

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
ADMINISTRATIVE BULLETIN A.B. 5:04A

EFFECTIVE DATE: June 4, 2012

SUBJECT: The emergency exception to the necessity to obtain informed consent to treatment with psychotropic medications

1. Policy

All patients must be given the opportunity to consent to the administration of psychotropic medications and necessary tests and co-medications. In an emergency, as defined herein, any patient regardless of legal status (voluntary, committed, CEPP, Krol, 1ST) may be given such treatment by following the procedure herein.

II. Responsibilities

- A. The Medical/Clinical Director is responsible for oversight of clinical decision-making under this bulletin at each psychiatric hospital, for reviewing the decisions of the prescribers, for supporting the actions of the Client Service Advocates at the hospital level, and for correcting any deviations from the policy by prescribers through counseling, using the PARiPES system for evaluation of professional performance, and where necessary invoking discipline through A.0.4:08 and the appropriate licensing board.
- B. The CEO is responsible for the implementation of this and all policies at the hospital level. As such, the CEO or the Deputy CEO as his or her designee shall direct the deployment of CSAs to provide consultation to treatment teams within the limits of their licenses.
- C. The hospital's Medical Director shall review weekly with the CSA and the CSR as needed all incidents in which a patient is medicated without his or her consent.
- D. The CSA at each hospital is responsible for reviewing the chart of each patient who is prescribed psychotropic medication and for reporting, both on a monthly basis and as needed and appropriate, any departures from the bulletin to the hospital's Medical/Clinical Director and the DMHAS Medical Director. S/he, or, if unavailable, his/her designee shall meet with the hospital's Medical Director and other medical staff weekly to review difficult cases and any current medication issues. S/he also has the responsibility to ensure that those patients who consent to medication have done so voluntarily, and that those who are medicated without consent are medicated in accordance with the policy. The Client Services Advocate shall have

access to all charts and prescribers, and shall ensure that the hospital provides an orientation for new patients that includes information about their medication rights.

The CSAs and their staff are responsible for maintaining confidentiality of all information obtained when reviewing clinical records and for advising the executive staff of the hospital about questions patients ask about medications and the implementation of the emergency medication policy.

Each CSA shall submit monthly statistical reports to the Coordinator which shall include statistical data compiled by the CSR, and shall report any non-compliance with the emergency medication policy to the Coordinator and to the CEO.

- E. Each prescriber is required to become familiar with the procedures in this bulletin and to conform his or her prescribing activity to its standards.
- F. All direct care and nursing staff are to report observed side effects of medications to the prescriber, to inquire about an involuntarily medicated patient's willingness to accept medication on a regular basis, to observe and report any change in a patient's ability or willingness to consent to medication, and to monitor the proper administration of medication.
- G. All staff are responsible for participating in treatment activities as appropriate to their title, and doing so in a way that encourages shared decision-making and patients' wellness and recovery.

### **III. Definitions**

Client Services Advocate (CSA) – is a licensed prescriber or Master's-prepared psychiatric nurse who directly reports to the CEO or Deputy CEO of each hospital and has a reporting relationship to the DMHAS Medical Director through the Coordinating Chief of CSAs (hereinafter Coordinator) and whose primary responsibility is to evaluate individuals receiving treatment with psychotropic medication. The CSA accomplishes this by individual patient assessment, consultation with the treatment team, and participation in the Medication Review Hearings process, as ongoing assessment and oversight to ensure that medication is only continued if that medication is appropriately approved. The CSA is responsible for developing and providing orientation and training programs on these procedures for staff and patients. The CSA may delegate non-clinical monitoring and patient communication and education activities to appropriate staff including Client Services Representatives.

Client Services Representative (CSR) – is a hospital employee who reports to the hospital's CSA and who is responsible to ensure compliance with due process procedures when a patient will not or cannot provide informed consent for psychotropic medication in non-emergent situations. The CSR will meet with patients to understand their concerns, inform patients of their rights to least restrictive effective treatments, and explain their right to give informed consent and the circumstances under which that right can be overridden by their need for treatment. The CSR shall document side effects as reported by the patient or as noted in the record, and report side effects or other events to the CSA. The CSR shall conduct record reviews, follow-up with the teams when procedural discrepancies occur, compile monthly reports, collect other data as required by the CSA, and shall meet with the CSAs and Coordinator as needed to ensure conformity across the system with the standards in this policy.

