

**DIVISION CIRCULAR #21  
(N/A)**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**EFFECTIVE DATE:** April 21, 2004

**DATE ISSUED:** April 21, 2004

(Rescinds Division Circular #21, "Psychotropic Medication" issued July 30, 1998)

- I. **TITLE:** Psychotropic Medication
- II. **PURPOSE:** To promulgate policy and procedures regarding the use of psychotropic medication.
- III. **SCOPE:** The provisions of this circular shall apply only to individuals receiving services in developmental centers of the Division of Developmental Disabilities.
- IV. **POLICIES:**
  - A developmentally disabled person may have a psychiatric or behavior disorder. In such instances, state of the art medical/psychiatric treatment shall be incorporated into the individual's IHP.
  - There are a variety of possible therapeutic interventions for managing a behavior and/or a psychotic disorder, which, with appropriate controls and safeguards and conformity with accepted clinical practice, may be prescribed in the best interest of the individual.
  - Persons receiving services shall not be administered any medication except upon the written authorization of a licensed physician, advanced practice nurse, or dentist when necessary and appropriate as an element of the service being received or as a treatment of any medical condition

in conformity with accepted standards for such treatment. The nature, amount of, and reasons for administration of any medication shall be promptly recorded in the individual's medical record.

**V. GENERAL STANDARDS:**

- A. Definitions - For the purpose of this circular, the following terms shall have the meanings defined herein:

“Administer, also Administration of” means, when used with regard to medication, the process by which a single dose of medication is given to an individual.

“Antipsychotic Drug ” means any of three older classes of anti-psychotic drugs: the phenothiazines, the butyrophenones, and the thioxanthines. These drugs were once referred to as “major tranquilizers,” a misnomer.

“Behavior Support Committee (BSC)” - Refer to Division Circular 18.

“Current Medical Practice” means the application of an evolving body of knowledge founded upon studies reported in accepted medical publications.

“Dispense” means the process by which medication is prepared for an individual pursuant to a written prescription. Only licensed, registered pharmacists, or other individuals who by law possess the authority to do so, are authorized to dispense.

“Emergency” means an unanticipated situation in which a physician documents in writing that an individual is engaged in an activity, which has resulted or is likely to result in harm to self or others.

“Guardian” means a person or agency appointed by a court of competent jurisdiction or otherwise legally authorized and responsible to act on behalf of a minor or incompetent adult to assure provision for the health, safety, and welfare of the individual and to protect his or her rights.

“Human Rights Committee” (HRC) – Refer to Division Circular 5.

“Individual Habilitation Plan” (IHP) - Refer to Division Circular #35.

“Informed Consent” means a formal expression, oral or written, of agreement with a proposed course of action by someone who has the

capacity, the information and the ability to render voluntary agreement.

“Interdisciplinary Team (IDT)” - Refer to Division Circular #35.

“Medical Personnel” means licensed physicians, dentists, advance practice nurses, registered nurses, and licensed practical nurses.

“Parent” means the natural or adoptive parent of a minor.

“Prescribe” means the process by which an appropriately licensed physician, advance practice nurse, or dentist orders medication for an individual.

“Psychotropic Medication” means those substances which exert a direct effect upon the central nervous system and which are utilized as part of a treatment plan to address psychiatric disorders, or symptoms of psychiatric disorders. Specifically, the generic classes of drugs covered by this circular include but are not limited to:

Antipsychotic, such as chlorpromazine;

Novel antipsychotics or Serotonin/Dopamine Antagonists such as Clozapine or Risperidone;

Tricyclic antidepressants, such as imipramine;

Antiobsessive/antidepressants, such as Anafranil or Prozac;

Antimaniacs, such as Lithium, Valproic Acid, or carbamazepine;

Anxiolytics, such as Lorazepam or Clonazepam;

Psychomotor stimulants such as methylphenidate.

“Self-medicate (also Self-medications)” means the capability of an individual to independently take his/her medication.

“Severe Behavior Problem” means those actions of a person, which are a danger to him or herself or others.

“Tardive Dyskinesia” means a syndrome which may be produced by antipsychotic drugs and which is characterized by abnormal, involuntary bodily movement particularly of the face, tongue, mouth,

and jaw. NOTE: other classes of drugs may, rarely, also cause these symptoms.

