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 nonemergency procedures to involuntarily medicate a patient would increase risk of harm to the patient or another person.

I. CERTIFICATIONS AND DOCUMENTATION

A. Treatment Team Staff/RN Certification of Emergency:

(na	me) is a patient on	(unit) and is under my care as
his/her	(state title and position	n on team or unit).
The patient's legal status is: volunt	ary \Box civilly committed	□ CEPP
□ NGRI □ IST	□ IST -90	
The patient's clinical status and behavi	or meets the above Emer. Cert. defin	nition, as follows:

 \Box 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 <u>not</u> offer the patient his or her preferred behavioral supports and interventions because (describe below):

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

 \Box Patient does <u>not</u> 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 \Box does <u>not</u> 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:	🗆 am 🗆 pm
			-

Print Name_____

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

______ 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 harm to the following: \Box the patient \Box another person or persons \Box 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 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: \Box am \Box 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. Print Name_____ Signature □ First dose of medication was given: Date:_____ Time:_____ □ am □ pm Signature_____ Print Name_____ 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 Dam 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: \Box Medical Director and \Box Rennie Advocate notified by \Box telephone \Box email at patients' clinical situation meets the requirements for Emergency Certification.

Signature	Date:	Time:	\Box am \Box pm

Print Name				
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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.

 \Box 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:	□ am □ pm	
Signature	Date:	Time:	□ am □ 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 patie	nt that s/he was	going to be invol	untarily med	icated to resolve	an emergency.	
On Date:	Time:	□ am □	pm			
Signature				<u></u>		
□ First dose of medic Signature	eation was given	: Date:	T Print Name	`ime:	□ am □ p	im
Within the next 24 ho	urs after this dos	se was first admin	nistered, the f	following was co	ompleted:	
□ Progress Notes we Side Effects: □ None reported to prescriber negative response:	Reported □Or and to the Renn	n Date:	Time_ were also ful	□am Ily documented i	in the patient re	cord. Describe
Medical Director a						
Time: I, patients' clinical situa	, ition meets the re	certify that the a equirements for F	bove informa Emergency C	tion and stateme ertification.	ents are correct	and that the
Signature			Date:	Time:		□ am □ pm
Print Name			-			

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

I, _	, a [\Box psychiatrist; \Box physician	$; \square$ advanced practication of	ice nurse, certify that
psyc	contin notropic medication that, in my profes	sional opinion, will mitigate	the emergency situation	, a short-acting on described above that
will	otherwise probably result in harm to th	e following:	0 1	
	e patient \Box another person or person			
	have evaluated the patient's record an	*		
	ve the emergency and no less restricting adequately mitigate the harm. The 24-			emergency medication
Date	time of order	medication and dos	age	
sche This	dule of administration order will need to be reviewed prior to	its expiration on Date:	Time:	🗆 am 🗆 pm
Sign	ature	Date:	Time:	🗆 am 🗆 pm
Print	Name			
	G. Nursing Documentation (Th	ird 24 hour pariad)		
	G. Nursing Documentation (11)	iru 24 nour periou)		
D T	he Prescriber conducted a face-to-face	examination, and he/she wro	ote the above order.	
	advised the patient that s/he was going			
On E	Pate: Time: ature	am 🗆 pm		
Sign	ature	Print Name		
🗆 Fi	rst dose of medication was given: Date	e:Time:	🗆 am l	🗆 pm
Sign	ature	Print Name		
With	in the next 24 hours after this dose was	s first administered, the follo	wing was completed:	
	ogress Notes were written every shift o			
Side	Effects: On Dat On Dat	re: <u> </u>	$___$ \Box am \Box pm,	any negative effects
	reported to prescriber and to the Renn ribe negative response:		illy documented in the	patient record.
	edical Director and Rennie Advocat	a notified by 🗖 telephone	amail at	
Time		a.m/pm. Date:		
I,	, certif	Ty that the above information	and statements are con	rrect and that the
patie	:, certif, certif, nts' clinical situation meets the require	ements for Emergency Certif	ication.	
Sign	ature	Date:	Time:	□ am □ pm
Print	Name			
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H. Prescriber's Certification of Emergency (Fourth Certification) (only if one of the days in the 72 hours is a holiday)

I,	, a 🗆	psychiatrist; \Box physician	$n; \square$ advanced pract	ice 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:						
\Box the patient \Box anot	her person or persons	□ both.				
\Box I have evaluated the	patient's record and s	seen the patient. The first	24-hour administration	n of medication did not		
		alternative to the involur ur medication order is as t		emergency medication		
Date/time of orderschedule of administrati	on	medication and dos	age			
This order will need to l	be reviewed prior to it	s expiration on Date:	Time:	□ am □ pm		
Signature		Date:	Time:	🗆 am 🗆 pm		
Print Name						
I. Nursing Docur	nentation (Fourth 24	hour preiod) (only if on	e of the days in the 72	hours is a holiday)		
□ The Prescriber cond	ucted a face-to-face ex	amination, and he/she wro	ote the above order.			
On Date:	Time:	be involuntarily medicate am □ pm	· ·			
Signature		Print Name		·····		
□ First dose of medicat Signature	ion was given: Date:_	TimeTime	: 🗆 am l	⊐ pm		
Within the next 24 hour	s after this dose was fi	rst administered, the follo	wing was completed:			
Side Effects: None R	eported	cumenting the patient's co Time Advocate and were also f	□am □ pm,	any negative effects patient record.		
Time:	I LRennie Advocate r	notified by □ telephone a.m/pm. Date:	i email at			
I, patients' clinical situation	, certify to on meets the requirem	a.m/pm. Date: hat the above information ents for Emergency Certif	and statements are con ication.	rrect and that the		
Signature		Date:	Time:	□ am □ pm		
Print Name						

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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:

 \Box Administration of emergency medication \Box was \Box was <u>not</u> appropriate because danger to the patient or another person was imminent or reasonably impending,

 \Box 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.

 \Box The prescriber should have initiated the following interventions, in addition to, or in place of, his/her medication orders:

Signature_____ Date: _____ Time: _____ 🗖 am 🗆 pm

Print Name_____

B. Rennie Advocate Review

	Rennie Advocate,	□ Reviewed	chart on Date:	Time:	
A 11 4 C	1 • • • • •	1 C	11 1		

□ All steps of emergency administration procedure were followed.

□ Emergency medication was limited to 72 hours or less (including Saturdays/Sundays but not including holidays)

 \Box 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

Outcome			
□ Medication discontinued □ Medication continu	ued, patient consent	ting	
□ Medication continued, 3 step process initiated	□Medication cont	tinued, FI process initiation	ated
Other:			
Signature	Date:	Time:	🗆 am 🗆 pm
	Date	_ 11110	
Print Name	_		