Coordinating Chief of Client Services Advocates / Coordinator (“Coordinator”) - is an employee of the Division qualified by education and experience to clinically guide the CSAs who reports to the Division Medical Director. He/she shall provide guidance to the CSAs, review their reports and assist with quality improvement. The Coordinator shall work with the CEOs in establishing work duties of the CSAs, selecting qualified candidates, providing input into their performance evaluations, and ensuring coverage for all of the hospitals. The Coordinating Chief shall also assist the Division Medical Director in overseeing the contracts for Independent Prescribers for Medication Review Hearings and for providing for their orientation and training. She shall meet regularly with the CSAs and the CSRs.

Division means the Division of Mental Health and Addiction Services (DMHAS) in the New Jersey Department of Human Services.

Division Medical Director refers to the Medical Director for the Division of Mental Health and Addiction Services.

Emergency means that in the professional opinion of the prescriber, a situation exists in which a consumer presents a risk of imminent or reasonably impending harm or danger to self or others and that following the nonemergency procedures in A.B. 5:04A would increase the risk of harm.

Imminent or reasonably impending danger means there is a substantial likelihood that serious harm will occur if no intervention is undertaken. It need not be certain or immediate, but it must be an identifiable danger that is reasonably likely to happen in such a short time that no other less restrictive alternative method available for either protecting the consumer or others or gaining the consumer's

consent to the administration of medication or obtaining substituted consent is feasible.

Less restrictive intervention or alternative means a treatment that has, compared to another, fewer probable negative lasting effects on the consumer, is less likely to interfere with the consumer's therapeutic progress, and interferes less with the consumer's rights to autonomy and liberty. A proposed intervention can be requested by the consumer at the time it is needed or can be implemented pursuant to an advance directive or negotiated as part of the consumer's patient safety plan. Less restrictive alternatives available in an emergency in the state psychiatric hospitals typically include verbal de-escalation, re-direction, and the offer of consensual oral medication. The most restrictive interventions available in an emergency in the state psychiatric hospitals are seclusion, restraint, and injected medication.

Medical Director - means the Hospital Medical Director, as referenced throughout this policy. Each of the five State psychiatric hospitals has its own Medical Director. Whenever the Medical Director is referenced in this policy it allows for the Medical Director or hospital CEO to appoint a clinical designee at the Director or Supervisory level to perform functions where appropriate.

Medication or psychotropic medication, in this bulletin, means agents used for the treatment of psychiatric disorders, including but not limited to antipsychotics, antidepressants, mood stabilizers, anti-anxiety agents, anti-Parkinson agents, hypnotic agents, stimulants, and drugs for dementia, as well as any tests required for the safe and effective administration of such agents.

Mental Health Care Representative means the individual designated by a declarant pursuant to the proxy directive part of an advance directive for mental health care for the purpose of making mental health care decisions on the declarant's behalf, and includes an individual designated as an alternate mental health care representative who is acting as the declarant's mental health care representative in accordance with the terms and order of priority stated in an advance directive for mental health care.

Mental illness means any current substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, functioning, capacity to control behavior or capacity to recognize reality caused by any organic, mental or emotional impairment.

Prescriber means a professional licensed in New Jersey to prescribe or renew a prescription for psychotropic medication.

State means the State of New Jersey.

#### IV. **Standards**

- A. Staff must be familiar with the patient's individual safety plan, must offer the patient's preferred behavioral supports and interventions, and utilize other techniques for crisis intervention prior to the forcible administration of any medication. If such techniques are not used, a treatment team member shall document the reasons why alternative treatments are not appropriate.
- B. Whenever possible, the patient must be given reasonable options and choices in regard to both the medication and form of medication available. Patients must never be threatened with forcible medication, and the threat of intramuscular medication cannot be used to coerce a patient into consenting to the administration of oral medication.
- C. No long-acting medication may be administered under the emergency procedure herein except through the operation of an advance directive instruction.
- D. If it is appropriate in the opinion of the prescriber or nursing staff to offer the patient an opportunity to consent to an oral form of medication and the patient consents to the oral form of the medication, the oral medication must be given instead of an intramuscular injection of medication.

