

Guidance regarding the use of PRN medications

THE New York State Office of Mental Health (OMH) believes that recipients and families are most effectively served when decisions are made after consideration and discussion of all relevant clinical information, including the risks and benefits of any treatment. A working alliance with a recipient is best achieved by inviting the individual to identify personal and treatment goals (potentially through advance directives), and in collaborating with the recipient to achieve those goals. However, as with all medical illnesses, emergency situations may arise which require urgent interventions to ensure the health and safety of the recipient or others.

Individuals have the right to refuse treatment in hospital settings and are presumed competent to do so, unless proven otherwise. The *Rivers v. Katz* decision (67 NY2d 485 (1986)) requires a written court order or an imminent emergency situation to medicate an individual over his/her objection.

The administration of medications in emergency situations requires the input of a physician. Medication treatment over objection in emergency circumstances can be construed as a "drug used as a restraint." Thus, a physician "STAT" order is needed in all instances of this intervention. Because all OMH operated or licensed hospitals are required to have physician coverage, 24/7, all facilities can obtain a physician "STAT" order in a timely manner when these circumstances arise.

Both "STAT" and PRN orders can be used appropriately to treat agitation—as long as the treatment is voluntary. Agitation, however, in and of itself, is not an emergency situation that warrants treatment over objection.

The Federal Center for Medicare and Medicaid Services (CMS) has cited psychiatric hospitals in New York for writing PRN orders for agitation but not defining "agitation." Therefore, it is the expectation of OMH that if agitation is a target symptom for medication administration, it should be explicitly defined in the treatment plan—as a target symptom. OMH also expects that every PRN for agitation order will specify that its use is voluntary. In instances where the PRN order is IM (intramuscular) for

agitation we presume that the order to deliver a psychotropic medication IM is involuntary since few individuals would voluntarily agree to take an IM medication of this class of drug on a PRN basis.

OMH stresses that early recognition and intervention are extremely important in treating clinically unstable individuals and are an indication of high quality medical care. The appropriate management of agitation requires the use of primary prevention strategies that reduce stress and coercion and encourage the use of coping skills. Working in collaboration with individuals receiving care, caregivers must identify triggers for stress and early warning signs and take measures to modify the environment (e.g., light, noise, activities, staff-consumer and consumer-consumer interactions) to create a calm and soothing atmosphere. When early signs of tension and anxiety exist, individualized de-escalation strategies (such as sensory modulation techniques) need to be employed first. Offering reassurance, soothing kits, compassionate treatment, active listening, and kind, nurturing care often prevents power struggles which can lead to agitation and disruptive behaviors.

OMH urges that staff be well trained in non-pharmacologic primary prevention and intervention techniques. Training should help staff recognize environmental triggers that may precipitate violence and early warning signs that warrant their concern and response.

Useful information about best practices for **Early Identification and Early Intervention** can be found through SAMHSA's Office of Technical Assistance at: http://www.nasmhpd.org/general_files/publications/ntac_pubs/NETI%20presentations/NETI%2008%20Prevention%20Tools%20FINAL%203%2006%2008.pdf

In addition, OMH has developed a resource guide regarding the creation of **Comfort Rooms**, available at: http://www.omh.state.ny.us/omhweb/resources/publications/comfort_room/

If you have additional questions on PRN use, e-mail Dr. Gregory Miller at: coopgam@omh.state.ny.us. For questions concerning primary prevention activities, contact Jayne Van Bramer at: coqajw@omh.state.ny.us.

In summary, we offer this guidance:

- ◆ Effective alliance, advance directives, and shared decision-making should be actively sought for all recipients of services, and their families when appropriate.
- ◆ Early detection and intervention are always desirable when caring for clinically unstable individuals.
- ◆ STAT orders should be used in emergency situations, not PRN orders.
- ◆ Every PRN Agitation Order must stipulate that use is always voluntary.
- ◆ ANY psychotropic medication (IM or otherwise) administered over objection must meet *Rivers v Katz* criteria (pursuant to a court order or if used in an emergency situation ordered STAT).

Terms used in this guidance:

Drug used as a restraint means a drug or medication when it is used as a restriction to manage a patient's behavior or restrict his/her freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition, or as otherwise defined in federal regulations of the Centers for Medicare and Medicaid Services.

Emergency means a situation in which the patient engages in dangerous conduct.

IM means "intramuscular"

Medication over objection means that a patient verbally or behaviorally objects to the administration of medication and staff uses force to administer the medication or tells the patient that, despite his/her objection, the medication will be administered using force if necessary.

PRN. (pro re na'ta) means "as needed."

STAT (statim) means "immediately," on a one-time basis.