# Psychotropic Medication Management

POLICY AND PROCEDURE

## 1. Scope

The Psychotropic Medication Management policy applies to the provision of support services to Subee Newlake clients in the community.
This policy and procedure is to provide and guide best practice regarding psychotropic medication management with Subee Newlake clients.

This policy is to be read and viewed in context with Subee Newlake Clinical Governance and Medication Policies.

## 2. Purpose

The purpose of this policy and procedure is to assist in monitoring and actively seeking strategies to reduce and eliminate the use of psychotropic medications in clients.

## 3. Desired Outcome

- To maintain a quality and safe standard of service delivery
- Ensure that no psychotropic medication is used as a restraint or to control a clients behaviour of concern.

## 3. Background

It is recognised that psychotropic medication use requires close monitoring and regular review due to the increased risk of potential adverse effects in the client and when multiple medications with psychotropic actions are combined. The use of psychotropic medications in managing behavioural and psychological symptoms of dementia (BPSD) is minimised by the implementation of non-pharmacological strategies and interventions as a first-line approach and following an individualized behaviour management plan for each client, which has been developed and agreed together with the client and/or their person responsible. Where psychotropic medications are used, the diagnosis and indication for use as well as the specific dose, frequency and maximum daily dose are specified by the prescriber, to avoid potential inappropriate use and chemical restraint.

It is a clear requirement that all psychotropics must be authorised by a GP and consulted with client and /or the clients representative.

## 4. Definition

Psychotropic drug - A drug that has an effect on a person's mental state

Chemical restraint - is the control of a client's behaviour through the intentional use of:
- prescribed medicines,
- over the counter medicines, and/or
- complementary alternative medicines.

Chemical restraint is:
- When no medically identified condition is being treated.
- Where the treatment is not necessary for a condition.
- To over-treat a condition.
- ·Chemical restraint includes the use of medicines when:
- The behaviour to be affected by the active ingredient does not appear to have a medical cause

## Procedure

If a client is prescribed psychotropic medication;

- The diagnosis or indication for commencing and continuing treatment with each psychotropic medication prescribed is to be clearly documented by the prescribing Medical Practitioner in the client's notes and on medication form with the indication for treatment. Refer to Subee Newlake psychotropic medication letter sent to prescribing practitioner.
- Where prescribed in the treatment of behavioural and psychological symptoms of dementia (BPSD), the behaviours being targeted are to be specified.

Consent is required for the use and administration of all medications, however, is particularly relevant for the use of psychotropics in the management of behavioural and psychological symptoms of dementia.
The Medical Practitioner is responsible for obtaining consent from the client or their person responsible prior to the commencement of psychotropic medication used in the management of behavioural and psychological symptoms of




subee
Aged Care • Disability Support • Families & Respite • NDIS

newlake
Aged Care • Disability Support • Families & Respite • NDIS

**www.subeenewlake.com.au** | **COFFS COAST:** Call: 02 6651 3153 | **HUNTER REGION:** Call: 02 4966 8399 | hello@subeenewlake.com.au
**Subee:** Unit 2 84-90 Industrial Drive, Coffs Harbour NSW 2450 | **Newlake:** 3/11 Glenwood Drive, Thornton NSW 2322 | **24/7:** 0418 425 504

dementia. Consent information is to be clearly documented by the Medical Practitioner and if preferred, may be subsequently also confirmed with a signed written statement of consent by the client or their person responsible.

- The use of psychotropic medications is to be monitored regularly throughout the treatment period and reviewed by the Medical Practitioner, with documentation of this review in the client's notes and at 3 monthly clinical review. More frequent review will occur on commencement of a psychotropic medication. A behaviour support plan will be in place by medical practitioner and/or allied health professionals were used in behaviour management.
- Where psychotropic medication is prescribed and being administered for behavioural problems associated with dementia, a record and description of the behaviours maintained to evaluate for any observed changes are reported in progress notes.

Changes in both mental and physical state are monitored so that evaluation of any associated adverse effects of medication may be identified.

- Subee Newlake employees are trained and responsible to report to the team leaders unauthorised use of "chemical restraint". This is a reportable incident and Team Leaders will report through appropriate channels, inform management team, and enter an incident report on TRACK.
- Subee Newlake employees are trained and responsible to document and report to Subee Newlake RNs or team leaders where any excessive adverse effects such as over-sedation or loss of mobility or other function occurs during observation and monitoring of effects that may be related to psychotropic medication use.
- Reporting includes mandatory reporting responsibilities for Subee Newlake for the use of an unauthorised restrictive practices to the relevant legislative body.

Documentation of the effect of the psychotropic medication on the condition or behaviour being treated, with escalation of any concerns regarding lack of effect or benefit to Subee Newlake RNs or team leaders who will liaise with medical practitioner.

### Emergency/PRN use of psychotropic medication for Subee Newlake Registered Nurses

- "Chemical restraint" without consent from the responsible person may only be used on the written or verbal instruction of the Medical Practitioner in an emergency where there may be an immediate risk of harm to the client, other clients or persons.
- The use of PRN psychotropic medication may be appropriate to minimise total psychotropic medication use, however when prescribing, the Medical Practitioner is to include on the Medication Chart order the clear indication for use as well as a dose, dosage interval and maximum dose within a 24 hour period. The Registered Nurse is to seek clarification of the indication for use from the Medical Practitioner where this is not specified or clear.

### Psychotropic Medication on a pre-prescribed basis

- The use of Psychotropic Medication is considered a Restricted Practice. Although the medication must always be administered as prescribed by the medical practitioner, the recommended support strategies are authorised and monitored through the relevant Restrictive Practice Authority mechanism for each funding program (HCP, NDIS, iCare).
- In this context the term Psychotropic Medication refers to any medication which affects:

o cognition (i.e. perception and thinking);
o mood;
o level of arousal; or
o behaviour. Includes psychoactive and androgen-reducing medication used to influence behaviour.

- Psychotropic medication may be prescribed by a GP, Psychiatrist or Paediatrician as part of a treatment plan for a diagnosed mental illness, seizure disorder or psychiatric disorder. Under these conditions, and where such medication is administered on a routinely, it is not a Restricted Practice.
- Psychotropic Medication must not be the primary behaviour support strategy used for a person with intellectual disability. Where used at all, it must form part of a documented behavioural support plan which has been developed in collaboration with the consultant Physician/Psychiatrist.
- Consent is always required for the administration of Psychotropic Medication. Consent is of no effect if the treatment is for a purpose other than promoting the health and well-being of the Client.




subee
Aged Care • Disability Support • Families & Respite • NDIS

newlake
Aged Care • Disability Support • Families & Respite • NDIS

**www.subeenewlake.com.au** | **COFFS COAST:** Call: 02 6651 3153 | **HUNTER REGION:** Call: 02 4966 8399 | hello@subeenewlake.com.au
**Subee:** Unit 2 84-90 Industrial Drive, Coffs Harbour NSW 2450 | **Newlake:** 3/11 Glenwood Drive, Thornton NSW 2322 | **24/7:** 0418 425 504