#### V. **Procedure**

- A. In the event that the prescriber has determined that an emergency exists and that no other less restrictive options to emergency medication are available and appropriate, the nursing staff will inform the patient that psychotropic medication is necessary in order to prevent serious harm to the patient or others, and that the medication will be administered without the patient's consent. As soon as practicable thereafter, the prescriber will perform a face-to-face evaluation of the patient and medication can then be ordered for one 72-hour period (including Saturdays and Sundays but excluding holidays).
- B. Within 24 hours of the initial administration of medication, the prescriber shall notify (electronically or via telephone) the CSA that the patient has been medicated without informed consent.
- C. At least every 24 hours during the 72 hours, the nursing staff assigned to the patient shall document any effects of the medication, both positive and negative, including behavior changes and side effects, and shall communicate these observations to the prescriber (or during nights and weekends to the on call *MOD/APN* if the prescriber is not on duty or on call) and to the CSA. The prescriber or MOD or APN shall only authorize further administration of the medication without the patient's consent

for another 24 hours if she or he determines, based on a face-to-face examination and the documented nursing assessments, that circumstances merit the continuation of the medication and that the patient at that time is either refusing or incapable of consenting to the medication. If further administration is authorized, the prescriber shall write a progress note that shall contain the results of the evaluation and his or her conclusion. If further administration is not authorized, or if the patient is consenting to the administration of the medication, the 72 hour emergency administration shall end and the prescriber will note the result of the examination, his or her conclusions, and further treatment or evaluation needed, if any.

- D. In every case, within 72 hours (including Saturdays and Sundays but not holidays) after the first emergency administration of psychotropic medication, the Medical/Clinical Director or designee shall review the decision (see Administrative Review at VII, below).

## VI. Documentation

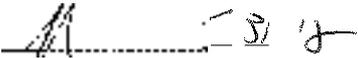
- A. The prescriber shall document his/her certification of an emergency on a Psychotropic Medication Emergency Certification form.
- B. The prescriber shall document that all other available, less restrictive interventions have been tried or ruled out as probably ineffective to remediate the emergency, based on the patient's history or other relevant, particular circumstances, and that the patient continues to be a risk to self or others.
- C. The prescriber shall assure that staff has documented that less restrictive CRISIS intervention techniques have been tried or specifically ruled out based on the circumstances prior to the certification of an emergency as defined in this bulletin.
- D. The Psychotropic Medication Emergency Certification form will authorize the administration of psychotropic medication for up to 72 hours (including Saturdays, Sundays, but excluding holidays) and will include detailed information regarding the staff response to the crisis.

## VII. Administrative Review

- A. The Medical/Clinical Director or Chief of Psychiatry will conduct a review of the emergency as soon as possible, but not more than 72 hours (including Saturdays and Sundays but not including holidays) after the first dose of emergency medication is administered. If the Medical/Clinical Director or Chief of Psychiatry is unavailable, the review shall be conducted by the Acting Medical/Clinical Director. During periods when the Medical/Clinical Director, Chief of Psychiatry and Acting Medical/Clinical Director are unavailable, if there is more than one prescriber on duty, a prescriber that is not assigned to the patient will review the emergency. If the event takes place when the Medical/Clinical Director, Chief of Psychiatry and Acting Medical/Clinical Director and all non-treating prescribers are

unavailable, and they continue to be unavailable for the entire 72-hour period after the first administration of emergency medication, the review will be conducted by the building nursing supervisor.

