychotropic medication orders should be renewed every thirty (30) days. However, in the outpatient setting when the attending psychiatrist determines that an offender is asymptomatic of adverse side effects and is sufficiently stabilized, he/she may write an order renewing the medication for up to a maximum of one hundred twenty (120) days. The clinical rationale for extending the renewal period beyond thirty (30) days must be documented in the progress note section of the offender's health care record.
- C. All orders for psychotropic medication shall include in HERO the diagnosis for which the medication is prescribed.
- D. The offender and their prescribed psychotropic medication shall be evaluated by a psychiatric provider each time the medication is renewed. The purpose of the evaluation is to determine whether or not the medication should be continued, adjusted, or terminated.
- E. Should toxicity or adverse side effects be evident, the nurse shall immediately notify the psychiatrist and complete a referral to behavioral health to assure the offender is seen for follow-up. The nurse shall document in the offender's health care record the presence of toxicity or adverse side effects.

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

- A. An AIMS assessment shall be completed on all offenders who are prescribed a neuroleptic medication or a drug that is known to have the potential to cause an abnormal involuntary movement.
- B. The assessment for abnormal involuntary movement shall be completed using the AIMS document provided in HERO.
- C. The assessment shall be completed by a physician, physician extender, or registered nurse (RN). The RN shall be trained and successfully complete competency before being assigned to complete AIMS assessments.
- D. Schedule for the assessment is as follows:
 - I. Acute Inpatient

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- a. Required as part of the initial assessment for all admissions at Central Prison and NCCIW for those offenders currently receiving or have received neuroleptic medications within the past ninety days (90).
 - b. At least once every ninety (90) days thereafter during a continuous admission.
 - c. Completed within two weeks prior to discharge.
- II. Residential/Outpatient
- a. Required on all offenders initially prescribed a neuroleptic medication.
 - b. Shall be administered every six months while an individual is prescribed a neuroleptic medication.
 - c. Shall be administered when an offender is taken off a neuroleptic medication.
 - d. At facilities providing tele-psychiatry, a registered nurse who has been trained in completing an AIMS, may be designated to complete the assessment upon a written order from the physician or physician extender. The nurse shall notify the physician or physician extender in the event that an abnormal involuntary movement is identified.
 - e. It is the responsibility of each physician and physician extender when seeing an offender to check HERO documentation for evidence of a current AIMS.

LABORATORY MONITORING GUIDELINES

A. Antidepressant

- Baseline
 - All women under the age of 50 are given a pregnancy test
 - Current thyroid function tests
 - Age 40 or older, EKG for Tricyclic
 - Blood Pressure when prescribed Venlafaxine
- Three months
 - Blood Pressure when prescribed Venlafaxine
- Annually
 - Blood Pressure when prescribed Venlafaxine
 - Age 40 or older, EKG for Tricyclic
- Five year period
 - Current thyroid function tests

B. Carbamazepine

- Baseline
 - All women under the age of 50 are given a pregnancy test
 - CBC with differential
 - Comprehensive metabolic panel
 - Carbamazepine level within 14 days of initiation & within 14 days of any dose increase
- Three months
 - CBC with differential
 - Comprehensive metabolic panel
 - Carbamazepine level
- Annually
 - CBC with differential
 - Comprehensive metabolic panel

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- Carbamazepine level
- C. Depakote
 - Baseline
 - All women under the age of 50 are given a pregnancy test
 - CBC with differential
 - Comprehensive metabolic panel
 - Depakote level within 14 days of initiation & within 14 days of any dose increase
 - Three months
 - CBC with differential
 - Comprehensive metabolic panel
 - Depakote level
 - Annually
 - CBC with differential
 - Comprehensive metabolic panel
 - Depakote level
- D. Lithium
 - Baseline
 - All women under the age of 50 are given a pregnancy test
 - Electrolytes within 14 days of initiation & within 14 days of any dose increase
 - BUN & Creatinine within 14 days of initiation & within 14 days of any dose increase
 - Age 40 and older, EKG
 - Current thyroid function test
 - Lithium blood level within 14 days of initiation & within 14 days of any dose increase
 - Three months
 - Electrolytes
 - BUN & Creatinine
 - Lithium blood level
 - Annually
 - Electrolytes
 - BUN & Creatinine
 - Thyroid function tests
 - Age 40 and older, EKG
 - Lithium blood level
 -
- E. Atypical Antipsychotics
 - Baseline
 - All women under the age of 50 are given a pregnancy test
 - Fasting lipid panel
 - CBC with differential
 - Hemoglobin A1c
 - Comprehensive metabolic panel
 - Current thyroid function tests
 - EKG for Ziprasidone, Pimozide and Thioridazine
 - Three months
 - Fasting lipid panel
 - CBC with differential

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- Hemoglobin A1c
 - Comprehensive metabolic panel
- Annually
 - Fasting lipid panel
 - CBC with differential
 - Hemoglobin A1c
 - Comprehensive metabolic panel
 - EKG for Ziprasidone, Pimozide and Thioridazine
- Five year period
 - Thyroid function tests



Bryan Harrelson, M.D.
Acting, Chief of Psychiatric Services

12/21/16

Date

SOR: Chief of Psychiatric Services