- B. The use of psychotropic medication shall be premised on the grounds that it constitutes an appropriate intervention either alone or in conjunction with other strategies.
1. Treatment of psychiatric disorder- the medication is recommended for the purpose of reducing or eliminating the symptoms of a psychiatric disorder, which is diagnosed by a psychiatrist using the DSM IV. Except in an emergency, before prescribing psychotropic medication, the attending physician shall present the recommendation to the IDT. The IDT shall determine if behavior interventions will be used in conjunction with psychotropic medication. If the decision of the team is to use psychotropic medication alone, the IDT shall document that the individual has not benefited from behavior intervention.
  2. Behavior management - The medication is recommended for the purpose of managing a severe problem behavior when no specific psychiatric diagnosis has been made. Before the psychotropic medication is administered, the IDT shall meet. The medication is not to be considered the sole modality to address the behavior but shall be supplemented by appropriate interventions based upon a functional analysis and positive behavior supports, environmental strategies, and/or behavior modifications, staff training, and individual management strategies. The IDT may decide to use other appropriate therapeutic interventions in lieu of psychotropic medication.
- All other means should be exhausted before use of psychotropic drugs without a psychiatric diagnosis. A psychiatric evaluation is necessary to determine whether a psychiatric diagnosis can be made and/or which drug should be tried: this can and should be done before all other means are exhausted.
- C. Psychotropic medication shall be prescribed only by a licensed physician, preferably a psychiatrist.
- D. The use of psychotropic medication shall be incorporated into the individual's IHP in accordance with the diagnosed psychiatric disorder or behavior disorder.
- E. If medication is to be used for behavior management when no psychiatric condition has been diagnosed, review by the Behavior

Support Committee (BSC), with a physician present at the committee meeting, and the chairperson of the Human Rights Committee (HRC) shall be required prior to implementation. Review by the full HRC, with medical input, shall be required within 30 days of implementation. Thereafter, these committees shall review the use of psychotropic medication as Level III techniques are described in Division Circular #34.

- F. Psychotropic medication shall not be used as punishment, for the convenience of staff, or as a substitute for programmatic intervention.
- G. Except in emergencies, as defined herein, informed written consent shall be required in accordance with Division Circular 41 when a new medication is ordered or when a psychiatrist prescribes a dosage, which exceeds the approved level.
- H. Informed consent shall be obtained annually.
- I. Except in emergencies, psychotropic medication shall always be prescribed in writing prior to its administration. Telephone orders shall be permitted in emergency situations, but only with the provision that the physician countersigns the order within 24 hours.
- J. Persons receiving services, regardless of guardianship status, shall be informed of the generic class of psychotropic medication proposed, the purpose, the dosage, and the possible side effects of the specific medication. The legal guardian, where applicable, shall also be informed. The attempt to inform shall be documented in the client record including reasons why the attempt was unsuccessful or not possible.
- K. For drugs dispensed under the unit dose system, the following information shall be provided with the medication to the person administering the medication:
  - 1. Names of drug (proprietary and generic);
  - 2. Manufacturer's name;
  - 3. Strength;
  - 4. Expiration date;
  - 5. Lot number.

- L. Dispensed Medication shall be labeled to reflect the following information:
1. Name and address of dispensing pharmacy;
  2. Name of pharmacists;
  3. Full name of the person receiving services;
  4. Instructions for use;
  5. Prescription file number;
  6. Dispensing date;
  7. Prescribing physician's name;
  8. Name and strength of medication;
  9. Quantity dispensed;
  10. Any cautionary information appropriate to the particular medication;
  11. Expiration date;
  12. Lot number.
- M. Administration of psychotropic medication by medical personnel shall be accomplished in accordance with the established, written procedures.
- N. Short-acting injectable psychotropic medication used in emergencies, as defined herein, shall be administered only by a licensed physician or licensed nurse.