- B. The purpose of the review is to certify that the administration of emergency medication was appropriate, that the danger was imminent or reasonably impending, that the prescriber based his or her professional judgment on best or effective practices, and that the emergency was resolved with the least restrictive available treatment appropriate to the situation; that is, that all reasonable efforts to avoid the emergency administration of medication were made.
- C. The reviewer shall determine (or recommend to the Medical/Clinical Director if a designee) whether or not the emergency medication of the patient was appropriate. The Medical/Clinical Director will review the case with the treatment team as appropriate.
- D. The review will be conducted on the patient unit.
- E. The Medical/Clinical Director or designee will conduct a face-to-face examination of the patient and a review of the chart and all relevant credible information available to him or her (e.g. commitment papers, progress notes, 72 hour certification form).
- F. The Medical/Clinical Director or designee will complete the 72-hour Review Form. One copy of the form will be placed in the chart, and another copy will be sent to the Client Service Representative.
- G. The Client Service Representative will review the chart to ensure that all steps described in this procedure were followed. Information regarding these reviews will be compiled and reported in the Client Service Representative montWy report. The monthly report will be distributed, at minimum, to the CEO, Medical/Clinical Director, and the DMHAS Medical Director. The DMHAS Medical Director may designate oversight of the Client Service Representatives to a Client Service Representative advisor in his or her office, and shall keep the Assistant Commissioner informed of compliance issues.

  
Lynn A. Kovic, Assistant Commissioner

PSYCHIATRIC HOSPITAL NAME

Psychotropic Medication Emergency  
Certification Form

STAMP ADDRESSOGRAPH

Emergency Certification: *An emergency exists when, in the professional opinion of the prescriber, a patient presents a risk of such imminent or reasonably impending harm or danger to self or others that following the non-emergency procedures to involuntarily medicate a patient would increase risk of harm to the patient or another person.*

**1. CERTIFICATIONS AND DOCUMENTATION**

A. Treatment Team Staff/RN Certification of Emergency:

\_\_\_\_\_ (name) is a patient on \_\_\_\_\_ (unit) and is under my care as  
his/her \_\_\_\_\_ (state title and position on team or unit).

The patient's legal status is:  voluntary  civilly committed  CEPP  
 NGRI  IST-30  IST-90

The patient's clinical status and behavior meets the above Emer. Cert. definition, as follows:

\_\_\_\_\_  
\_\_\_\_\_

- I am familiar with the patient's safety plan; I have offered the patient his or her preferred behavioral supports and interventions, and they were unsuccessful in resolving the emergency (describe below).
- I am familiar with the patient's safety plan; I did not offer the patient his or her preferred behavioral supports and interventions because (describe below):

\_\_\_\_\_  
\_\_\_\_\_

Less restrictive alternatives considered and rejected, or attempted, without success:

- verbal de-escalation  consensual oral medication  other non-psychotropic medication
- other (describe): \_\_\_\_\_

- Patient does not have an advance directive.
- Patient does not have an advance directive that can be implemented in time to resolve the emergency (no time to contact proxy; proxy not available, instructions inapplicable or unsuccessful in resolving situation).

Patient  does  does not have a guardian, or the guardian is unavailable.

I, \_\_\_\_\_, certify that the above information and statements are correct and that the patients' clinical situation meets the requirements for Emergency Certification.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ D am D pm

Print Name \_\_\_\_\_

**B. Prescriber's Certification of Emergency (First Certification)**

I, \_\_\_\_\_, a  psychiatrist;  physician;  advanced practice nurse, certify that \_\_\_\_\_ is refusing the administration of \_\_\_\_\_, a short-acting psychotropic medication that, in my professional opinion, will mitigate the emergency situation described above that will otherwise probably result in hann to the following:

the patient  another person or persons  both.

I have reviewed the description of the efforts made pursuant to Section A above to resolve the emergency without medication and agree that no less restrictive alternative to the involuntary administration of emergency medication will adequately mitigate this hann. The 24-hour medication order is as follows:

Date/time of order \_\_\_\_\_ Medication and dosage \_\_\_\_\_  
Schedule of administration \_\_\_\_\_  
This order will need to be reviewed prior to its expiration on Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Print Name \_\_\_\_\_

**C. Nursing Documentation (First 24 hour period)**

The Prescriber conducted a face-to-face examination, and he/she wrote the above order.

I advised the patient that s/he was going to be involuntarily medicated to resolve an emergency.

On Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

First dose of medication was given: Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Within the next 24 hours after this dose was first administered, the following was completed:

Progress Notes were written every shift documenting the patient's condition

Side Effects:  None Reported  On Date: \_\_\_\_\_ Time \_\_\_\_\_  am  pm, any negative effects were reported to prescriber and to the Rennie Advocate and were also fully documented in the patient record.

