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| **MONTCALM CARE NETWORK PROCEDURE 611 North State Street, Stanton, MI 48888** | |
| SUBJECT: Routine Monitoring,  Screening, and Education for  Psychotropic Medications | Section: 8305I |
| Effective Date: March 17, 2006 | Revised Date: December 27, 2023 |

Monitoring the health and wellbeing of persons served is essential to providing integrated care.

Psychotropic drug is defined as any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. The use of psychotropic medications is recognized as a contributing risk factor to chronic health conditions. Prescriber will ensure practices to abate such risk when the benefit outweighs the risk and monitor for any negative health consequences. This may be achieved through ordering of lab work, use of screenings, and promotion of health practices.

Coordination with the primary care provider and use of electronic health exchanges are important tools in ensuring a holistic approach to care.

1. Prescribers will ensure the use of informed consent prior to prescribing and include a discussion of the health side effects of all prescribed psychotropic medications. Prescribers will explain the specific risks and most common adverse side effects associated with that drug. Individuals will be provided with a written summary of those common adverse side effects by their pharmacy or upon request by the prescriber.
2. Psychotropic medications will be prescribed as medically necessary, through a systematic approach, the consumer will be evaluated and the problem will be clearly defined; the prescriber will specify the therapeutic objective and select the appropriate drug therapy to obtain the desired amelioration of symptoms; initiate therapy with appropriate detail and consider nonpharmacological therapies. If medications are prescribed beyond typical therapeutic ranges, justifications and risk/benefit analysis must be documented in the electronic health record.
3. The administration of psychotropic medication to prevent physical harm or injury will occur only when the action of the individual, or other objective criteria, clearly demonstrate to a physician that he/she poses a risk of harm to self or others, and only after signed documentation of the physician is placed in the individual’s electronic health record.
4. Prescribers retain the right to decline refills or prescribing of psychotropic medications based on non-compliance by the person served in taking medication as prescribed or following through with medication reviews. In such instances, the individual will be referred to the primary care physician for follow up.
5. The prescribing of multiple psychotropic agents should be avoided when possible. If necessary, a risk/benefit analysis and justification for use must be documented in the electronic health record.
6. The following risk areas will be monitored with the method and frequency defined below:
   1. Monitoring for Tardive Dyskinesia:

1) Individuals prescribed an atypical antipsychotic medication or other medication known for placing the consumer at risk for Tardive Dyskinesia will receive an AIMS.

2) AIMS assessment will be administered quarterly

3) Individuals will receive information on the risk of TD.

4) Individuals experiencing TD will be treated with medication to advert the side effects or be prescribed another medication when risk outweighs benefit.

* 1. Monitoring for Metabolic Syndrome, Diabetes, and Heart Disease:

1. When initiating the use of an atypical antipsychotic, baseline vitals and lab values will be established and ordered at evaluation, as follows:
   1. A1C
   2. TSH
   3. CBC Panel
   4. Cholesterol Panel
   5. CMP
   6. BMI
2. Frequency of monitoring of panels will occur at six (6) months after initial lab work and annually thereafter.
3. Persons seen by telehealth will be seen in person at least annually to ensure monitoring of vital signs.
4. Individuals demonstrating negative health outcomes as result of psychotropic medication use will be provided education on nutrition and physical activity by the prescriber and encouraged to participate in ancillary care through Integrated Health Services to address lifestyle behaviors.

1. Monitoring for Substance Use and Misuse of Controlled Substances:
   1. Urine Drug Screening (UDS) will be periodically ordered under the following circumstances to ensure safe use of psychotropic medications:
      1. Individual has a known or suspected substance use disorder and use may negatively affect efficacy of psychotropic medications.
      2. Individual has requested early refills or lost prescriptions for controlled substances.
      3. Individual is suspected to not be taking a controlled substances as prescribed.
   2. Frequency of UDS will be at the prescriber’s discretion .
   3. Blood serum tests will be ordered at the prescriber’s discretion to demonstrate compliance with use of a controlled substance.
   4. Failure of a consumer to follow through with UDS or blood tests or a positive result may lead to changes in the prescribed medication to ensure the health and safety of the individual and efficacy of medications prescribed.
   5. Positive UDS will be send for confirmation testing at the discretion of the prescriber.

1. Monitoring for Communicable Disease and Infection:
   1. Montcalm County has high rates of transmission for HIV and Hepatitis C viruses
   2. Persons in high-risk groups will be offered testing no less than annually:
      1. Men who have sex with men
      2. Persons with more than 1 sexual partner in the past year
      3. Transgendered people who have sex with men
      4. Persons with a recent sexually transmitted infection
      5. Persons who inject drugs
   3. Persons will be encouraged to test more frequently based upon possible exposure.
   4. Persons at risk will be provided routine education on safe sex practices, needle exchange and SUD treatment programs, and referred as appropriate.
   5. Persons who test positive for HIV or Hepatitis C virus will be referred for specialty treatment.
   6. COVID, Flu, and other respiratory infections place the population served at risk.
   7. Prescribers will provide routine education on the benefits of immunization and refer interested persons to a local immunization site.