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ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

EFFECTIVE DATE: September 15, 1983

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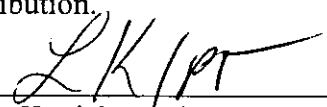
NOTE: This Bulletin replaces AB 78-3 dated 10/1/82 and AB 5:04 dated 9/15/83

**SUBJECT: Administrative Bulletin 5:04
The Administration of Psychotropic Medication to Adult Voluntary
And Involuntary Patients**

Attached is an Administrative Bulletin that replaces the September 15, 1983 AB 5:04, The Administration of Psychotropic Medication to Adult Voluntary and Involuntary Patients. Please note that in all relevant respects, this bulletin is exactly the same as the 1983 bulletin EXCEPT that the section addressing the emergency medication of voluntary and involuntary patients has changed substantially.

The new section can be found at Section IV C beginning on page 5, and permits only one 72-hour period of emergency medication (including Saturdays and Sundays but not including holidays), with orders written and reviewed every 24 hours. There are also references to immediate notification of the Medical Director and Rennie Advocate, and a new requirement that before emergency psychotropic medication is ordered, the treatment staff certify that they are familiar with the patient's safety and treatment plans and have made attempts to resolve the emergency with less restrictive appropriate interventions.

The new policy is effective immediately. Forms for its implementation are attached to the hospitals contemporaneous with this policy distribution.



Lynn A. Kovich, Assistant Commissioner

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 5:04

EFFECTIVE DATE: September 15, 1983

REVISED: September 1, 2011

Note: This Bulletin replaces A.B. 78-3 dated 10/1/82 and AB 5:04 dated 9/15/83

SUBJECT: The Administration of Psychotropic Medication to Adult, Voluntary and Involuntary Patients

I. Introduction

A. Issue

Guidelines governing the administration of psychotropic medication to adult, voluntary and involuntary, state psychiatric hospital patients.

B. Objectives

1. To fulfill our ethical, professional and legal responsibilities to provide treatment to psychiatric hospital patients;
2. To define the parameters and protect the rights of patients to give or withhold consent to psychotropic medication;
3. To provide patients with the opportunity to participate in the development of their own individual treatment plans;
4. To utilize multi-disciplinary treatment teams in formulating, implementing and reviewing clinical care.
5. To provide for clinical review of the decision to administer psychotropic medication to non-consenting patients.

C. Legislative Parameters

1. Every individual who is mentally ill is entitled to medical care and other professional services in accordance with accepted standards. N.J.S.A.30:24.1. New Jersey courts have also recognized that psychiatric hospital patients have an affirmative right to receive treatment and that hospitals have a correlative responsibility to attempt to improve the condition of their patients.
2. Each patient has the right to participate in planning for his own treatment, to the extent that his condition permits. N.J.S.A. 30:4-24.1.

3. (a) Voluntary patients have the right to refuse medication. N.J.S.A. 30:4-2h.2. d (1).
- (b) The chief executive officer of a state or county psychiatric hospital is authorized to give consent for psychiatric treatment to patients declared legally incompetent by a court or patients under the age of 21, under certain conditions. See N.J.S.A. 30:4-7.1-7.6.
- (c) Patients have the right to be free from unnecessary or excessive medication. N.J.S.A. 30:4-24.1 d (1).
- (d) Medication may not be used as punishment; for the convenience of staff, or as a substitute for a treatment program. N.J.S.A. 30:4-24.1 d (1)
- (e) Notation of each patient's medication shall be kept in his treatment records. At least weekly, the attending physician shall review the drug regimen of each patient under his care. All physicians' prescriptions shall be written with a termination date which shall not exceed 30 days. N.J.S.A. 30:24.2 d(1).

II. Definitions (for purposes of this bulletin)

Decision-making capacity, for purposes of deciding whether an advance directive for mental health treatment should become operative, or whether a patient is functionally incompetent to consent to medication, the ability to understand and appreciate the nature and consequences of mental health care decisions, including the benefits and risks of each, and alternatives to any proposed mental health care, is vital to reach an informed decision. A patient's decision-making capacity is evaluated by a licensed professional relative to the demands of a particular mental health care decision.

