Medication Plans

W312[1]

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■ Guidelines:

Although only a physician can prescribe medication, the decision to use medication for control of behavior must be based on input from other team members. The interdisciplinary team involvement in this decision-making process is inextricably linked to an obligation to develop and implement effective non-drug interventions that address the targeted behavior. This obligation requires constant monitoring of the non-drug interventions to determine its efficacy, and to determine whether the judicious use of drug therapy may at times be appropriate.

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■ Guidelines (continued):

Drugs from categories other than the principle drug classes that have behavior controlling properties (e.g., antipsychotic, anti-anxiety, and antidepressants) are sometimes used to control inappropriate behavior. Examples include the use of Inderal, which is classified as an antihypertensive and anti-anginal drug, for self-injurious behavior, and Tegretol, which is an anticonvulsant, for aggression. The regulation was written to encompass any drug when its use is for purposes of controlling inappropriate behavior. This requirement does not apply to drugs, such as Inderal, when they are used to treat medical conditions. However, if their use (e.g. dose, duration, etc.) indicates that they are being used to control inappropriate behavior, the interdisciplinary team must be involved in the decision to use them and they must be incorporated into the active treatment program plan.

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- Diagnosis or diagnoses.
- Symptom or symptoms.
- Treatment plan [plan(s) and medication(s)].
- Objective criteria for reduction.

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- Guidelines (continued):

Individuals who receive psychoactive drugs for behaviors associated with a diagnosed mental disorder require an active treatment program designed to reduce, ameliorate, compensate or eliminate the psychiatric symptoms. The psychiatric diagnosis must be based on a comprehensive psychiatric evaluation in which the evidence supports the conclusion of a psychiatric diagnosis as required by W212. The focus of active treatment, in this instance, would be on the mental health of the individual.

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■ Guidelines (continued):

When the individual is regularly exhibiting behaviors that are interfering with the ability to receive routine medical and dental treatment, then use of the sedative is required to be incorporated into a specific active treatment program.

The individual program plan contains specific criteria for any PRN usage.

In an emergency, a physician may authorize the use of a drug to control an inappropriate behavior. However, orders for continued emergency drug usage cannot continue until the team gives approval and the drug's usage has been included in the plan. Psychotropic drug therapy may not be used outside of an active treatment program targeted to eliminate the specific behaviors which are thought to be drug responsive.

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- PRNs:
  - Medications used for medical/dental.
  - Medications used for sleep.
  - Medications used for maladaptive behaviors.

  Reduction criteria is typically based meeting criteria related to the behavior for which it is being used (i.e., desensitization plans) or on non-use.

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■ W317: Contraindication

The individual's current clinical status or the nature of a psychiatric illness may indicate that gradual withdrawal of the drug is unwise at this time. It is not acceptable, however, to preclude a gradual drug withdrawal for a person, including a person with a psychiatric impairment, merely because of the possibility that his or her behavior may be exacerbated.

Data which shows a direct relationship between past attempts at withdrawal, and an increase in the targeted behavior or symptoms should be available to support the decision not to attempt a gradual withdrawal. This data should reflect the programmatic interventions utilized to respond to the behavior prior to determining that gradual withdrawal is contraindicated. The team should periodically re-evaluate the decision not to attempt a gradual withdrawal based on the individual's progress or other changes in clinical status.

✓ Documentation.

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Routine Medications:

Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression	BMP and Depakote	Objective criteria related to aggression as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder and Impulse Control Disorder	Aggression	BMP and Depakote	Objective criteria related to aggression as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression	BMP and Depakote	Objective criteria related to aggression as set by the IDT.
Schizophrenia	Auditory Hallucinations	BMP and Clozaril	Objective criteria related to auditory hallucinations as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression	BMP and Depakote	Objective criteria related to aggression as set by the IDT.
Intermittent Explosive Disorder	Self injurious behavior	BMP and Seroquel	Objective criteria related to self injurious behavior as set by the IDT.
Schizophrenia	Auditory Hallucinations	BMP and Clozaril	Objective criteria related to auditory hallucinations as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder and Impulse Control Disorder	Aggression	BMP and Depakote	Objective criteria related to aggression as set by the IDT.
Impulse Control Disorder	Elopement	BMP and Ativan	Objective criteria related to elopement as set by the IDT.
Intermittent Explosive Disorder	Self injurious behavior	BMP and Seroquel	Objective criteria related to self injurious behavior as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression and Self injurious behavior	BMP and Depakote	Option 1: Objective criteria related to aggression as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression and Self injurious behavior	BMP and Depakote	Option 2: Objective criteria related to self injurious behavior and aggression as set by the IDT. Option 3: Objective criteria related to self injurious behavior or aggression as set by the IDT.

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Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Intermittent Explosive Disorder	Aggression	BMP and Depakote and Seroquel	Objective criteria related to aggression as set by the IDT.
Schizophrenia	Auditory Hallucinations	BMP and Clozaril	Objective criteria related to auditory hallucinations as set by the IDT.

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Activities

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Activity #1

Diagnosis	Symptoms	Treatment Plan	Criteria to Reduce
Autism	Self injurious behavior	BMP and Haldol	SIB less than 5 times per month for 3 consecutive months.

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Activity #1

Areas of Concern:

References

[1] *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation.* Retrieved from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf