

Psychotropic Medications

General Discussion:

Psychotropic medications are drugs that affect the mind, emotions, or behavior and are frequently prescribed for residents. When used appropriately and judiciously, these medications can enhance the quality of life of residents who need them. However, all psychotropic drugs have the potential for producing undesirable side effects or aggravating problematic signs and symptoms of existing conditions including:

- Postural hypotension
- Dyskinesia
- Malignant hypothermia
- Delirium

Maximizing the resident's well-being while minimizing the hazards associated with drug side effects are important goals of psychotropic drug therapy. In reviewing a psychotropic drug regimen there are several rules of thumb:

- Start low and go slow. If needed, psychotropic drugs should be started at the lowest dosage possible. To minimize side effects, doses should be increased slowly until there is a therapeutic effect, side effects emerge, or the maximum recommended dose is reached. It may take 6 to 8 weeks for effective results, or as determined by the practitioner.
- Each drug has its own set of actions and side effects, some more serious than others; these should be evaluated in terms of each user's medical status, including interaction with other medications.
- Consider the effect of one psychotropic medication at a time.
- Remember that any drug, prescription or non-prescription, can cause problems in some residents.

In non-emergency situations, physicians and/or service providers must obtain informed consent before giving a person psychotropic medications. To be “informed,” consent must be:

- Voluntary;
- Based on specific information about benefits, side effects, and alternatives; and
- Provided by a person who is competent to give the consent or by a court-appointed guardian.

Relevant Regulations:

ADC:

Standard I.F.(3)(e) Written information describing side effects and adverse reactions of each medication must be kept in the participant’s record.

FAMILY ADC:

Standard I.D.(3)(e) Written information describing side effects and adverse reactions of each medication must be kept in the participant’s record.

AFH:

DHS 88.03(5) A licensee shall report to the licensing agency within 7 days, unless otherwise specified, the following changes:

DHS 88.03(5)(e)1. Within 23 hours, a significant change in a resident’s status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medication, was a suicide or was accidental.

DHS 88.07(3)(e)2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.

DHS 88.10(3)(n)1. Except as provided in [subd. 2.](#), to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior.

RCAC:

DHS 89.13(22) "Medication management" means oversight by a nurse, pharmacist or other health care professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.

CBRF:

DHS 83.02(15) "Chemical restraint" means a psychotropic medication used for discipline or convenience, and not required to treat medical symptoms.

DHS 83.02(41) "Psychotropic medication" means a prescription drug, as given in s. [450.01 \(20\)](#), Stats., that is used to treat or manage a psychiatric symptom or challenging behavior.

DHS 83.12(1)(a) No later than 24 hours after the death of a resident, the CBRF shall report the death to the department if there is reasonable cause to believe the death was related to the use of a physical restraint or psychotropic medication, or was a suicide.

In addition to the rights under s. [50.09](#), Stats., each resident shall have all of the following rights:

DHS 83.32(3)(f) Be free from all chemical restraints.

DHS 83.37(1)(h) When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following:

DHS 83.37(1)(h)1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident's record as required under [s. DHS 83.42 \(1\) \(n\)](#).

DHS 83.37(1)(h)2. Ensure all resident care staff understands the potential benefits and side effects of the medication.

DHS 83.37(1)(i) When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following:

DHS 83.37(1)(i)1. The resident's individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.

DHS 83.37(1)(i)2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use.

DHS 83.37(1)(i)3. Documentation in the resident's record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

Relevant DQA Memos:

[DQA Memo 07-012 Administration of Psychotropic Medication: Statutory Requirements, Rules and Reporting](#)

Other Resources:

[Council for Developmental Disabilities - No Easy Answers](#)

[DQA Psychotropic Medication List](#)

Best Practice, Tools & Forms:

Sample Behavior Monitoring Form:

http://dhfs.wisconsin.gov/aging/Genage/Pubs/Behavior_monitoring_Form.pdf

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