Emergency, for purposes of this bulletin, is defined as a situation where, 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 nonemergency procedures herein 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 patient or others or gaining the patient's consent to the administration of medication or obtaining substituted consent is feasible.

Incapacity means the state in which a person is unable to govern or manage his or her affairs, including medical decisions; this determination can be made only by a court, and a person who is incapacitated has a legal guardian.

Involuntary patients are those patients who have not been admitted, transferred or retained pursuant to a voluntary application for admission.

Less restrictive intervention means a treatment that has, compared to another, fewer probable negative lasting effects on the patient, is less likely to interfere with the patient's therapeutic

progress, and interferes less with the patient's rights to autonomy and liberty. A proposed intervention can be requested by the patient at the time it is needed or can be implemented pursuant to an advance directive or negotiated as part of the patient's patient safety plan. Less restrictive alternatives available in an emergency in the state psychiatric hospitals typically include verbal de-escalation, distraction, and the offer of consensual oral medication. The most restrictive interventions available in an emergency in the state psychiatric hospitals are seclusion, restraint, and forced medication.

Medication or psychotropic medication, in this bulletin, means any controlled substance when it is used for antipsychotic, antidepressant, mood stabilization, anti-anxiety, behavior modification or behavioral management purposes, and any tests required for the proper, responsible administration of such a substance.

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.

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

Professional opinion of the prescriber means the prescriber's conclusion to medicate or not medicate a patient with one or more psychotropic medications, based on education and experience that qualifies the prescriber to evaluate the options available to mitigate the emergency, including the ability to consider the probable effects of the psychotropic medication, the patient's past reactions to that medication or other treatments, and the risk of any medication side effects that may occur as a result of the emergency or long-term administration of the medication.

Rennie Advocate is a Client Services Representative who reports to the Medical Director and whose primary responsibility is to monitor and ensure that the patient is afforded his or her rights with regard to medication. The Rennie Advocate is not necessarily a clinician, and does not make clinical decisions, but does have access to each record and each prescriber, and can authorize the engagement of an independent prescriber in the case of a disputed medication decision as outlined in this bulletin. The Rennie Advocate is required to report observable side effects and departures from the procedures in this bulletin first to the prescriber and in the case of noncompliance to the Medical/Clinical Director.

III. Patient Advocates

Patient Advocates working for the Department of Human Services shall be engaged in assisting patients with respect to medication issues. In addition Rennie Advocates* responsible to the CEO and the Assistant Commissioner will perform quality assurance and advocacy functions with respect to the use of psychotropic medications.

IV. Administration of Psychotropic Medication

A. Requirement of Consent

A psychotropic medication may be administered to an adult voluntary or involuntary patient who is capable of giving informed consent to medication, only after the patient has given informed, voluntary, consent in writing to that specific medication. Signed consent forms and medication fact sheets shall be made a part of the patient's clinical record. If a patient is capable of and willing to give informed voluntary consent, but is unwilling to sign a consent form, then medication may be given pursuant to the patient's oral consent, provided that two treatment team members have indicated in writing that the patient has consented to the medication, on the consent form and in a progress note.

1. Consent to a specific medication will be considered to be informed only after:

- (a) A physician has discussed with the patient: the nature of the patient's condition, the purpose, nature, type and dosage of the medication prescribed, the anticipated benefits of the medication, the probability that the medication will be successful in achieving its purposes, the risks, consequences and side effects of the medication, the advantages and risks of feasible alternative treatments, the prognosis if medication is not given and the method of administering medication; and
- (b) The physician, assisted by members of the treatment team, has provided the patient with a consent form and medication fact sheet, discussed the consent of the forms, offered to answer questions and advised the patient that s/he may revoke consent at any time.

Consent forms and medication fact sheets for specific medications are available from the Medical Director. The physician is responsible for ensuring that the contents of the consent form and medication fact sheets are communicated to the patient in his/her primary language or mode of communication. If such communication is other than in English and through the documents provided, the nature of the communication shall be documented on the consent form by the physician; and

- (c) The physician determines that the patient understands the information disclosed pursuant to paragraph A 1(a), above, and has based his/her decision on rational grounds.

