

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-15	Policy # 11.28
Applicability: <input type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)	Related Standards & References: O.C.G.A. §§ 49-4A-7, 49-4A-8 NCCHS Juvenile Health Care Standards, 2015: Y-D-02, Y-E-08, Y-G-04, Y-I-02 ACA Standards: 4-JCF-4C-29, 30, 4-JCF-4C-44, 45, 3-JDF-4C-19, 3-JDF-4C-42 DJJ 8.5, 8.30, 11.26, 12.6	
Chapter 11: HEALTH SERVICES	Effective Date: 12/20/17 Scheduled Review Date: 12/20/18	
Subject: EMERGENCY/URGENT MEDICATION ADMINISTRATION	Replaces: 6/10/16 Division of Support Services, Office of Health Services	
Attachments: A – Guidelines for Youth Medication Consent B – Parent Notification of Involuntary Medication Letter C – Psychotropic IM Medication Information Sheet D – Psychotropic Involuntary Medication Standards of Care E – Youth Notification of Due Process Hearing F – Parent/Guardian Notification of Due Process Hearing G – Due Process Hearing Form for Continued Involuntary Treatment	APPROVED:  <hr style="width: 30%; margin-left: auto; margin-right: 0;"/> Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice recognizes each youth’s right, except as outlined in this policy, to exercise informed consent to treatment prior to an initial administration of medication and throughout the course of treatment with such medication. In urgent situations, medications may be administered on an involuntary basis to provide effective treatment and protect the safety of the youth and other persons. Involuntary medication administration shall not be used as punishment or as a substitute for established security measures.

II. DEFINITIONS:

Advanced Practice Provider: Nurse Practitioner (NP) or Physician’s Assistant (PA).

Behavioral Health Placement Review Panel: A committee authorized to receive/review referrals for placement and assign placements or services for youth that has been identified, through established criteria, as needing more intensive behavioral health services than the current placement is able to provide.

Emergency/Urgent Medication Administration: Medication given orally or by injection when a juvenile is exhibiting behavior dangerous to himself or others exhibits an urgent medical need and refuses oral administration of the medication, or oral

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administration is not clinically indicated. This medication is used to assist in preventing harm to the youth or others and is based on a physician's order.

Medical Services Staff: Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

Non-Psychotropic Medication: Medications not being used for psychiatric symptoms.

Psychotropic Medications: Medications having a direct effect on the central nervous system and used in the treatment of psychiatric illness. These drugs usually affect thinking, mood, and/or behavior. They include any antipsychotic, antidepressant, anti-anxiety, mood stabilizer, sedative, hypnotic, and psychomotor stimulant agents. Medications used for psychiatric symptoms may also be used for non-psychiatric problems (e.g., Elavil for migraine headaches). In instances where the medicine is not used for psychiatric symptoms, it will not be considered a psychotropic medication. There are also instances where non-psychiatric medications are used to treat psychiatric symptoms (e.g., anticonvulsants for the management of impulse control problems). In those cases, the medication is a psychotropic medication.

III. EMERGENCY/URGENT TREATMENT CONSENT AND NOTIFICATION:

- A. In accordance with DJJ 11.26, Medication Administration, DJJ seeks the involvement of youth and the consent of parents/guardians for routine medication administration.
- B. Emergency/urgent medication administration may be used as ordered by a physician in situations where the youth's physical or mental condition poses an acute or serious threat to him/her or others, or continued refusal of medication could lead to severe decompensation, grave disability or significant risk to self or others.
- C. Staff will seek consent for emergency/urgent medication administration in accordance with Attachment A, Guidelines for Youth Medication Consent. Staff will seek consent from the parent/guardian and youth throughout the emergency and continued treatment processes outlined in this policy.
 1. The physician or nurse will attempt to notify the parent/guardian via telephone within 24 hours.
 2. The physician or nurse will document the phone call(s) or attempted phone call(s) in the JTS progress notes or a Psychodiagnostic Evaluation (PDE) module medication management note or Diagnostic Assessment SOAP note.

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3. If the physician or nurse is unable to reach the parents/guardians, the nurse will send the Parent Notification of Involuntary Medication Letter (Attachment B) within 24 hours of the administration.
- D. Medication may be administered without the consent of the youth or parent/guardian if:
1. The youth's physical or mental condition makes him/her unable to consent/comply and the physician determines that the youth is or would be a danger to him/herself or others without medication;
 2. The youth or parent/guardian refuses to consent/comply and the physician determines that the youth is or would be a danger to him/herself or others without medication;
 3. The youth's mental condition would likely lead to grave disability/severe decompensation for the youth and would as a result endanger the safety of self/others based on the youth's mental health history. This requires a consultation with a second psychiatrist who agrees that the medication is needed to prevent serious decompensation; and
 4. In the event of court ordered medication management where the youth is a danger to self/others, the facility treating physician or psychiatrist will make a clinical decision regarding the appropriateness of forced medication management. The treating psychiatrist will document the consultation with the psychiatrist or the Chief of Psychiatry in the progress notes or Psychodiagnostic Evaluation (PDE) module in the Juvenile Tracking System (JTS).
- E. The physician must document the decision to use emergency/urgent medications and the basis for the decision as a progress note in the JTS or in the PDE module as a medication management note or Diagnostic Assessment SOAP note.
- F. The physician will not order emergency/urgent medications on an "as needed" basis.
- G. The physician will discontinue emergency/urgent medications as soon as the youth no longer meets the criteria.
- H. If use of an emergency/urgent psychotropic medication is indicated, transfer of the youth to a psychiatric hospital or one of DJJ's mental health units should be considered.

