

**SECTION – MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 538
(Replaces AD 538 dated 8/1/05)**

Effective Date: July 13, 2006

SUBJECT: MEDICATION, TREATMENT AND PROCEDURE ORDERS

I. PURPOSE

Guidelines for medication, treatment, and procedure orders.

II. AUTHORITY

California Code of Regulations, Title 22, Sections 71233, 71549, and 73313
Department of Mental Health Regulations.

III. POLICY

A. This directive is organized into the following sections:

1. General issues of prescribing and dispensing.
2. Patient-Centered Issues, including Forensic, Informed Consent, Patient and Family Education, and Authorization to Medicate in the absence of Consent.
3. Procedures to be followed in prescribing and administering medication and medical treatment.

B. Procedures to be followed for involuntary medication and medical treatment of patients in certain legal categories are described in Administrative Directives 540, 542 and 546.

IV. METHOD

A. Time limits:

1. The attending physician shall be notified when orders are due to expire. Expired orders will not be honored.
2. Medication and medical treatment prescriptions for “physical” issues shall be reviewed, revised or renewed by the internist every 45 days. Medications for psychiatric issues, shall be reviewed, revised or renewed every 30 days, in conjunction with a monthly psychiatric appointment.
3. Duration of a specific order shall be limited by the patient’s needs or by hospital policy, statute or court order.

B. Prescriber:

1. Medication and medical treatments may be prescribed or discontinued only by those privileged to do so by the Medical Staff, and only to the extent of their privileges. Internists (those handling “physical” issues, and psychiatrists are privileged to order both “physical” and psychiatric medications if necessary.
2. Nurse Practitioners may order and discontinue medication and/or medical treatments only in accordance with protocols approved by the Medical Staff.

V. PATIENT INFORMATION AND CONSENT

A. Patient and Family Information and Education:

1. For medications prescribed for “physical issues, each patient shall be informed of his medication, including PRNs, and its rationale for prescription, including desired effects, possible side effects, and precautions, in terms he is able to understand. Documentation shall be made in the physician progress note at the time of starting the medication.
2. For medications prescribed for psychiatric issues, at the time of prescription, patients will be informed about the indication for their medication, the possible side effects and any other information the prescriber determines to be important. The progress notes will reflect the patient medication education as well as the patient's ability to understand the instruction. In addition, the hospital-wide consent form must be completed and placed in the appropriate section of the chart.
3. Family members, at their request and with the permission of the patient, will be afforded the same information given the patient. Documentation shall be made in the appropriate section of the patient record.

B. Patient Capacity to Give Informed Consent:

Capacity to consent is presumed. In the event of the presence of evidence that the individual is not capable of informed consent, and depending on the legal commitment, substituted consent may be required in order to prescribe medication or medical treatment.

C. Patient Consent:

All medication and medical treatment orders fall into one of the following categories:

1. When an Emergency Exists:

- a. **Definition:**

California Administrative Code, Title 9, 853 states: "An emergency exists when there is a sudden marked change in the patient's condition so that action is immediately necessary for the preservation of the life or the prevention of serious bodily harm to the patient or other, and it is impractical to first obtain consent." Additionally, W&I Code Section, 5008 states, in part, "It is not necessary for harm to take place or become unavoidable prior to treatment."
 - b. If a patient refuses medication and/or medical treatment, he shall not be treated except in an emergency, unless and until a court order or other legal authorization is obtained.
2. When the patient is both capable of giving consent, and does consent:
- a. Patients who are capable of consenting and who consent to medication and or medical treatment may be treated. Consent shall be documented.
 - b. Medication or medical treatment will be offered to the patient until:
 - i. the prescribing order is changed, or
 - ii. the patient signs a form withdrawing his consent, or
 - iii. the patient makes an explicit verbal statement that he has withdrawn his consent
3. When the patient is either capable of giving consent and does not consent, or the patient is incapable of consenting, the course of action is determined by the patient's legal status. The classifications and requisite procedure for patients in those classifications are listed below.
- a. **Involuntary Psychotropic Medication:**
 - i. PC 2684: A Keyhea hearing is required. See A.D. No. 540.
 - ii. WIC 6316 and WIC 6600: Series, a petition for involuntary medication per the Calhoun decision is necessary to provide authority to medicate. See A.D. No. 542.
 - iii. PC 2962 and PC 2970: A Qawi petition, and interim involuntary Medication Hearing if requested is necessary to provide the authority to medicate.
 - iv. PC 1026 may be treated as indicated per order of commitment.

b. Involuntary Medical Treatment:

- i. All commitments: Probate Code 3200 is used for involuntary treatment of life threatening physical conditions. See A.D. No. 546.