Describe negative response:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Director and  Rennie Advocate notified by  telephone  email at

Time: \_\_\_\_\_ a.m/pm. Date: \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information and statements are correct and that the patients' clinical situation meets the requirements for Emergency Certification.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Print Name \_\_\_\_\_

PSYCHIATRIC HOSPITAL, NAME

Psychotropic Medication Emergency  
Certification Form

STAMP ADDRESSOGRAPH

D. Prescriber's Certification of Emergency - (Second Certification):

I, \_\_\_\_\_, a  psychiatrist;  physician;  advanced practice nurse, certify that \_\_\_\_\_ continues to refuse the administration of \_\_\_\_\_, a short-acting psychotropic medication that, in my professional opinion, will mitigate the emergency situation described above that will otherwise probably result in harm to the following:

the patient  another person or persons  both.

I have evaluated the patient's record and seen the patient. The first 24-hour administration of medication did not resolve the emergency and no less restrictive alternative to the involuntary administration of emergency medication will adequately mitigate the harm. The 24-hour medication order is as follows:

Date/time of order	Medication and dosage.	
Schedule of administration _____		
This order will need to be reviewed prior to its expiration on Date:	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm
Signature	Date:	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Print Name.		

E. Nursing Documentation (Second 24 hour period)

The Prescriber conducted a face-to-face examination, and he/she wrote the above order.

I advised the patient that s/he was going to be involuntarily medicated to resolve an emergency.  
On Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

First dose of medication was given: Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Within the next 24 hours after this dose was first administered, the following was completed:

Progress Notes were written every shift documenting the patient's condition  
Side Effects:  None Reported  On Date: \_\_\_\_\_ Time \_\_\_\_\_  am  pm, any negative effects were reported to prescriber and to the Rennie Advocate and were also fully documented in the patient record. Describe negative response:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Director and  Rennie Advocate notified by  telephone  email at  
Time: \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information and statements are correct and that the patients' clinical situation meets the requirements for Emergency Certification.

Signature	Date:	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm
Print Name			

**F. Prescriber's Certification of Emergency (Third Certification)**

I, \_\_\_\_\_, a  psychiatrist;  physician;  advanced practice nurse, certify that \_\_\_\_\_ continues to refuse the administration of \_\_\_\_\_, a short-acting psychotropic medication that, in my professional opinion, will mitigate the emergency situation described above that will otherwise probably result in harm to the following:

the patient  another person or persons  both.

I have evaluated the patient's record and seen the patient. The first 24-hour administration of medication did not resolve the emergency and no less restrictive alternative to the involuntary administration of emergency medication will adequately mitigate the harm. The 24-hour medication order is as follows:

Date/time of order	_____	medication and dosage	_____
schedule of administration,	_____		
This order will need to be reviewed prior to its expiration on Date:	_____	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm
Signature,	_____	Date:	_____
		Time:	<input type="checkbox"/> am <input type="checkbox"/> pm
Print Name'	_____		

**G. Nursing Documentation (Third 24 hour period)**

The Prescriber conducted a face-to-face examination, and he/she wrote the above order.

I advised the patient that s/he was going to be involuntarily medicated to resolve an emergency.  
On Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

First dose of medication was given: Date:, \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Within the next 24 hours after this dose was first administered, the following was completed:

Progress Notes were written every shift documenting the patient's condition  
Side Effects:  None Reported  On Date: \_\_\_\_\_ Time \_\_\_\_\_  am  pm, any negative effects were reported to prescriber and to the ReIllie Advocate and were also fully documented in the patient record.  
Describe negative response:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Director and  Rennie Advocate notified by  telephone  email at  
Time: \_\_\_\_\_ a.m/pm. Date.: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information and statements are correct and that the patients' clinical situation meets the requirements for Emergency Certification.