* Each facility may choose an appropriate title

2. Any member of the hospital staff may encourage a patient to consent to and take medications. However, consent will not be considered to be voluntary if it is given in response to force, or the threat of force, discharge, involuntary commitment, transfer to a more restrictive setting, or loss of privileges.
3. Consent to a specific medication shall be effective for the duration of the patient's stay in the hospital, unless it is revoked by the patient. A change in the dosage of a patient's medication does not require a new consent or other authorization.
4. Forms: Consent forms and medication fact sheets shall be kept in the patient's chart.

B. Revocation of Consent

1. A patient who has consented to medication may refuse medication at any time, by stating or writing that s/he does not wish to take the medication, or by any behavior indicating a refusal to take the medication. Medication may not then be given to such a patient, orally or by injection, except as authorized in Section IVC below.
2. When a patient who has consented to medication refuses medication consistently for 72 hours, his/her consent shall be considered revoked. A revocation of consent shall be documented on the consent form and shall render the consent void. If the patient subsequently indicates a willingness to take medication, s/he must indicate that in writing on a new consent form as in Section IVA, above. This writing must be witnessed by a staff member, who need not be a physician.

C. Exceptions to the Requirement of Consent

1. The emergency exception to consent for voluntary and involuntary patients
 - 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, it must be given and evaluated prior to an intramuscular injection of medication.

- e. 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).
- f. Within 24 hours of the initial administration of medication, the prescriber shall notify (electronically or via telephone) the Medical/Clinical Director and the Rennie Advocate that the patient has been medicated without informed consent.
- g. 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 Rennie Advocate. 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.
- h. 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 IV. C.1.j)
- i. Documentation
 - 1) The prescriber shall document his/her certification of an emergency on a Psychotropic Medication Emergency Certification form.
 - 2) 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.
 - 3) 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.

- 4) 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.

j. Administrative Review

- 1) 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.
- 2) 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.
- 3) 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.
- 4) The review will be conducted on the patient unit.
- 5) 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).
- 6) 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 Rennie Advocate.
- 7) The Rennie Advocate 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 Rennie Advocate monthly report. The monthly report will be distributed, at minimum, to the CEO, Medical/Clinical Director, and the DMHS Medical Director. The DMHS Medical Director may designate oversight of the Rennie Advocates to a Rennie Advocate advisor in his or her office, and shall keep the Assistant Commissioner informed of compliance issues.

2. Patients who Refuse Psychotropic Medication

(a) Psychotropic medication may only be administered to a patient who refuses medication pursuant to the procedures described below.

(b) Step One: Physician's Meeting With Patient

1) If a patient refuses psychotropic medication, the treating physician shall speak to the patient to discuss and attempt to respond to the patient's concerns about the medication.

2) If the patient still refuses to take the medication and the physician believes that medication is a necessary part of the patient's treatment plan[†]:

(A) The physician shall tell the patient that the matter will be discussed at a meeting of the patient's treatment team, and shall invite the patient to attend the treatment team meeting.

(B) The physician may suggest that the patient discuss the matter with a person of his own choosing, such as a relative or friend, and shall advise the patient that a Rennie Advocate is available to provide assistance.

(C) Forms: The physician shall fill out the first section of a Three Step Form.

1) form to chart;

(c) Step Two: Treatment Team Meeting

The treatment team shall meet to discuss the physician's determinations and recommendations and the patient's response;

(1) If the patient is present, the team shall attempt to formulate a treatment plan that is acceptable to the patient and the team.

[†] Psychotropic medication is considered a necessary part of a patient's treatment plan when either:

1. The patient is incapable, without medication, of participating in any treatment plan available at the hospital that will give him/her a realistic opportunity of improving his/her condition; or

2. Although it is possible to devise a treatment plan that is available at the hospital and will give the patient a realistic opportunity of improving his/her condition, either:

(a) a treatment plan which includes medication would probably improve the patient's condition within a significantly shorter time period; or

(b) there is a significant possibility that the patient will harm him/her self or others before improvement of his/her condition is realized if medication is not administered

The patient may agree to take medication unconditionally or under certain conditions that are acceptable to the physician. These agreements shall be documented on the consent form.

