

**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES  
POLICY SP-3.1 INVOLUNTARY ADMINISTRATION OF MEDICATION**

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**POLICY:** It is the policy of MHDS to provide psychotropic medication only with the consumer's consent, in an emergency, or in accordance with the procedure outlined here in order to protect the rights and safety of our consumers.

**PURPOSE:** The purpose of this policy is to protect the rights and safety of consumers of mental health services by ensuring that all due process procedures are followed in the event that medication is provided on an involuntary basis.

**SCOPE:** This policy applies to the civil inpatient settings within MHDS that are Dini-Townsend and Rawson-Neal Hospitals.

**DEFINITIONS:**

- Consent to treatment - Informed consent requires that the consumer has been adequately informed as to the nature and consequences of the medications, the reasonable risks, benefits and purposes of the medication, and alternative medications available. Informed consent is evidenced by the consumer's signature on an approved form. In the event that the consumer refuses to sign documents but states they consent to treatment, two witnesses must indicate they have witnessed this statement.
- Emergency treatment - Emergency treatment allows for the administration of psychotropic medication for consumers who are refusing psychotropic medication and are acting out in a manner that poses an imminent danger to themselves or others and for whom a Denial of Right to Refuse Medication has been reported pursuant to NRS 433.484. The administration of psychotropic drugs under these circumstances shall not extend beyond a period of forty-eight consecutive hours without the consumer's consent or the committee and administrative review as detailed in this policy.
- Medication Hearing Coordinator- The Medication Hearing Coordinator is a staff member designated by the agency director to coordinate the scheduling of the review by the Medication Review Committee and any review by the medical director or designee.

**PROCEDURES:**

- I. **Recommendation of medication and consent consultation:**
  - A. The treating psychiatrist must determine that the consumer suffers from a mental illness and is gravely disabled, or poses a likelihood of serious harm to himself or others, requiring the administration of psychotropic or other medication.
  - B. The treating psychiatrist must explain to the consumer the risks and benefits of the medication to be prescribed, including possible side effects of the medication and alternative treatments. The consumer then has the opportunity to provide written informed consent to treatment.
  - C. This process shall be reflected in the consumer's medical record.

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**II. Determination of the need for involuntary medication:**

- A. If the consumer refuses to accept psychotropic medication, and the treating physician, in his/her professional judgment, determines that involuntary administration of medication is both appropriate and the least restrictive method of treatment, the physician shall complete Form 1, "Recommendation for Administration of Medication."
- B. A copy of the completed Form 1 shall be given to the consumer's social worker who will meet with the consumer to explain Form 1 and this policy.
- C. The social worker will notify the consumer of the right to receive assistance from an advisor for the hearing.
- D. In the event the consumer still indicates an unwillingness to take the medication and declines to sign consent, the advisor shall then assist him/her in filling out Form 2, "Notice to Consumer of Intention to Medicate and Request for Review."
- E. If the consumer refuses to meet with the advisor, the social worker will assist in completing the form.
- F. The advisor or social worker shall give the completed Form 2 to the Medication Hearing Coordinator who shall schedule the hearing, notify the advisor, and at least 24 hours prior to the hearing, provide the consumer with written notice of their rights related to the process.

**III. Consumers Rights Related to the Hearing:**

- A. The consumer will be notified no less than 24 hours in advance of the hearing.
- B. The consumer may not be medicated during this 24 hour period absent an emergency.
- C. The consumer has a right to be informed of the diagnosis, the factual basis for the diagnosis, and why the treatment team believes medication is necessary.
- D. The consumer has the right to attend the hearing if they so desire.
- E. The consumer may cross examine any staff witnesses the committee interviews.
- F. The consumer may present evidence, including witnesses.
- G. The consumer has the right to assistance from an advisor. The advisor must be someone who is not involved with the consumer's case and who understands the psychiatric issues.

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- H. The consumer has a right to a copy of the minutes of the hearing.
- I. The consumer may appeal the Committee's decision to the Medical Director.

**IV. Advisor for the hearing:**

- A. The advisor will be an individual who meets the following criteria:
  - 1. The advisor is not involved with the consumer's current episode of care;
  - 2. The advisor understands the psychiatric issues; and
  - 3. The advisor has received training (as arranged by MHDS or its agencies) on the purpose and process of the hearing and the role of the advisor.
- B. The advisor shall meet with the consumer in sufficient time prior to the hearing to prepare for the hearing.
- C. The role of the advisor is to assist the consumer to communicate his/her position to the committee. The advisor shall not express his/her own opinion as to the appropriateness of the proposed treatment.
- D. The advisor shall complete the appropriate portion of Form 3.
- E. Each MHDS agency within the scope of this policy will establish a procedure for having advisors available.

**V. The Hearing Process:**

- A. The Medication Hearing Committee (committee) is a group composed of at least three mental health professionals, one of whom must be a psychiatrist and none of whom may be currently involved in the consumer's diagnosis or treatment or serve as the Medical Director or designee who reviews the decision of the committee.
- B. Factors the committee must consider:
  - 1. Consumer's stated objections, if any, to the medications;
  - 2. Any and all documents or evidence offered by the consumer;
  - 3. Any witness testimony offered by the consumer or on the consumer's behalf;
  - 4. Whether the consumer will harm himself or others without the medication;
  - 5. Whether the consumer cannot improve without the medication, or whether the consumer would improve but at a significantly slower rate;
  - 6. Whether there are less restrictive means that would accomplish the same or similar results;
  - 7. The consumer's prior experience with the proposed medications; and,
  - 8. Other factors deemed relevant by the committee and noted in its decision.
  - 9. The committee may interview any persons it feels may be of assistance in conducting its review and/or receive any additional documents offered on behalf of staff or the consumer.