Signature'	_____	Date:	_____
		Time:.	<input type="checkbox"/> am <input type="checkbox"/> pm
Print Name'	_____		

H. Prescriber's Certification of Emergency (Fourth Certification) (only if one of the days in the 72 hours is a holiday)

I, \_\_\_\_\_, a D psychiatrist; D physician; D advanced practice nurse, certify that \_\_\_\_\_ continues to refuse the administration of \_\_\_\_\_, a shortacting psychotropic medication that, in my professional opinion, will mitigate the emergency situation described above that will otherwise probably result in harm to the following:

D the patient D another person or persons D both.

D I have evaluated the patient's record and seen the patient The first 24-hour administration of medication did not resolve the emergency and no less restrictive alternative to the involuntary administration of emergency medication will adequately mitigate the harm. The 24-hour medication order is as follows:

Date/time of order \_\_\_\_\_ medication and dosage, \_\_\_\_\_
schednle of administration \_\_\_\_\_
This order will need to be reviewed prior to its expiration on Date: \_\_\_\_\_ Time:, \_\_\_\_\_ D am D pm
Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time:, \_\_\_\_\_ Dam D pm
Print Name \_\_\_\_\_

I. Nursing Documentatiou (Fourth 24 hour preiod) (ouly if one ofthe days iu the 72 hours is a holiday)

D The Prescriber conducted a face-to-face examination, and he/she wrote the above order.

D I advised the patient that s/he was going to be involuntarily medicated to resolve an emergency.
On Date: \_\_\_\_\_ Time: \_\_\_\_\_ D am D pm

D First dose of medication was given: Date:, \_\_\_\_\_ Time! \_\_\_\_\_ D am D pm

Within the next 24 hours after this dose was first administered, the following was completed:

D Progress Notes were written every shift documenting the patient's condition
Side Effects: D None Reported D On Date: \_\_\_\_\_ Time \_\_\_\_\_ Dam D pm, any negative effects
were repOlted to prescriber and to the Rennie Advocate and were also fully documented in the patient record,
Describe negative response:
\_\_\_\_\_
\_\_\_\_\_

D Medical Director and DRennie Advocate notified by D telephone D email at
Time: \_\_\_\_\_ a,m/pm, Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information and statements are correct and that the
patients' clinical situation meets the requirements for Emergency Certification.

Signature, \_\_\_\_\_ Date: \_\_\_\_\_ Time:, \_\_\_\_\_ D am D pm
Print Name, \_\_\_\_\_

**II. 72-HOUR ADMINISTRATIVE REVIEW**

**A. Medical/Clinical Director or Chief of Psychiatry**

Instructions: Shall be completed by the Medical/Clinical Director or Chief of Psychiatry, unless unavailable, When these individuals are unavailable, and when more than one prescriber is on duty, a prescriber who is not assigned to the patient will review the emergency. If the event takes place when the Medical/Clinical Director, Chief of Psychiatry and Acting Medical/Clinical Director and all non-treating prescribers are unavailable, and they continue to be unavailable for the entire 72-hour period after the first administration of emergency medication, the review will be conducted by the building nursing supervisor.

Review conducted by: \_\_\_\_\_, Title \_\_\_\_\_

After conducting a face-to-face evaluation of the patient and reviewing the prescriber's emergency certification and the patient record, I conclude the following:

- Administration of emergency medication was  was not appropriate because danger to the patient or another person was imminent or reasonably impending,
- The prescriber based his or her professional judgment on best or effective practices, and all reasonable efforts to avoid the emergency administration of medication were made.
- The prescriber should have initiated the following interventions, in addition to, or in place of, his/her medication orders: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ D am D pm

Print Name \_\_\_\_\_

**B. Rennie Advocate Review**

\_\_\_\_\_, Rennie Advocate,  Reviewed chart on Date: \_\_\_\_\_ Time: \_\_\_\_\_

- All steps of emergency administration procedure were followed.
- Emergency medication was limited to 72 hours or less (including Saturdays/Sundays but not including holidays)
- The following problems in the procedure were noted in the chart and communicated in my monthly report to the CEO, Medical/Clinical Director, and DMHAS Medical Director: \_\_\_\_\_

**Outcome**

- Medication discontinued  Medication continued, patient consenting
- Medication continued, 3 step process initiated  Medication continued, FI process initiated
- Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ D am D pm

Print Name \_\_\_\_\_