(2) If the patient is not present, the team and the physician shall discuss the physician's recommendation and the patient's response, and shall document their conclusions in the patient's chart.

(3) Forms: The physician shall complete the second section of the Three Step Form

(A) form to chart

(d) Step Three: Medical Director Meeting With Patient

(1) If, after the team meeting, the physician still believes that medication is a necessary part of the patient's treatment plan and the patient still refuses the medication, then the Medical Director shall conduct a personal examination of the patient and a review of the patient's chart.

(A) Voluntary Patients

If the patient is a voluntary patient and s/he continues to refuse medication after meeting with the Medical Director, then medication may not be administered, except in an emergency.

(B) Involuntary Patients

If the patient is an involuntary patient and s/he continues to refuse medication, but the Medical Director agrees with the physician that medication is a necessary part of the patient's treatment plan, the Medical Director shall complete the third section of the Three Step Form.

Medication may then be administered to the patient as part of the patient's documented treatment plan.

(2) Forms: Notice of the Medical Director's decision, via a copy of the Three Step Form, shall be given to the Rennie Advocate by the end of the first working day following the decision.

(A) copy to chart

(B) copy to Rennie Advocate

(C) copy to Hospital Liaison

(e) Review: The Rennie Advocate shall personally review the patient as soon as possible after receiving this notice, and once every month thereafter and shall complete a Medication Review Form.

(A) copy to chart

(B) copy to Rennie Advocate

(C) copy to Hospital Liaison

3. Patients Who Do Not Refuse Medication But Are Not Capable of Giving Informed Consent (Functionally Incompetent)

- (a) Psychotropic medication may be administered to a voluntary or involuntary patient on the certification of the treating physician in the patient's chart that:
- (1) Medication is a necessary part of the patient's treatment plan; and
 - (2) The patient is unable, because of his/her illness, to give informed consent to the medication, and
 - (3) The patient is not refusing the medication.
- (b) The physician shall complete the first section of the Three Step Form.
- (c) Forms: Notice of the decision to medicate such a patient shall be given via a copy of the Three Step Form to the Rennie Advocate, Quality Assurance or Peer Review^{*} by the end of the first working day following the physician's certification.
- (A) copy to chart
 - (B) copy to Rennie Advocate, Quality Assurance or Peer Review.
- (d) Review: The reviewer shall personally review the patient- as soon as possible after receiving this notice. The reviewer may request a review of the patient by the Medical Director.
- (e) Forms: The reviewer shall complete a Medication Review Form:
- (1) copy to chart A
 - (2) copy to reviewer
 - (3) copy to Hospital Liaison
- (f) At the request of a reviewer, the Medical Director shall, within five (5) working days of the request, conduct a personal examination of the patient and a review of the chart. S/he shall also complete the Medical Director Section of the Three Step Form. If s/he agrees with the treating physician's determinations, then medication may be continued as part of the patient's treatment plan.
- (g) Forms: Notice of the Medical Director's decision shall be given to the reviewer by the end of the first working day following the decision, via a copy of the Three Step Form.
- (1) copy to chart
 - (2) copy to reviewer

* See Specific Hospital Plan.

(h) Review: The reviewer shall personally review the patient as soon as possible after receiving this notice.

(i) Forms: The reviewer shall complete a Medication Review Form.

- (1) copy to chart
- (2) copy to reviewer
- (3) copy to Hospital Liaison

4. Legally Incompetent Patients

A. Medication may be administered to a legally incompetent patient

(a) On the voluntary informed written consent of the patient and the patient's guardian, pursuant to Section IV A

(b) In an emergency, pursuant to Section IV C (1);

(c) If the patient is refusing medication, pursuant to the procedures in Sections IV C 2;

Provided that:

(1) The guardian shall be notified of the team meeting and invited to attend; and

(2) Upon the determination by the Medical Director that medication should be administered, the physician shall request the guardian's consent prior to the administration of medication.

(d) If the patient is not refusing medication but is incapable of giving informed consent, pursuant to the procedure in Section IV C3;

Provided that:

(1) the physician shall request the guardian's consent prior to the administration of medication.

