

Psychotropic Involuntary Medication Standards of Care

NURSING	SECURITY	MENTAL HEALTH
<p>Prior to Administration:</p> <ul style="list-style-type: none"> • Bring emergency bag to location of youth • Check psychiatrist's order – needs to include reason for administration, indication, medication, dose, time, route, level of clinical monitoring • Check allergies, age of youth, and youth's weight • Offer youth the option of taking medication voluntarily, document all attempts to get compliance • Brief security staff on how injection will be given, • Use the retractable safety needle for medication • Attempt to notify parent/guardian (if youth under 18 years of age), document all attempts 	<p>Prior to Administration:</p> <ul style="list-style-type: none"> • Move AED to location of youth • Isolate youth from other youth, reduce audience • Videotape the incident • Use approved physical intervention techniques as gently as possible in accordance with DJJ policy 11.28, Involuntary Medications • Make plan with medical for how injection will be given, notification to medical when to give the injection • Note age of youth and youth's weight 	<p>Prior to Administration:</p> <ul style="list-style-type: none"> • In emergency situation, QMHP to consult with security on youth's behavior, de-escalation per DJJ policies 8.30 and 8.31 • Contact psychiatrist to notify of situation • Obtain order that specifies reason for administration, indication, medication, dose, time, route, level of clinical monitoring • Psychiatrist (or designee) to document reason for administration in JTS Progress Notes • Psychiatrist to consider transfer to hospital, if clinically indicated
<p>During Administration:</p> <ul style="list-style-type: none"> • Advise security staff where the injection is to be given (the buttock is the preferred IM injection location) • Expose and clean site, if able to prior to injection, but not required • Use the retractable safety needle 	<p>During Administration:</p> <ul style="list-style-type: none"> • 4 Point Restraints (wrists & ankles) using restraint bed when available • Youth 14 or older or 120 lbs. or more: <ul style="list-style-type: none"> ➢ Rear handcuffing from a Multiple Person Upper Torso Assist w/ leg irons; or ➢ Multiple Person Upper Torso Assist, staff will create space so injection can be administered • Youth under 14 or less than 120 lbs. <ul style="list-style-type: none"> ➢ Seated/kneeling rear handcuffing from a hook transport assist. Staff should assist youth to their feet and leg irons should be applied; or ➢ Hook Transport Assist, staff should lean backwards placing the youth in an off balance position. • Pregnant Youth 14 or older or 120 lbs. or more: Multiple Person Upper Torso Assist, staff will create space so injection can be administered. • Pregnant Youth under 14 or less than 120 lbs.: Hook Transport Assist, staff should lean backwards placing the youth in an off balance position. 	

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<p>Immediately After Administration:</p> <ul style="list-style-type: none"> • Take vital signs (blood pressure, pulse, respirations) • Document medication Administration and response to medication 	<p>Immediately After Administration:</p> <ul style="list-style-type: none"> • Continue to use least restrictive alternative as necessary in accordance with DJJ policy 8.30 and 8.31, and training 	
<p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Vital signs every 15 minutes for one hour, unless otherwise ordered by psychiatrist (Contact psychiatrist as needed) • Monitor for extrapyramidal symptoms, document monitoring (Contact psychiatrist immediately if symptoms occur) • Attempt to notify parent/guardian (if youth under 18 years of age), document all attempts • Report of Youth Injuries within 2 hours (or 12 hours if not on site) by a different nurse than the one who administered the medication • For non-psychotropics, revise chronic care plan as needed • If need for involuntary medication continued beyond 72 hours, consult DJJ policy 	<p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • Constant observation with clear and unobstructed view (Level 3) for at least 2 hours, with minimal interaction to reduce agitation • If youth appears drowsy or unsteady, assist him/her to sitting position to prevent falls • Notify medical of any signs of distress, loss of consciousness, difficulty breathing, unusual movements, pain, etc. or of any other concerns about youth's physical status • Notify mental health of any self harm behavior, increased agitation, or any other concerns about youth's behavior • After 2 hours of Level 3 observation, contact Licensed Mental Health Professional for further order • Complete SIR within same shift 	<p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> • QMHP meets with youth to debrief on incident and documents as a Behavioral Health Evaluation within same shift, or within 72 hours if not on site • After 2 hours of Level 3 observation, licensed mental health professional orders appropriate continued level of observation • For psychotropics, discuss use of involuntary medication at next Treatment Team meeting, revise Treatment Plan as needed • Consider for Special Management Plan • If need for involuntary medication continued beyond 72 hours, consult DJJ policy