DRAFT

COUNTY OF LOS ANGELES
CHILDREN'S MEDICAL SERVICES
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

CMS   Procedure
HCPCFC

Subject: Psychotropic Drugs - Role of the PHN

PURPOSE
To establish guidelines for the PHN when consulting with the CSW in regards to psychotropic medications. The purpose of the Psychotropic Medication Authorization (PMA) form is to provide a mechanism by which the Court is informed of the need for psychotropic medication and to obtain permission from the Court.

POLICY
The PHN will use the following guidelines when consulting with the CSW in regards to pychotropic medication.

PROCEDURE

1.   **Upon receipt**

   • The PHN or CSW will complete a consultation request form.

   • The PHN will review the PMA to determine if the form has been approved or denied by the Court.

2.   **If the PMA form has been approved by the Court, the PHN will:**

   • Review and enter the information contained on the PMA into the CWS/CMS: in the child's Health Notebook/HEP.

   • In the **Diagnosis Section**:
   (We did not address these other sections: Alert box, Onset Date/First Visit, End Date, Next Scheduled Visit)
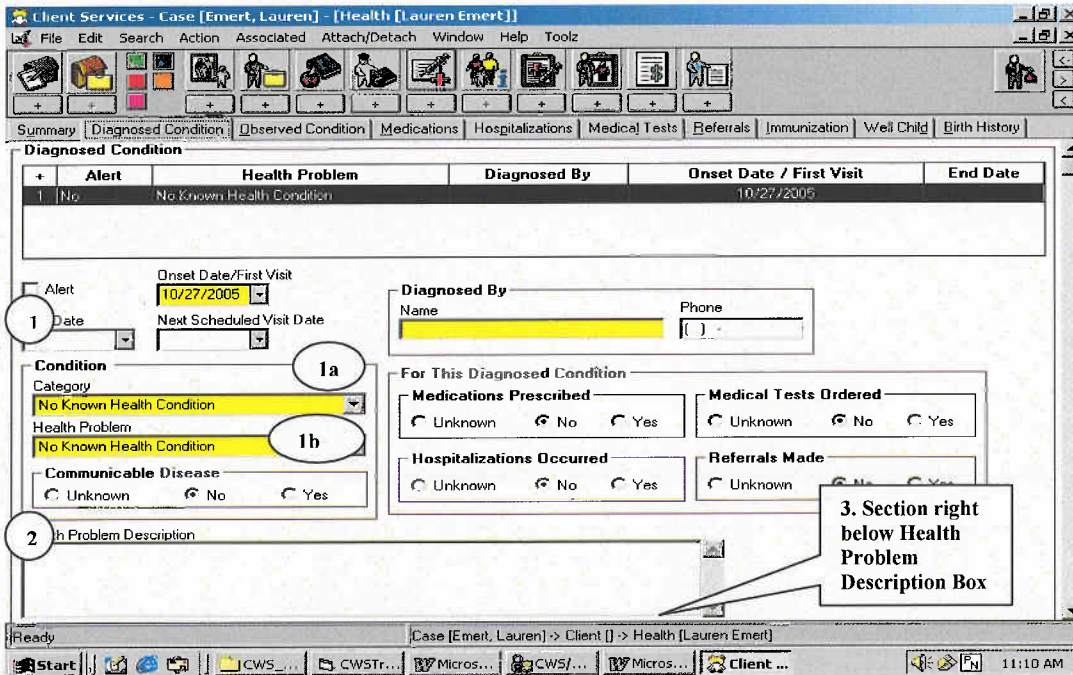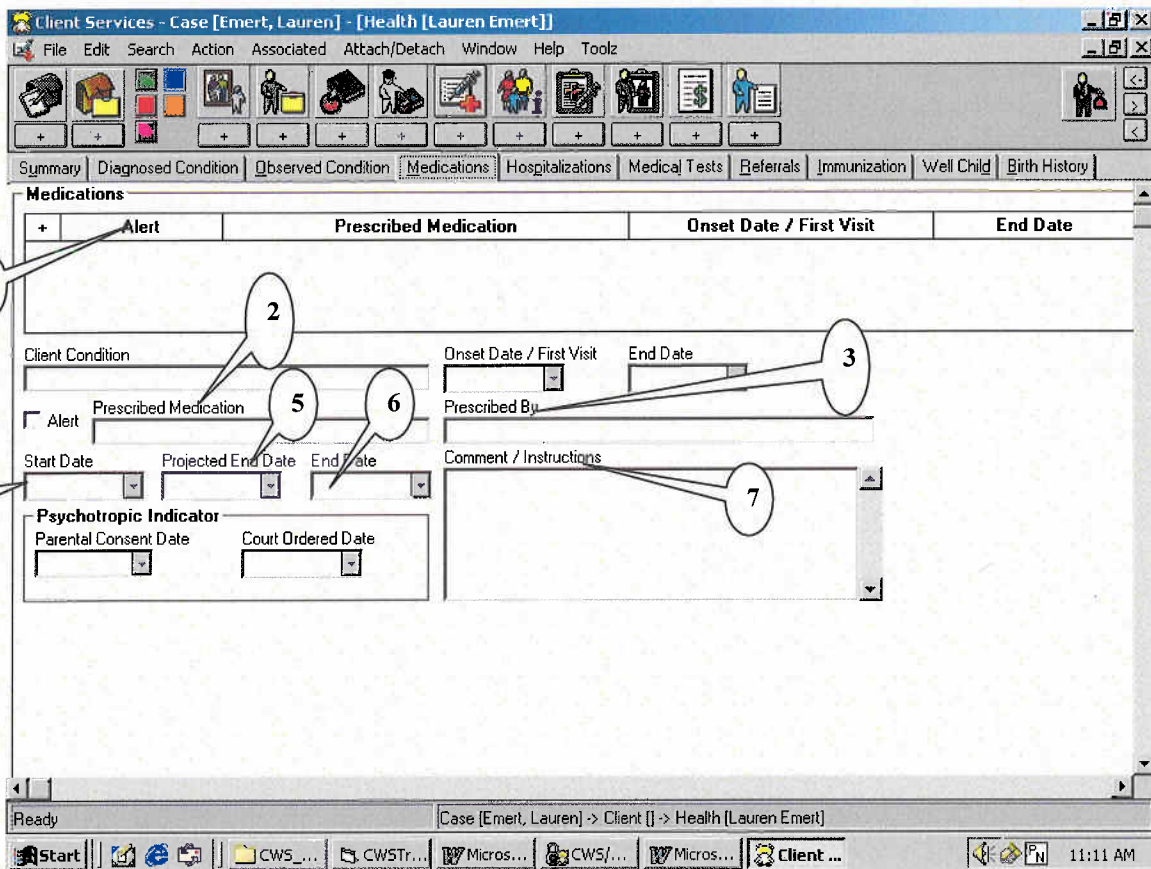
1. In the **Condition** box enter:
   a) **Category** select "*Emotional Health or Behavioral Health*"
   b) **Diagnosis** to be entered is "*Psychotropic Medication Required*".
   (We did not address communicable disease; Diagnosed by, For This Condition box- medication prescribed, Medical Tests Ordered, Hospitalization occurred, Referrals Made)

