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**ADMINISTRATIVE REGULATION  
NUMBER 620**

**OPR: HEALTH SERVICES**

## **EMERGENCY FORCED ADMINISTRATION OF PSYCHOTROPIC MEDICATION**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the emergency administration of psychotropic medication when an inmate refuses or lacks the capacity to consent to voluntary treatment.

### **II. POLICY**

- A. With only two exceptions, every order or prescription for psychotropic medication requires the written informed consent of the inmate. Those two exceptions are:
1. A determination of Involuntary Medication (IVM) status in accordance with AR-621, Administrative Review for Involuntary Medication.
  2. A psychiatric emergency during which an inmate refuses or lacks the capacity to voluntarily consent to necessary treatment.
- B. A psychiatric emergency is defined as a situation in which symptoms and behaviors associated with a mental disorder cause an inmate to pose an imminent risk of harm to self or others. When this occurs, and neither verbal/behavioral interventions nor offers of voluntary medication are sufficient to resolve the risk, a psychiatrist or mental health nurse practitioner has the option of ordering an emergency dose of medication to be administered, if necessary, without the consent of the inmate and with the assistance of security personnel.
- C. Clinicians must always use the least restrictive and least intrusive means possible to address psychiatric emergencies. Options may include verbal de-escalation, offering something to eat or drink, offering an environmental change or offering a voluntary psychotropic medication. When such measures are insufficient to address the risk, and the inmate refuses or lacks the capacity to consent to voluntary medication, then administration with the assistance of security becomes necessary.

- D. Correctional officers are expected to employ the least amount of force necessary to prevent the inmate from harming himself or herself or others while a nurse administers the medication (see Operations and Training AR 327, Use of Force).
- E. Emergency medication orders are for one-time administration only and are never written as "PRN" orders. Each dose requires a specific order by a psychiatrist or nurse practitioner.

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

- A. **Mental Health Quality Improvement Program:** A program designed to systematically monitor current practices and documentation to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change and assess the outcome of such change.
- B. **PRN:** A medical abbreviation that means a treatment (such as a medication) should be given *as needed*. (from Latin: *Pro Re Nata*).
- C. **Psychiatric Emergency:** A situation in which symptoms and behaviors associated with a mental disorder cause an inmate to pose an imminent risk of harm to self or others.

### IV. RESPONSIBILITIES

- A. A contract psychiatrist or nurse practitioner is responsible for ordering and documenting the need for emergency psychotropic medication.
- B. Nursing staff are responsible for administering emergency psychotropic medication, and for documenting the administration and monitoring of the response and tolerance to the medication.
- C. The contract Psychiatric Director or designee is responsible for reviewing instances of emergency medication administration and ensuring that its use is consistent with the requirements of this regulation.

### V. PROCEDURES

- A. Emergency psychotropic medication may only be ordered by a psychiatrist, or mental health nurse practitioner without an inmate's consent when the following two criteria are met:
  - 1. The inmate presents an imminent risk of harm to self or others due to symptoms or behaviors caused by a previously diagnosed or suspected new-onset mental disorder.
  - 2. Less restrictive/intrusive measures such as an offer of voluntary medication or crisis intervention and de-escalation techniques were not sufficient to address the imminent risk.

- B. If the inmate verbally consents to voluntarily accept an emergency dose of medication, but is unable or unwilling to sign a written consent form, then two licensed health staff members (nurses or Qualified Mental Health Professionals) may sign the form as witnesses to the verbal consent.
- C. An order for emergency medication(s) is valid for a single administration only. Emergency medication may *not* be ordered "PRN."
- D. When a nurse practitioner orders emergency psychotropic medication, the order must be reviewed by a psychiatrist within 24 hours.
- E. Emergency medication orders will be entered in the electronic ordering system, and the order must be signed off by the ordering psychiatrist or nurse practitioner within 24 hours.
- F. Either when entering an order or when signing off a verbal order, a psychiatrist or nurse practitioner must document the inmate's condition, the threat posed, the reason for ordering the emergency medication, and other treatments attempted, if any.
- G. Sufficient clinical and security staff will be present for the administration of emergency medication to minimize the risk of injury to the inmate and staff.
- H. A nurse will complete a Body Chart (ADOC Form E-11 (a)) after the medication has been administered.
- I. The nurse who administered the medication will document the following in a brief SOAP note on ADOC Form MH-040 (Mental Health Progress Note):
  - 1. The nature of the risk/threat that required the emergency medication order
  - 2. Other voluntary, or less-intrusive interventions attempted
  - 3. Clinical/behavioral observations
  - 4. The follow-up plan ordered by the psychiatrist or nurse practitioner
- J. The nurse administering the medication will also complete ADOC Form MH-027 (Emergency Forced Psychotropic Medication Report). The original will be filed in the medical record, and copies forwarded to the:
  - 1. Facility Mental Health Site Administrator:
  - 2. Contract Psychiatric Director
  - 3. Facility Director of Nursing (DON) or RN Manager.
- K. A psychiatrist, or nurse practitioner in collaboration with a psychiatrist, will re-evaluate the inmate within 72 hours of the administration of emergency psychotropic medication, and document the re-evaluation on ADOC Form MH-025 (Psychiatrist/Nurse Practitioner Progress Note).

- L. The inmate's treatment team will review the treatment plan within 72 hours to consider any necessary revisions.
- M. All instances of emergency psychotropic medication use will be reviewed as a component of the Mental Health Quality Improvement Program (See AR-606, Mental Health Quality Improvement Program).

**VI. DISPOSITION**

Refer to AR 601, Mental Health Forms and Disposition.

**VII. FORMS**

Refer to AR 601, Mental Health Forms and Disposition.

- A. ADOC Form MH-025, Psychiatrist/Nurse Practitioner Progress Note
- B. ADOC Form MH-027, Emergency Forced Psychotropic Medication Report
- C. ADOC Form MH-040, Progress Note

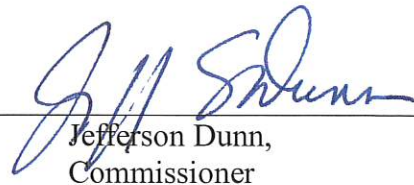
**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 620, *Emergency Forced Psychotropic Medication*, dated March 14, 2005 and any changes.

**IX. PERFORMANCE**

This Administrative Regulation is published under the authority of:

- A. National Commission on Correctional Health Care: Standards for Mental Health Services in Correctional Facilities, 2015 (MH-I-02)
- B. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2018 (P-G-03)

  
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Jefferson Dunn,  
Commissioner