

Psychotropic Involuntary Medication Standards of Care

NURSING	SECURITY	MENTAL HEALTH
<p>Prior to Administration:</p> <p>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</p> <p>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>	<p>Prior to Administration:</p> <p>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>	<p>Prior to Administration:</p> <p>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>
<p>During Administration:</p> <p>Advise security staff where the injection is to be given (the buttock is the preferred IM injection location)</p> <p>Expose and clean site, if able to prior to injection, but not required</p> <p>Use the retractable safety needle</p>	<p>During Administration:</p> <p>4 Point Restraints (wrists & ankles) using restraint bed when available</p> <p>Youth 14 or older or 120 lbs. or more:</p> <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 <p>Youth under 14 or less than 120 lbs.</p> <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. <p>Pregnant Youth 14 or older or 120 lbs. or more: Multiple Person Upper Torso Assist, staff will create space so injection can be administered.</p> <p>Pregnant Youth under 14 or less than 120 lbs.: Hook Transport Assist, staff should lean backwards placing the youth in an off balance</p>	

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<p>Immediately After Administration: Take vital signs (blood pressure, pulse, respirations) Document medication Administration and response to medication</p>	<p>Immediately After Administration: Continue to use least restrictive alternative as necessary in accordance with DJJ policy 8.30 and 8.31, and training</p>	
<p>Ongoing Monitoring: 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>	<p>Ongoing Monitoring: 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>	<p>Ongoing Monitoring: 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</p>