2. In the **Health Problem Description** box enter:
   - New providers
   - Dates: date of diagnosis is the date seen by physician
   - Place diagnosis, DSM Code, if available, Log# in this box.
   - For example:

   01-10-06 Oppositional Defiant Disorder, DSM 313.81 and Major Depression, DSM 296.32, Log #12345 xx, PHN

3. In the **Treatment Plan/Instruction** box enter:
   - The date of the visit and initial.
   - The target symptoms and treatment
   - For example:

   01-10-06 Psychiatric treatment, behavior modification and medication for target symptoms of aggression, depressed mood and bedwetting per PMA/xx, PHN

- In the **Medication Section**

  1. In the **Alert** box:
     - Per PHN discretion

  2. In the **Prescribed Medication** box enter:
     - Only enter name of medication, do not enter dosage.

  3. In the **Prescribed By** box:
     - not a mandatory field, can leave blank

  4. In the **Start Date** box:
     - For an Emergency PMA will be on page 2 of 3, the date next to the physician signature.
     - Routine Start Date will be on page 3 of 3, court authorization date. This would apply to new, continued and non-emergency medications.
     - This is **NOT** the date you received the PMA

5. In the **Projected End Date** box:
   - Will **NOT** be used for routine medications
   - This is for *Time Limited Medications.*
   - For example:

     Hospitalizations: Contact CSW for discharge date. The time frame approved by the Court will be the projected end date.

6. In the **End Date** box:
   - This is for medications that are discontinued. This date will be on 2 or 3, the date next to the physician signature.
   - This is for *Time Limited Medications.*
   - For example:

     Hospitalizations: Contact CSW for discharge date. The time frame approved by the Court will be the projected end date.

7. In the **Comments/Instructions** box enter:
   - Court date, log #, dosage, new (n), continued (c), discontinued (d)
   - For example:

     01/10/06 Per PMA log# 12345 start (or continue) Celexa 20mg by mouth every morning, range 20mg-40 mg/xx, PHN

- After all information has been entered to the child's Health Notebook, the PHN will generate a new HEP or update the child's current HEP. The HEP can be printed for the CSW at the nurses' discretion.

- The PHN will attach a drug information sheet to the PMA for each approved medication. A PHN routing slip describing the activities that have occurred and the expiration date of the current PMA will also be attached. The PHN will forward this information to the CSW.

