DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Medical Staff Department

Control #	Rev.	Title: Involuntary Administration of Psychotropic Medications	Effective Date: 9/18/2020
	New		Next Review: 9/18/2022

APPROVED BY: /s/ Leon Ravin, MD.

I. DIRECTIVE: to establish a procedure for determining whether to involuntarily administer psychotropic medication to a patient who is civilly committed to DPBH inpatient services.

II. PURPOSE. This policy does not apply to:

1. The use of a chemical restraint, as defined in NRS 433.5456; or
2. The involuntary administration of psychotropic medication in an emergency, as defined in NRS 433.5466.
3. Patients treated at the DPBH services other than patients who are admitted to the DPBH inpatient services involuntarily by court order pursuant to NRS 433A.200 to 433A.330, inclusive.
4. Patients treated at the DPBH services who have a court order to involuntarily administer the medication to the patient.

III. DEFINITIONS:

1. Medical staff means a physician, physician assistant or advance practice registered nurse.
2. Working hours means hours of operation during the week and excludes any hours on Saturday, Sunday or a holiday.

IV. PROCEDURE:

1. To initiate the process for the involuntary administration of psychotropic medication to a patient who is currently admitted to the public or private mental health facility under an emergency admission pursuant to NRS 433A.150 or an involuntary court-ordered admission pursuant to NRS 433A.200, the treating medical staff must submit a request to involuntarily administer psychotropic medication to a patient to the agency medical director after completing the following steps:

    a. Determine that the patient presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195, or is unable to care for himself or herself without the administration of the medication; and
    b. Explain to the patient the nature of the condition for which the psychotropic medication is necessary, the basis for the diagnosis of the condition, the benefits and risks of using the medication including, without limitation, possible side effects from use, any alternative treatment and the potential outcome if the condition remains untreated;
    c. Attempt to obtain informed written consent to the administration of the psychotropic medication after receiving the explanation described in paragraph (b); and if the patient refuses to provide informed consent
    d. Document in the medical record of the patient that the provisions of subsections a, b, and c were satisfied.

2. Upon receiving a request from the patient's treating medical staff |to involuntarily administer psychotropic medication to a patient, the medical director of the agency or his or her designee shall:
    a. Appoint a committee consisting of three members, at least two of whom are professionally knowledgeable in the field of psychiatric mental health and at least one of whom is a licensed psychiatrist. A person must not be appointed to serve as a member of the committee if the person is:
        i. Involved in the current diagnosis or care of the patient;
        ii. The medical director of the agency; or
        iii. Designated by the medical director of the agency to review the decision of the committee pursuant section IV.10 through IV.13 of this policy.

    b. Appoint an advisor to perform the duties prescribed by section IV.4 of this regulation. The advisor must be a person who:
        i. Is not currently involved in the care of the patient;
        ii. Understands psychiatric issues; and

iii. Has received training on the procedures set forth in sections IV.1-IV.13, inclusive, of this regulation and understands the role of the advisor.

3. A committee appointed pursuant to subsection IV.2.a. shall schedule a hearing to review the request from a practitioner pursuant to section IV.1 of this policy to involuntarily administer psychotropic medication to a patient. The hearing must be held not less than 24 working hours after the receipt of the request. The committee shall notify the patient and his or her advisor not less than 24 hours before the hearing of the date and time of the hearing.

4. An advisor appointed pursuant to section IV.2.b. of this policy:
   a. Shall meet with the patient before the hearing held pursuant to sections IV.2-IV.3 of this policy to assist the patient in preparing for the hearing.
   b. Shall assist the patient to present his or her position concerning the administration of medication to the committee at the hearing.
   c. Shall not present his or her personal opinion concerning the appropriateness of the proposed treatment.

5. A patient who is the subject of a hearing held pursuant to sections IV.2-IV.3 of this policy must be allowed to be present during the entire hearing. Unless the patient has indicated in writing or through his or her advisor that he or she will not participate in the hearing, the hearing must not begin until the patient is present. At the hearing, the patient must be allowed to:
   a. Cross-examine any person interviewed by the committee; and
   b. Present evidence and witnesses to the committee.

6. The committee conducting the hearing may interview any person or request any document it deems necessary to assist the committee in making its determination.

7. The committee conducting the hearing shall:
   a. Keep a written, audio or audiovisual record of the hearing;
   b. Prepare a written decision upon the conclusion of the hearing;
   c. Transcribe minutes of the hearing;
   d. Place a copy of the minutes and the written decision of the committee in the medical record of the patient; and

e. Provide a copy of the minutes and its written decision to the patient.

8. Upon conclusion of the hearing, the committee may recommend approving the request to involuntarily administer psychotropic medication to the patient only if the member of the committee who is a psychiatrist and at least one other member determine that the patient presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195, or is unable to care for himself or herself without the administration of the medication. In making that recommendation, the committee must consider:
   a. Any stated objections of the patient to the administration of the medication;
   b. If the patient has completed an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, any relevant instructions contained in that advanced directive;
   c. Any documents or evidence offered by the patient, including, without limitation, the testimony of any witness;
   d. Whether the condition of the patient is likely to improve if the medication is not administered to the patient and, if so, whether such improvement would be significantly slower than had the medication been administered;
   e. Whether there is a less invasive means to accomplish the same or similar results to those achieved by administration of the medication;
   f. Any prior experience of the patient with taking the medication; and
   g. Any additional factor deemed relevant by the committee. Any such additional factor must be described in the written decision of the committee.

9. The committee shall forward its written recommendation to the agency medical director for review pursuant to section IV.10 through IV.13 of this policy.

10. The agency medical director or a psychiatrist designated by the medical director shall conduct a review of a recommendation to approve or deny a request for the involuntary administration of psychotropic medication made by a committee pursuant to section IV.5 through IV.9 of this policy not later than 24 working hours after receiving the recommendation. In reviewing the recommendation, the medical director or his or her designee must consider, without limitation, the medical record of the patient and any other document reviewed by the committee. The medical director or his or her designee may also:

a. Interview any person whom the director or his or her designee believes may have relevant information; and
b. Conduct an examination of the patient.

11. During the review conducted by the medical director or his or her designee, the medical director or his or her designee shall consider:
    a. Whether the committee followed the proper procedures;
    b. Whether the proposed psychotropic medication is medically appropriate for the patient based on the diagnosis and medical history of the patient;
    c. Any stated objections of the patient to the administration of the medication; and
    d. Any other factor deemed relevant.

12. After conducting a review pursuant to this section, the medical director or his or her designee may:
    a. Require the involuntary administration of psychotropic medication to the patient in the manner requested by the practitioner with the primary responsibility for treating the patient;
    b. Require the involuntary administration of psychotropic medication to the patient in the manner determined appropriate by the medical director or his or her designee; or
    c. Prohibit the involuntary administration of psychotropic medication to the patient.
13. If the agency medical director or his or her designee requires the involuntary administration of psychotropic medication to a patient pursuant to subsection 12, the medication may be administered involuntarily to the patient for not more than 30 days. If the practitioner who is primarily responsible for treating the patient determines that it is necessary to continue administering medication to the patient for more than 30 days, the practitioner must request the consent of the patient. If the patient refuses to provide consent to continued administration of the medication, the practitioner must submit another request to involuntarily administer psychotropic medication pursuant to section IV.1 of this policy.

V. REFERENCES:

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