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- I. The facility emergency response bag will be readily available at the location of the youth to respond to any emergency that may arise.

IV. MEDICATION ADMINISTRATION:

- A. When at all possible, the nurse will respond to the location of the youth for intervention.
- B. The nurse will verbally offer each medication with each medication administration. If the youth verbally objects but presents no physical resistance, the nurse will administer the medication. The nurse will document by manually entering the refusal into the electronic Medication Administration record (eMAR) and the youth’s verbatim statement in the “Notes” section of the eMAR. (No Special Incident Report will be necessary.)
- C. Medical services staff will check the youth after the use of any intramuscular (IM) medications, including checking the youth’s vital signs every 15 minutes for the first hour. The medical services staff will document the vital signs in a JTS progress note or in a restraint flow sheet (when the youth is mechanically restrained).
- D. When IM psychotropic medications are used outside of a DJJ mental health unit, documentation of contact with the DJJ Consulting Psychiatrist will be included in the youth’s progress notes. When clinically appropriate, the DJJ Consulting Psychiatrist should be consulted prior to a youth receiving an IM psychotropic medication.
- E. The nurse will email the completed Psychotropic IM Medication Information Sheet (Attachment C), to the DJJ Consulting Psychiatrist within the same shift as the medication administration. A copy of the Information Sheet will be placed in a central location (electronically or paper) to provide for easy access to a list of all IM medication episodes. The least restrictive alternative will be used when administering medications involuntarily. (See DJJ 8.30, Use of Force.)

V. DOCUMENTATION AND REFERRALS

- A. The Designated Health Authority or designee will report emergency emergency/urgent psychotropic medications to the Director of Behavioral Health Services or designee and the DJJ Medical Director or designee.
- B. All emergency/urgent psychotropic medication administrations will be documented on a Special Incident Report in accordance with DJJ 8.5, Special Incident Reporting.

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- C. The physician ordering the emergency involuntary medication will be required to order the level of clinical monitoring (medical, behavioral health) required in accordance with the standard of care for that medication. (See Attachment D for Psychotropic Involuntary Medication Standards of Care) Specifically, the physician, in consultation with a qualified mental health professional, will order the reason for administration, indication, medication dose, time, route, youth's level of observation (routine, special, close) and any other special instructions necessary to ensure the safety of the youth.
- D. The physician will document the medication order as required by DJJ 11.26, Medication Administration. The physician will also document a Progress Note/psychiatry progress note or PDE module medication management or Diagnostic Assessment SOAP note by the next clinic visit to the facility that includes the youth's condition, the threat posed, the reason for the involuntary medication administration, other treatment modalities attempted (if any), and goals for less restrictive alternatives as soon as possible.
- E. The Behavioral Health Treatment Team will discuss the use of emergency/urgent medications at the next scheduled Behavioral Health Treatment Team meeting to determine if adjustments to the youth's Treatment Plan are necessary.
- F. The use of urgent emergency/urgent medications will be addressed in the youth's chronic care plan to determine if adjustments need to be made in the plan.
- G. Youth requiring emergency/urgent medications should be considered for a Special Management Plan. (See DJJ 12.22, Special Management Planning.)
- H. Physicians will order emergency/urgent medications on a one-time basis only. Each subsequent episode requiring emergency emergency/urgent medications will require a new order as outlined above.
- I. Medical services staff may administer emergency/urgent medications for a period not to exceed 72 hours, beginning with the time of the initial physician order. If the need for emergency/urgent medications continues beyond 72 hours, medical services staff will follow the procedures outlined in Section VI, "Continued Treatment."

VI. CONTINUED TREATMENT:

- A. Prior to the end of the emergency treatment (72 hour) period, if the youth continues to refuse medication, the physician must obtain a second opinion from another DJJ physician who is not routinely involved in the youth's treatment in order to continue the involuntary medication.