3. **If the PMA form has NOT been approved by the court, the PHN will:**

- The PHN will review the form to determine the reason for the denial and enter the information into the child's Health Notebook.
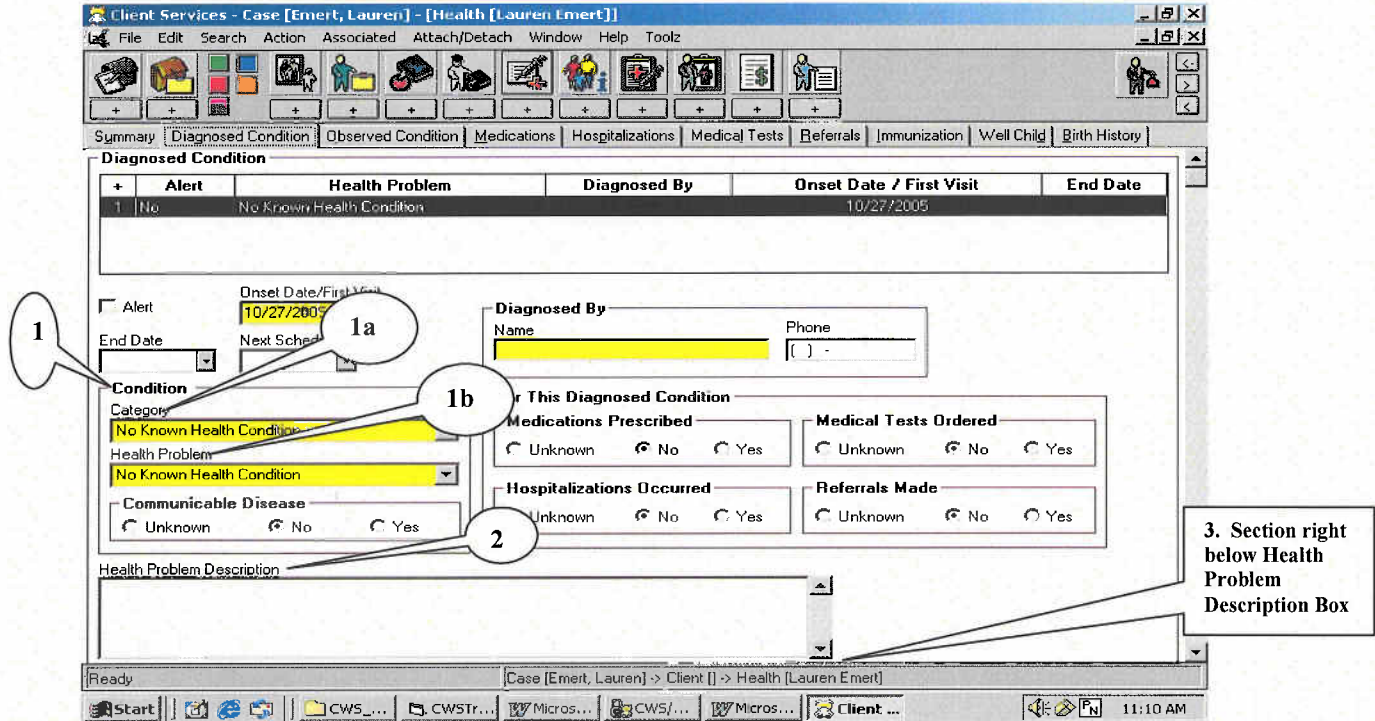
- In the **Diagnosis Section**
  (We did not address these other sections: Alert box, Onset Date/First Visit, End Date, Next Scheduled Visit)

  1. In the **Condition** box enter:
     - **Category** select "*Emotional Health*"
     - **Diagnosis** to be entered is "*Psychotropic Medication Required*".

  (We did not address communicable disease; Diagnosed by, For This Condition box- medication prescribed, Medical Tests Ordered, Hospitalization occurred, Referrals Made)

  2. In the **Health Problem Description** box enter:
     - new providers
     - dates: date of diagnosis is the date seen by physician
     - Place diagnosis, DSM Code, if available, Log# in this box.
     - For example:

3. In the **Treatment Plan/Instruction** box enter:
   - The date of the visit and initial.
   - Information about the denied PMA
   - For example

   01-10-06 Psychiatric treatment, behavior modification and medication for target symptoms of aggression, depressed mood and bedwetting per PMA. PMA form requesting child be given Celexa and Imipramine denied by the court due to lack of available physical exam data. Court requested that "PMA form be resubmitted ASAP with requested information"/xx, PHN

- In the **Medication Section**
  - no information should be entered in the section when a PMA have been denied by the court

- A PHN routing slip describing the activities that have occurred will be completed and forwarded to the CSW.

ATTACHMENTS:

A. Psychotropic Medication Authorization Form.

B. Los Angeles County Department of Mental Health Children and Family Services Bureau, **"Psychotropic Medication for Children and Adolescents"** February 19, 2003.

APPROVED BY:_____EFFECTIVE DATE: 2/1/03
                                                                            REVISED: