



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS G-03.1	Subject: Emergency Psychotropic Medications
Reference: NCCHC Standards P-G-03, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Steffani Turner/ CSD Mental Health Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. Purpose:

To describe circumstances under which an inmate may be given prescription medication over his objection or without his consent. Inmates refusing medication may be administered prescription medication over their objection in an emergency situation. Emergency psychotropic medications may not be used simply to control behavior or as a disciplinary measure.

II. Definitions:

Emergency condition - the inmate is in imminent danger of injuring himself or others as evidenced by symptoms which have in the past reliably predicted imminent dangerousness in the particular inmate. The inmate has committed an overt act, including but not limited to, a credible threat of bodily harm, an assault on another person, or self-destructive behavior. The inmate's life is in imminent danger due to toxicity arising from the use or abuse of another medication, drug, or other substance. The patient's life is in imminent danger because of a severely debilitated condition or other severe mental health condition.

Qualified Mental Health Professional - this includes the positions of Psychiatrist, Psychologist, Psychiatric Nurse, Social Worker, and other persons with Masters Degree or a further advanced degree in counseling or social sciences, who are licensed by the State of Montana

III. Procedures:

A. Qualified Mental Health Professional (QMHP) Responsibilities:

- a. Will initiate an order verbally or in writing at the time of the intervention and thereafter will renew the emergency medication order verbally or in writing every 72 hours.
- b. The QMHP will initially evaluate the inmate within 24 hours, or the next working day after the intervention, and at least every 72 hours thereafter excluding weekends and holidays.
- c. The QMHP will initiate a transfer or commitment to Montana State Hospital or will initiate proceedings for Involuntary Psychotropic Medications (HS I-02.0) if emergency medication is indicated beyond 7 working days.
- d. The QMHP may not administer emergency medications exceeding a period of 14 working days without authorization from the Treatment Review Committee (see HS I-02.0).

B. Documentation:

1. The QMHP will document the following in the medical file within 24 hours of initiating the intervention and every 72 hours thereafter, as long as the emergency exists. (excluding weekends and holidays):
 - a. the inmate's condition;

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- b. the threat posed;
- c. the reason for forcing the medication;
- d. other treatment modalities attempted, if any; and
- e. treatment goals for less restrictive treatment alternatives as soon as possible.

C. Consultation:

1. If emergency medications are indicated beyond seven working days, the QMHP, i.e. Psychiatrist or Physician will obtain a documented, concurring consultation with another physician, to include an examination of the inmate and review of the patient's record.
2. If consultation cannot be obtained within seven working days, then no medication will be administered until such concurring consultation is obtained and documented.

D. Location:

1. Emergency medications will only be administered in the infirmary, unless the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment.
2. If the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment, the inmate will be given the medications in an appropriate housing unit.

E. Monitoring and Documentation:

1. Once intramuscular medication has been administered, follow up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring. (*This does not apply to long term involuntary medication administration*).
2. Other supporting documentation to support that appropriate follow-up care was provided includes:
 - a. Assessing mental status, such as alert and oriented, motor activity, speech, excess sedation
 - b. Monitoring extrapyramidal symptoms, such as dystonia, parkinsonism, akathisia, tremor, dyskinesia
 - c. Observing behavior, such as psychosis (e.g., hallucinations, delusions, disorganized speech or behavior), assaultive, agitated
 - d. Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome
 - e. Taking vital signs, to include blood pressure, pulse, temperature, and respirations (as clinically indicated).
3. Licensed nursing staff will continue to closely monitor each inmate who is undergoing emergency medication treatment, and will document, every 24 hours, in the inmate's medical file, a description of the desired/undesirable effects, so long as the emergency exists

IV. Closing

Questions concerning this operational procedure will be directed to the Mental Health Clinical Services Manager.

V. Attachments:

None