POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-03	TOTAL PAGES 3
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-G-03 (essential), J-G-03 (essential), MH-I-02 (essential) ACA: 5-ACI-6C-08 (mandatory), 4-ALDF-4D-17 (mandatory)	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: Emergency Psychotropic Medication**	
APPROVED BY THE BUREAU CHIEF: **Deputy Chief, Michael Records (signature on file with BHSAMH)**		
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE Commissioner Monroe B Hudson Jr. November 12, 2021 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: To ensure protocols are in place for emergency situations when an offender poses an imminent danger to self or others due to mental illness and when emergency psychotropic medications may be used to prevent harm, based on a prescriber's order.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.

IV. DEFINITIONS: See Glossary

V. SUMMARY OF CHANGES: This policy has not changed significantly. A new signature was obtained for the new Commissioner.

VI. POLICY:

A. It is the policy of the DDOC that offenders have the right to refuse healthcare services and medications in accordance with the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Policy *G-05 Informed Consent and Right to Refuse,* except in emergency situations when an offender presents an imminent danger to self or others due to mental illness.

B. It is the policy of the DDOC that emergency forced psychotropic medications must be by a prescriber's order.

1. Emergency involuntary psychotropic medications may only be used when all the following conditions have been met:
    a. The offender poses an imminent danger to self or others due to mental illness.
    b. All less restrictive or intrusive measures have been employed without success or have been deemed by the treating prescriber to be inadequate.

2. In instances where emergency medication is necessary, the least number of medications at the lowest dosage possible should be utilized.
3. A prescriber's order for emergency forced psychotropic medications must be entered in the patient's electronic health record (EHR) and must include the following, at a minimum:
    a. The patient's condition.
    b. The threat posed by the patient.
    c. The reason for forced medication.
    d. Other treatment modalities attempted, if any (must include why it was unsuccessful)
    e. Name and dosage of the medication
    f. Frequency of administration of medication
    g. Route of administration of medication
    h. Timeframe for the order (start and end)
        i. An order for emergency psychotropic medications may not exceed 24 hours.
    i. Treatment plan goals for less restrictive treatment alternatives as soon as possible to eliminate the current need for forced medication.
    j. Any appropriate monitoring guidelines that must be followed (i.e., can stop monitoring after patient falls asleep).
4. Follow-up and monitoring for adverse reactions or side effects shall be completed and documented in the EHR. Follow-up and monitoring shall include, but is not limited to the following:
    a. Patient must be checked after an intramuscular antipsychotic injection has been administered. Checks shall be as follows:
        i. At least once in the first 15 minutes after administration, and at least every 15 minutes thereafter for the first 45 minutes.
        ii. And then every 30 minutes thereafter until transferred to an inpatient setting or the patient no longer requires monitoring per prescriber order.
    b. Assessment of the patient's mental status (e.g., alert, oriented, motor activity, speech, excess sedation).
    c. Monitoring extrapyramidal symptoms (e.g., dystonia, parkinsonism, akathisia, tremor, dyskinesia).
    d. Observing behavior, such as psychosis (e.g., hallucinations, delusions, disorganized speech, or behavior).
    e. Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, and autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome.
    f. Taking vital signs, to include blood pressure, pulse, temperature, and respirations (as clinically indicated).

C. An individual receiving emergency psychotropic medication will be placed on suicide precautions until assessed by a licensed QMHP (or certified screener with consultation from a licensed clinician), in accordance with BHSAMH Policy B-05 Suicide Prevention and Intervention.
D. If emergency psychotropic medication is prescribed a face-to-face assessment by a prescriber must occur on the next business day.

E. Emergency psychotropic medications shall not be used as a disciplinary measure or only for convenience and must be ordered consistent with 1.a and 1.b above.
F. All uses of emergency psychotropic medications require email notification to the BHSAMH Medical Director and BHSAMH Behavioral Health Treatment Services Director. This email should be sent by the HSA or designee within 4 hours of the administration of the forced medication.
G. All uses of emergency psychotropic medications shall be reviewed by the facility continuous quality improvement (CQI) committee in accordance with BSAMH Policy *A-06 Continuous Quality Improvement Program*.
H. The Contracted Healthcare Provider shall develop within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.