- O. Self-medication shall be encouraged for those individuals deemed capable in this regard. A determination that a person has the ability to self-medicate shall be based on an assessment by the IDT, which shall address the individual's competency to safely self-medicate. This decision shall be included in the IHP. Such assessment shall conclude one of the following:
  - 1. That the individual is capable of self-medicating;
  - 2. That the individual may become capable of self-medicating only with additional training; or
  - 3. That the individual does not exhibit the potential to self-medicate.
- P. Self-medication may or may not preclude some degree of monitoring and supervision as determined by the IDT.
  - 1. The individual shall be advised of the anticipated benefits as well as possible side effects by a health care professional.
- Q. The individual's ability to self-medicate shall be reviewed at least annually by the IDT.
- R. Each self-administration training program shall include information on the need for and effects of the medication and shall be followed by an assessment of the individual's knowledge and skills.
- S. Each dose of psychotropic medication whether or not self-administered shall be recorded in the client record.
- T. Persons receiving services shall be maintained on the lowest possible effective dosage of psychotropic medication.
- U. All psychotropic medication shall be monitored for effect and the effects will be documented in the client record. The attending physician shall be responsible for this monitoring of medication. The frequency of the monitoring shall be established by the Medical Director and shall be done no less than quarterly.
- V. Because of potential serious toxicity, lithium, carbamazepine, valproic acid, clozapine, and clomipramine shall be used only after a complete history, physical examination, and laboratory assessment of the individual has been made by a physician. The use of Lithium shall be

supervised by a physician, preferably a psychiatrist, to include monitoring of blood levels.

- W. The IDT shall review the use of psychotropic medication quarterly. If, after a reasonable length of time, there is no apparent improvement, other treatment options should be considered. The IDT shall determine whether the individual is being negatively affected by the medication or other concerns associated with the medication are noted.
- X. The results of this review shall be documented in the client record. Concerns of the IDT may be referred to the medical director, BSC and/or HRC.
- Y. When a psychotropic medication is prescribed and administered in an emergency, the IDT shall meet to review the use of the psychotropic medication within the next 5 working days. The results of this review shall be documented in the client record.
- Z. Each developmental center shall have procedures for the implementation of this circular.

## VI. **PROCEDURES:**

### A. Instituting Treatment

When an individual exhibits previously unidentified psychiatric symptoms or severe behavior problems, which are a danger to self or others, the interdisciplinary team shall meet for in-depth discussion of causes and possible interventions.

1. Psychiatric consultation should be requested.
2. If, as the result of psychiatric examination, the individual is diagnosed with a specific psychiatric disorder included under DSM-IV, psychotropic medication may be recommended by the psychiatrist.
3. The IDT shall meet to determine whether behavior intervention would be effective in addressing the behavior in conjunction with the psychotropic medication.
  - (a) If the IDT determines that behavior intervention would be effective, the intervention shall be documented in the



IHP and implemented in conjunction with the psychotropic medication.

- (b) If the IDT determines that a behavior intervention would not be effective, the psychotropic medication may be prescribed as recommended.
4. Where there is no psychiatric diagnosis, but a psychotropic medication has been prescribed as part of a comprehensive behavior plan developed by the IDT to manage/modify behavior, the plan shall be subject to review by the BSC and HRC, as well as informed consent.

B. Informed Consent

- 1. Except in emergencies, prior to the use of psychotropic medication, informed written consent shall be obtained by medical personnel in accordance with Division Circular #41.
- 2. As established by N.J.S.A. 30:4-7.1 et. seq., the CEO has authority to give consent for administering psychotropic medication to a minor or an incompetent adult in an instance when:
  - (a) There is no parent or guardian known to the CEO after reasonable inquiry, which includes the review of the client record and attempted telephone contacts.
  - (b) There is no response from the parent or guardian of an incompetent adult within ten days of a written request for consent, wherein the parent or guardian is explicitly informed that the CEO would be asked to consent in the absence of any reply.