VI. MEDICATION AND MEDICAL TREATMENT PRESCRIPTION

A. All Categories:

1. Format:

- a. Medication and medical treatment orders are to be recorded on the Physician Order Form, signed and dated by the prescriber, except as noted in section IV A. 3 below.
- b. Medication and medical treatment orders shall include:
 - i. Date and time order was written,
 - ii. The generic name of the medication (or as it is listed in the Hospital Formulary),
 - iii. Dose,
 - iv. Form,
 - v. Route of administration,
 - vi. Time interval between doses, or frequency, and
 - vii. Duration of administration.
 - viii. Should the order fail to specify any of the above, it must be clarified with the physician before it is noted.
 - ix. A complete and accurate problem number that corresponds with the Hospital's problem number system shall accompany each order for medication.

2. Documentation Requirements:

- a. All new or revised orders shall have a corresponding note entered in the Physician Progress notes. Such entries shall comply with Medical Staff standards for documentation.
- b. All chart documentation shall be consistent with the approved Documentation System for Coalinga State Hospital.

- c. The hospital provides prescribers with a list, approved by the Medical Records Committee of recommended abbreviations and symbols as well as a list of dangerous abbreviations and symbols that not to be used.
3. Verbal orders:
- a. Verbal orders are limited to those urgent situations in which quality of patient care would be jeopardized by the delay involved in awaiting a written order. The prescriber must sign the telephone or verbal order within 48 hours. This may also be accomplished by the person receiving the verbal order faxing it to the prescriber immediately, for the prescriber to sign and fax back. This must be on a hospital order sheet.
 - b. Verbal orders shall be accepted only by staff legally authorized to dispense or administer medication and/or medical treatment, for example: Registered Nurse, Licensed Psychiatric Technician, LVN, or Pharmacist. The person receiving the order shall write it directly on the Physician's order form and read it back to the prescriber for verification. The transcribed order shall contain the following elements:
 - i. The order itself
 - ii. The date and time the order was transcribed
 - iii. The signature of the person receiving the order
 - iv. The printed name of the person giving the order
 - v. Following the name of the person giving the order, sufficient space to provide for signature and date and time of signing
 - vi. Authentication of verbal orders shall include the signature, date and time of signing the order.
4. "Hold" Orders:
- a. Definition: A "hold" order directs the administration of a medication or medical treatment be suspended for a certain specified period. It is distinguished from an order to delay administration of a medication or medical treatment by the fact that, in the situation of a delay, the medication or medical treatment is given but delayed, while in a "hold" order the medication or medical treatment held is not given during the "hold" period.
 - b. An order to hold a medication or medical treatment shall include the following:

- i. The medication or medical treatment to be withheld
 - ii. The time interval during which the medication or medical treatment is to be withheld
 - c. A corresponding physician progress note shall be written which indicates the rationale for withholding the medication or medical treatment(s).
5. PRN Orders:
- a. PRN orders shall clearly specify parameters for administration based on observable conditions and behaviors. Exceptions may be authorized by the Medical Director on an individual case basis.
 - b. The sum of the prescribed PRN dosages and scheduled dosages of a medication shall not exceed the greater of the statewide guidelines or the dosage pre-authorized by the MRC. PRN orders that would have the effect of increasing the daily dosage above the limit, without prior MRC authorization must be clarified before they are noted.
6. MOC / PMOC Orders:
- a. In the absence of the patient's regular attending physician, and in accordance with Administrative Directive No. 550, the Medical On-Call (MOC) or Psychiatric Medical On-Call (PMOC) may prescribe medication and/or treatment for a specific patient in response to immediate need.
 - b. The attending physician shall review the MOC and PMOC orders on the next regularly scheduled day of work. The attending physician, upon evaluation of the patient's condition, may approve, modify, or discontinue the order of the PMOC or MOC.
7. Standing Orders: Standing orders will not be used for medications and treatments (Title 22, 7355). This does not preclude, however, the use of established protocols.
8. Blanket Orders: Blanket orders will not be used for medications and treatments; e.g., orders that are written as "continue previous orders" or "discharge on current medications."
9. Resume Orders: Resume orders must list each medication item and all required components for each item.
10. Orders for Compounded Products: The pharmacy will supply compounded products as ordered. Orders must list each ingredient and its specific strength.