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- C. The decision of the committee involves the following:
  - 1. To approve use of the medication, the majority, which must include the psychiatrist, must find that the consumer suffers from a mental illness as defined in NRS 433A.155 and that the consumer is a danger to self or others or is gravely disabled.
  - 2. The vote of the committee will be noted in the consumer's chart.
  - 3. The committee will complete Form 3, "Committee Review and Findings." A copy of Form 3 will be given to the social worker who will review the form with the consumer and assist him/her in filling out Form 4, "Notice of Medication Review Committee and Request for Review." In the event the consumer refuses to consent to medication and refuses to fill out Form 4, the social worker will complete the form and indicate that the consumer has refused to sign the request. The social worker will explain that the consumer has a right to appeal the decision of the committee to the Medical Director.
  
- D. Record of Hearing  
A record of the hearing will be maintained either in writing or by recording.
  
- E. Consumer's presence at hearing:  
Unless the consumer indicates verbally or through conduct that they do not intend to participate in the hearing, the proceedings will not commence until the consumer has arrived. The consumer has the right to be present for the entirety of the proceedings.

**VI. Review by Medical Director/Designee:**

- A. In the event that within twenty-four hours of being served the committee decision of the necessity for administration of the medication, the consumer indicates on Form 4 that he/she wants a review of the committee findings, or the consumer still refuses to consent to treatment or sign Form 4, a copy of Forms 1 through 4 shall immediately be transmitted to the medical director or designee.
  
- B. The medical director or designee, who must be a psychiatrist, has 24 hours from the consumer's request for review to make a determination in accordance with this process.
  
- C. The medical director or designee shall conduct a review of the process of denial of the consumer's right to decline the medication as soon as possible.
  
- D. The same factors considered by the committee shall be reviewed by the medical director or designee, in addition to:
  - 1. Whether the proper procedures were followed by the committee;
  - 2. Whether the proposed medication is medically appropriate based on the consumer's diagnosis, and medical history;
  - 3. Whether medication is the least restrictive means of treatment; and,
  - 4. Any other factors deemed relevant by the medical director or designee.

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5. The medical director or designee shall review the chart and any other documents that were presented to the committee during the review.
6. If it is deemed necessary, the medical director or designee may interview any persons he/she feels may assist in conducting the review, and may conduct an independent examination of the consumer.
7. The medical director or designee may approve the medication as prescribed, limit the dosage of the prescribed medication or disapprove the medication altogether.
8. The medical director or designee shall enter his decision on Form 5, a copy shall be given to the social worker as well as the treating psychiatrist. The social worker shall transmit a copy of Form 5 to the consumer within one working day of receiving Form 5 from the medical director or designee.
9. The social worker is responsible for notifying the consumer of the medical director's decision and explaining the right to request judicial review. This process is to be documented on Form 6.
10. If the consumer requests judicial review, the social worker will fax the Denial of Rights (DOR) to the Attorney General's office immediately.

**VII. Administration of Medication**

- A. If the Medical director or designee confirms that the medication is appropriate, and the consumer does not request judicial review and continues to refuse to consent to treatment, the consumer may be medicated without his/her permission. No medication will be given until the entire procedure is carried out, including the administrative review by the medical director or designee and judicial review where applicable.
- B. Before administering the medication, the treating psychiatrist shall initiate a Denial of Right to Refuse Medication form to which all forms referred to in this policy shall be attached, and which will be reviewed by the Mental Health and Developmental Services Commission pursuant to NRS 433.534.
- C. The administration of the medication does not have to await commission review.

**VIII. Continuation of Medication**

- A. Medication can continue for 14 days as a result of the first hearing. In the event that the consumer continues to refuse to consent to treatment, a second hearing is necessary to continue treatment beyond 14 days. The committee can reauthorize treatment based on review of the written record. The medication can only continue with either consent from the consumer, or periodic review.
- B. If the consumer is medicated following this process, his/her treating physician must submit bi-weekly reports to the medical director or designee for the duration of the treatment documenting the need to continue the involuntary administration of medication, as long as the need to involuntarily administer the medication persists.

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- C. If the need to continue involuntary administration of medication persists after 30 days of the original involuntary administration of medication, this review process shall take place anew. This process will be repeated every 30 days while the consumer continues to refuse the voluntary administration of medication.

**IX. Documentation**

All the APM 92-4R Involuntary Administration of Medication Forms (A-F) will be added to consumer's medical record.

**X. Implementation of Policy**

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.



ADMINISTRATOR

**ATTACHMENTS:**

- A. APM 92-4R Involuntary Administration of Medication Form 1 - Recommendation of Medication and Notice of Intent to Medicate
- B. APM 92-4R Involuntary Administration of Medication Form 2 - Request for Hearing to Review Proposed Medication Treatment
- C. APM 92-4R Involuntary Administration of Medication Form 3 - Committee Review and Findings
- D. APM 92-4R Involuntary Administration of Medication Form 4 - Notice of Recommendation of Medication Review Committee and Request for Medical Director Review
- E. APM 92-4R Involuntary Administration of Medication Form 5 - Decision of Medical Director
- F. APM 92-4R Involuntary Administration of Medication Form 6 - Decision of Medical Director; Social Worker to complete

EFFECTIVE DATE: 04/30/1998

REVIEWED / REVISED DATE: 06/29/10, 08/20/10

SUPERSEDES: #2.004 INVOLUNTARY ADMINISTRATION OF MEDICATION

DATE APPROVED BY MHDS ADMINISTRATOR: 08/30/10, 11-19-10

DATE APPROVED BY MHDS COMMISSION: 11/19/10