- (c) There is an emergency, as certified by a licensed physician, where immediate intervention is needed to prevent serious consequences. The parent or guardian should be provided the earliest notice possible under the circumstances.
  - 3. If consent has been refused by either the individual or guardian, the IDT shall meet with the individual or guardian to discuss the possibility of other alternatives. If disagreement continues regarding the need for psychotropic medication, the CEO shall arrange for review by an independent psychiatrist, preferably with the concurrence of the individual or guardian, as an attempt to resolve the impasse.
  - 4. When informed consent is either denied or subsequently withdrawn and the CEO determines such refusal to be in violation of the individual's right to treatment, he/she shall refer the matter to the Division Director for consideration and possible judicial action.
  - 5. Informed consent shall be obtained annually,
- C. Pre-Treatment Clinical Procedures
- 1. Except in emergencies, a comprehensive medical history must be obtained before initiating treatment with psychotropic medication.
    - (a) This history must include information regarding prior psychiatric hospitalization/treatment and responses to psychotropic medication (if available), all current medication taken by the individual, as well as a history of cardiac, liver, renal, central nervous system and other disease and a history of any adverse reactions.
    - (b) In order to avoid serious drug interactions, the physician prescribing the psychotropic medication shall consult with other physicians who may be treating the same individual. The consultation shall be documented in the client record prior to prescribing any psychotropic medication.
    - (c) The drug history should be correlated with the individual's current physical examination and laboratory findings.

- (d) A copy of the drug history shall be sent to the dispensing pharmacy for inclusion in the individual's drug profile.
2. Except in emergencies, a physical examination and laboratory work shall be done prior to initiating psychotropic medication in order to determine baseline functioning. This may include, but is not limited to the following:
- (a) complete blood count with differential;
  - (b) urinalysis;
  - (c) wide-screening blood analysis to include the assessment of liver, the thyroid, and renal functions;
  - (d) electrocardiograms on individuals with previous histories of cardiac abnormalities, necessitated by specific drug protocols;
  - (e) electroencephalograms, CAT scans, or MRI examinations on individuals with previous histories of central nervous system disorders.
3. Manifestations of the condition to be treated must be noted in the individual's clinical record as a baseline against which the individual's clinical condition and the outcome of treatment interventions shall be evaluated.

#### D. Monitoring and Review

1. Monitoring - All staff who work with an individual receiving psychotropic medication share responsibility for monitoring the individual.
- (a) Direct care and professional staff shall be informed when an individual begins to receive a psychotropic medication, the target symptom, and possible side effects, or when the psychotropic is changed.
  - (b) Direct care and professional staff shall receive training regarding side effects of the psychotropic medications. Side effects noted shall be reported to the attending physician immediately.

- (c) Medical staff responsible to administer the psychotropic medication shall document the administration of medication.
  - (d) The attending physician shall meet with the direct care and professional staff in order to assess treatment progress.
2. Physician review - The minimum frequency at which an individual shall be re-examined by the treating physician is dependent on the current drug protocols. In all cases, the physician shall enter progress notes in the person's client record at the time of the review. Progress notes shall describe the individual's clinical progress, current laboratory results, and presence or absence of side effects, and results of tracking and management of side effects.
- (a) Antipsychotics - Persons receiving services who are maintained on all antipsychotics shall be re-examined no less frequently than at 30-day intervals. At least every 90 days, either the physician or a registered nurse shall administer the AIMS (Abnormal Involuntary Movement Scale) or other equivalent examination procedure for symptoms of tardive dyskinesia. The results shall be recorded in the client record and appropriate action taken as necessary.
  - (b) All other psychotropic medication - Individuals receiving psychotropic medication other than an antipsychotic shall be examined no less frequently than at 90-day intervals.
3. A pharmacist, with input from the IDT, shall review and document the drug regimen of each person receiving services at least quarterly.

#### E. Visits/Vacations

1. Persons with whom the individual will be visiting shall be informed by medical personnel that the individual receives psychotropic medication and shall be informed of its potential side effects.

2. Reasonable efforts shall be made to ensure that the individual continues to take his/her medication during visits/vacations. Medical personnel shall be responsible for assuring that the individual is provided with a sufficient quantity of medication and/or prescription to cover the length of the visit or vacation. The person responsible for the individual during the visit shall be provided with instructions as to the administration, dosage, and frequency, as well as possible side effects.
  3. Upon return from the visit/vacation, information concerning side effects noted, as well any medical care provided, should be obtained by medical personnel in accordance with the center's procedure.
- F. A physician may stop a psychotropic medication without notifying the IDT immediately if toxicity or other serious adverse side effect is observed. The IDT shall be notified as soon as possible thereafter.

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Director  
Division of Developmental Disabilities

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