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- B. For non-psychotropic medications, the second opinion must be from the DJJ Medical Director. The DJJ Medical Director providing the second opinion will write a progress note in JTS. If the two physicians concur, the emergency/urgent medication may continue for up to an additional 30 days.
- C. For psychotropic medications,
 - 1. Only YDC's will administer continued involuntary psychotropic medications.
 - 2. In RYDCs, the second opinion must be from a psychiatrist. The psychiatrist providing the second opinion must perform an assessment of the youth in person or via video conferencing. The psychiatrist providing the second opinion will write a progress note in JTS, PDE Module medication management or Diagnostic Assessment SOAP Note. If the two psychiatrists concur, the emergency/urgent medication may continue for up to an additional 30 days.
- D. The treating physician will document the medication order as required by DJJ 11.26, Medication Administration. The physician will also document a progress note/PDE medication management note that includes the youth's condition, the threat posed, the reason for the emergency/urgent medication administration, other treatment modalities attempted (if any), and goals for less restrictive alternatives as soon as possible.
- E. The physician ordering the emergency/urgent medication must order the level of clinical monitoring (medical, behavioral health) required in accordance with the standard of care for that medication. (See Attachment D for Psychotropic Involuntary Medication Standards of Care).
- F. For psychotropic medications, the physician, in consultation with a qualified mental health professional, will order the reason for administration, indication, medication dose, time, route, youth's level of observation (routine, special, close) and any other special instructions necessary to ensure the safety of the youth.
- G. Youth who will continue on an emergency/urgent medication beyond 72 hours will be referred to the Behavioral Health Placement Review Panel for a continued emergency/urgent treatment hearing. (See Section F, below) The medication will continue to be administered pending the Panel's decision. (See DJJ 12.6, Behavioral Health Placement Review Panel.)

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H. While an emergency/urgent medication order is in effect, the need for emergency/urgent medication will be reviewed every 7 days for 30 days then as clinically indicated for continued involuntary treatment.

1. For psychotropic medications, the treating psychiatrist will evaluate the youth weekly in person for 30 days. The psychiatrist, with input from the Behavioral Health Treatment Team, will determine if the youth continues to meet the criteria for involuntary medications.
2. For non-psychotropic medications, the advanced practice provider, in consultation with the facility physician, will determine if the youth continues to meet the criteria for involuntary medications.
3. The conclusion of the review and the basis for the conclusion will be documented in a Progress Note for medical/psychiatry will document in the progress note, or PDE module medication management note or Diagnostic Assessment SOAP note.
4. The physician or advanced practice provider must write an order in the health record to discontinue the involuntary medication as soon as the youth no longer meets the criteria.

I. Continued Involuntary Treatment Hearing:

1. After receipt of the Panel referral, the Panel will arrange for a continued involuntary treatment hearing, via video conferencing, for the youth at the next Panel meeting.
2. Each of the following persons will be invited to attend the continued involuntary treatment hearing at least 72 hours in advance of the hearing:
 - a) Youth (Attachment E, Youth Notification of Due Process Hearing, will be used for this notification);
 - b) Parent/Guardian (Attachment F, Parent/Guardian Notification of Due Process Hearing, will be used for this notification);
 - c) Community Case Manager, via email;
 - d) Facility case manager, via email;
 - e) Designated Health Authority, via email;
 - f) Youth's assigned behavioral health primary clinician, via email;

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- g) Youth’s advocate, via email; and
 - h) Invited DJJ staff or their designee must attend.
3. The treating physician, if available, will present the case to the Panel. If the treating physician is unavailable, a qualified mental health professional (for psychotropic medications) or the designated health authority/advanced practice provider (for non-psychotropic medications) will present the case.
 4. The youth will have the right to be present for the hearing, via video conferencing. However, he/she may elect, in writing, not to attend.
 5. The youth will have the right to present his/her case and evidence during the hearing. The youth may also ask questions of the treating physician, qualified mental health professional or advanced practice provider.
 6. The youth may request his/her parent/guardian or any staff member to serve as his/her advocate during the hearing. If the youth does not choose an advocate or the youth's requested staff member is unavailable, the Director of Behavioral Health Services will appoint an advocate for psychotropic medications or the DJJ Medical Director will appoint an advocate for non-psychotropic medications.
 - a) The advocate will review the youth’s case prior to the hearing.
 - b) The advocate will meet with the youth in person or via video conferencing or telephone at least 24 hours prior to the hearing.
 - c) The advocate will document his/her recommendations in the “Staff Advocate” section of the continued involuntary treatment hearing form.
 7. The Panel Committee Chair (Director of Behavioral Health Services) may exclude the youth from the hearing when testimony is presented that may be detrimental to the physical or emotional well-being of the youth or to the safety of the person providing the testimony.
 8. The Panel will ask questions of the clinician(s), advocate, and/or youth as necessary.
 9. Based upon the Panel referral information and the evidence and information presented during the continued involuntary treatment hearing, the Panel Chair will determine if the involuntary medication will continue. The Panel Chair will use the criteria for initiating involuntary

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medication to determine if the medication may continue. (See Section III.D.)

10. The continued involuntary treatment hearing will be recorded on the Due Process Hearing Form for Continued Involuntary Treatment (Attachment G).
11. The Panel Committee Chair will provide written notification of the Panel's decision to the youth and parent/guardian within 2 business days of the due process hearing.
12. If the involuntary medication is to be continued, a new due process hearing using all of the procedures outlined in this policy will be required every 60 days from the date of the first due process hearing.
13. At the end of the due process hearing and in the written notification of the decision, the youth will be informed that he/she may ask for a review of the due process procedures by the Deputy Commissioner of Support Services. Within 72 hours of receipt of the Panel's decision, the youth may request a Deputy Commissioner review verbally or in writing. The Deputy Commissioner of Support Services will review the case and issue a final decision in writing to the youth and Panel within 7 calendar days.

VII. LOCAL OPERATING PROCEDURES REQUIRED: NO