11. **Taper and Titration Orders:** Taper and titration orders must specify the precise dose, with associated time intervals and durations, for each dose change.
12. **Medications requiring specialized devices** must indicate the device required, e.g. NG Tubes, spacers, catheters, nebulizers etc.

B. Special Considerations for Psychotropic Medications:

1. Psychotropic medications require a special consent form (see above

2 - Psychotropic medication prescription is subject to the limitations of dosage, approval, route, required laboratory testing, and other limitations as adopted by the State Psychopharmacology Committee, the Medical Staff, and the Medical Director.

3. **Medication Review Committee Procedures:**

- a. Medications in dosages above hospital guidelines may not be prescribed or administered without:
 - i. Prior approval of the Medical Director.
 - ii. A completed consultation from the MRC granting approval being filed in the patient Medical Record.
- b. The prescribing physician is responsible for requesting consultation and for verifying the presence of the completed consultation in the medical record prior to prescribing.
- c. The Pharmacy shall conduct a drug regimen review process that monitors and detects medications prescribed in excess of the hospital guidelines. Results of this review are presented to the Medical Director.
- d. Consultation requests shall be submitted to the Chair of the Medication Review committee and shall indicate if "Standard" or "Emergency" request. Emergency requests shall be completed within three working days of receipt of the request. The date and time the request is received in the Medical Staff office shall determine the beginning of the three-day time frame.
- e. Completed consultations shall be noted by the following:
 - i. The chair of the MRC shall write directly on the physician order form: "Consultation for over-guidelines use of (medication name) completed on (date)" and sign their name.

- ii. The original copy of the consultation shall be given to the Medical Director for approval. Then it should be given to :
- iii. the staff for filing in the medical record
- iv. A copy shall be sent to the treating physician.

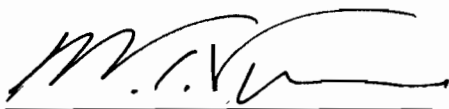
D. Medication or Medical Treatment Administration:

1. Patient Self-Administration:

- a. As part of their bio-psychosocial rehabilitation, patients may be allowed to self-administer medications under staff supervision.
- b. Self-administration of any medication is allowed only by a doctor's written order. Patients who self-administer medications must be reviewed and screened for this process by their interdisciplinary treatment team.
- c. Patients may also self-administer medications as clinically indicated for medical conditions.
- d. A doctor's order is also required for a patient to carry medications on his person, e.g. "May carry (specify number of tablets) nitroglycerin."

VII. TREATMENT AND PROCEDURE ORDERS

- A. Orders for medical treatments and procedures other than medication shall be given only by individuals privileged by the Medical Staff to issue such prescriptions in this hospital, and shall be carried out by staff with the requisite credentials.
- B. Emergency treatment is to be provided pursuant to A.D. No. 342.
- C. Conditions which are continuing, not immediately life-endangering, but potentially life-threatening may be treated pursuant to a court order under the Probate Code Section 3200.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 540 Procedure for Involuntary Psychotropic Medication of PC2684 Patients

A.D. No. 542 Procedure for Involuntary Psychotropic Medication for WIC 6600 Series Patients

A.D. No. 546 Procedure for Authorizing Involuntary Medical Treatment

A.D. No. 342 Emergency Services Plan – First Aid within the Secured Area for Visitors and Staff