(e) When a guardian is requested to give consent for a refusing or non-consenting patient in

Sections (c) or (d) above:

(1) If the patient's guardian gives informed, voluntary written consent to the administration of the medication, then medication may be administered to the patient.

(2) If the patient's guardian refuses to consent to the administration of the medication, then medication may be administered to the patient only pursuant to the procedures for refusing patients of IV C.2. and the authorization of a reviewing psychiatrist pursuant to the procedures of IV. C.3-7

(3) If the patient's guardian, after reasonable notice of the proposal action and a request for consent, refuses or neglects to execute and submit a writing

expressing either the grant or denial of consent, then the Chief Executive Officer may give informed, voluntary, written consent to the administration of the medication.

D. Independent Reviews

1. The Rennie Advocate may request an independent psychiatric (IP) review of any patient who is receiving medication pursuant to Section IV C 2 (refusing patients); The Rennie Advocate or other reviewer under Section IV C 3 (non-consenting functionally incompetent patients) may also request an IP review of any functionally incompetent patient. Finally, any staff member may request an IP review of any patient through the Medical Director. In these cases, the Medical Director will decide whether to convene an IP review. Notice of all such requests shall be given to both the Medical Director and the Hospital Liaison.
2. Medication may be administered to the patient pending IP review. However, the IP review must take place within 5 working days of the request.
3. The Hospital Liaison shall schedule and give written notice of the IP review to the patient, the treating physician, the Medical Director, and the Rennie Advocate.
4. A psychiatrist designated by the Department shall conduct a personal examination of each patient for whom review is requested. S/he shall also review the patient's chart and meet together with the treating physician and/or the Medical Director, other relevant members of the treatment team, as requested by the Medical Director, and the Rennie Advocate. The patient shall also be present, unless s/he is unwilling or unable to attend or if his/her behavior is such that the review cannot proceed while s/he is present. The patient may also have present at the meeting, at his/her request and expense, an attorney or a mental health professional from outside the hospital, family members and/or other interested parties.
5. See Appendix III which contains guidelines for the conduct of such reviews.
6. The reviewing psychiatrist will decide whether or not the patient may receive medication. An authorization by this psychiatrist for the administration of medication will be effective for 90 days. The reviewing psychiatrist shall complete an IP form:
 - (1) copy to chart
 - (2) copy to Rennie Advocate
 - (3) copy to Hospital Liaison.
7. Either the patient or the Medical Director may seek a review of this decision. However, a review requested by the Medical Director will be conducted only if the Medical Director states in writing that there has been a substantial change in the patient's condition or circumstances since the decision was made or that there are new facts which were not brought to the attention of the reviewing psychiatrist and which are likely to change his/her decision. A review will be held at the request of the patient only if the patient alleges that reviewing psychiatrists' decision is not being followed.

8. Reviews

(a) In addition to the reviews mandated by N.J.S.A.30:4-24.2 d (1), the Medical Director or his designee shall review each week the treatment program of each involuntary patient, who has refused medication but is receiving medication pursuant to Section IV C 2 or IV D 2, to determine:

- (1) Whether the patient is still refusing the medication;
- (2) Whether medication is still a necessary part of the patient's treatment plan;
- (3) Whether the other components of the patient's treatment plan are being implemented.

(b) Patients who are medicated on the authority of an independent psychiatrist shall be reviewed by the Rennie Advocate.

- (1) two weeks after the independent psychiatrist review
- (2) two weeks before the end of a 90 day authorization period.

At these times, the Rennie Advocate shall fill out a Medication Review Form:

- (1) copy to chart
- (2) copy to Rennie Advocate
- (3) copy to Hospital Liaison

(c) (Non refusing) functionally incompetent patients shall be reviewed by the Rennie Advocate, Quality Assurance or Peer Review every six months. The reviewer shall also fill out a Medication Review Form:

- (1) copy to chart
- (2) copy to reviewer
- (3) copy to Hospital Liaison

(d) At the reviews in paragraphs (b) and (c) above, the reviewer may request review of the patient as in Sections IVC2 or IVC3, above.

E. Documentation

Each step of the procedures outlined above shall be documented in the patient's chart.

 Lynn A. Kovich, Assistant Commissioner
 Division of Mental Health and Addiction Services