

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Service Division Woodside Juvenile Rehabilitation Center		<h1>402</h1>
Chapter:	Health Care Services	
Subject:	Decisions Regarding Medications	Page 1 of 4
Approved:	Jay Simons, Director	Effective: 4/9/2018
Supersedes	Woodside Policy and Procedure #402	Dated: 7/1/2012

Purpose

Residents of Woodside Juvenile Rehabilitation Center are often admitted with prescribed medications or require a prescription during their stay at Woodside. The role of psychiatric medications in the evaluation and treatment of the youth is assessed by taking into consideration the presence of target psychiatric symptoms and risks to safety. If after review, it is determined that psychiatric medications may play a significant role in improving the resident's functioning and minimize target symptoms, the appropriate medications will be utilized. It is the purpose of this procedure to ensure that residents receive the best possible treatment while at Woodside.

Related Policies

Family Services Policy 137: Anti-Psychotic Medications For Children in The Care of DCF

Definitions

Anti-Psychotic Medication: A class of medication that can assist in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches or verbal outbursts as seen in Tourette's Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior (American Academy of Child and Adolescent Psychiatry [AACAP], 2012).

Informed consent: A formal consent for treatment given by the patient (or person who has the legal authority to provide consent, if that is not the patient) after the person is fully informed about the about the nature and character of proposed treatment, the benefits and risks of treatment, alternative forms of treatment or no treatment.

Psychotropic medications: Medications used for an emotional or behavioral condition including:

- Stimulants
- Antidepressants
- Benzodiazepines
- Anti-anxiety medications (including Buspar)
- Mood stabilizers (Lithium)



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The following are not typically classified as psychotropic medications but are sometimes used for emotional or behavioral conditions:

- Alpha-agonists (Clonidine and Guanfacine and their long-term analogs).
- Anti-convulsants

Policy

Medications will be administered as prescribed by a licensed practitioner.

Review of Psychotropic Medication.

Psychotropic medication will be continued pending a review by the Woodside Contract Psychiatrist.

1. The Woodside Nurse will contact the prescribing physician to ascertain the reason for the use of the psychotropic medication.
2. Decisions regarding residents' medications will be made by the Woodside Consulting Psychiatrist based upon a review of the resident's treatment history, acuity, the risk benefit assessment developed after consulting with the resident, Parent(s) (unless DCF Social Worker deems contra indicated), Family Services Worker, the resident's treatment team, prescribing physician (when possible) and others who may have relevant information regarding residents' medication.
3. Woodside medical staff and the Woodside Consulting Psychiatrist will adhere to FSD Policy 137, Anti-Psychotic Medications for Children in the Care of DCF, which requires Informed Consent by the Family Services Worker before a resident can begin a course of anti-psychotic medications, with a review of that consent every 180 days.

As needed (PRN) antipsychotics and anxiolytics will be discontinued with resident, Parent(s) and DCF Social Worker notification and explanation.



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No Drug Base Line

When a resident has been on a psychotropic medication for a period of time and the effectiveness of the medication(s) on psychiatric symptoms is not clear, the resident's medication will be re-assessed by the Woodside Consulting Psychiatrist. This assessment may involve the psychiatrist safely discontinuing some or all of the resident's medications. As noted above, changes in the youth's medication will include decision making processes that include the youth, Parent(s) (unless Family Services Worker deems contra indicated), Family Services Worker, resident's treatment team, prescribing physician (when possible) and others who may have relevant information regarding youths' medication.

Over-the Counter Medications:

If a resident requests over the counter (OTC) medication and a nurse is on-duty, staff will contact the nurse and they will give the OTC after evaluating the resident.

Woodside Nursing staff will maintain a medication administration record (MAR) for each resident on each unit which tracks all over-the-counter medication dispensed over the course of a month. The OTC MAR must be filled out at the time the medication is dispensed and will include the following information:

- resident's name;
- date and time;
- type of medication;
- amount, reason for giving;
- results (nurse or staff will check in with the resident in approximately **60** minutes after receiving medication to determine if the medication helped relieve the issue the resident was taking the OTC for); and,
- the initials of staff dispensing the medication.

Aspirin will not be supplied to the residents unless a specific written order is obtained from a physician. All over-the-counter medication including, but not limited to, Tylenol, Advil, and oral cough or cold remedies are secured in the nurse's medication (med) cart located in each unit



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staff office. Nursing staff may leave a small dose of each OTC on the top of each medication cart so night staff may pass the OTC if necessary.

A list of over-the-counter medications available and maximum dose will be available in each Unit. The Woodside Nurse will routinely inventory and re-supply over-the-counter drugs available to residents.