9525.3050 CONSENT TO USE OF PSYCHOTROPIC MEDICATIONS.

Subpart 1. **Generally.** The county staff acting as public guardian has the authority to give informed consent for the use of psychotropic medications for the ward. The informed consent must be in writing. Technical assistance from the department about the use of psychotropic medications is available to the local agency upon request. The county staff acting as public guardian must withdraw consent at any time that the use of psychotropic medication does not appear to be in the best interest of the ward.

Subp. 2. **Informed consent.** The county staff acting as public guardian must not consent to the use of psychotropic medications, unless the following information is documented and reviewed by the local agency:

A. the target behavior or condition for which the psychotropic medication is to be used;

B. a description of the target behavior or condition in specific observable and measurable terms;

C. the current rate, intensity, and quantification of the target behavior or condition;

D. the expected benefits including the level to which the psychotropic medication is to change the target behavior or condition;

E. the other therapies and programs available and which have been considered, or tried and rejected, and the rationale for selecting psychotropic medications as opposed to alternative therapies or programs; and

F. specific information about the psychotropic medication to be used including:

(1) the generic and commonly known brand name;

(2) the proposed dose;

(3) the possible dosage range or maximum dosage;

(4) the route of administration;

(5) the estimated duration of therapy; and

(6) the risks and possible side effects of the psychotropic medication, including the manner in which the side effects may be managed.

Consent for psychotropic medication may be withdrawn at any time and automatically expires one year from the date of consent unless consent is renewed or a shorter time is agreed upon by the county staff acting as public guardian.

Subp. 3. **Monitoring side effects.** The county staff acting as public guardian must not consent to the use of a psychotropic medication, unless standardized methods for assessing

and monitoring side effects are in place. This must include a standardized side effects scale. In addition, when antipsychotic medication or amoxapine is used, the Dyskinesia Identification System: Condensed User Scale (DISCUS) must be used to monitor for tardive dyskinesia (TD) and a method must be in place to monitor for other extrapyramidal system side effects, including akathisia, dystonia, and pseudoparkinsonism. For purposes of this subpart, the following terms have the meaning given them.

A. "Tardive dyskinesia" means a variable combination of abnormal involuntary movements associated with the use, usually one to two years or more, of antipsychotic medication.

B. "Extrapyramidal system side effects" means signs and symptoms associated with antipsychotic medication, including:

(1) akathisia: the inability to sit still, restlessness, pacing, walking in place, or complaints of jitteriness, jumpiness, or feeling like jumping out of one's skin;

(2) pseudoparkinsonism: tremors, drooling, lack of movement, or shuffling gait; and

(3) dystonia: rigidity, eyes rolled up, or arched back.

C. "Dyskinesia Identification System: Condensed User Scale" or "DISCUS" means a 15-item assessment scale which monitors tardive dyskinesia by measuring the presence of involuntary movements in the body. The DISCUS is incorporated by reference. The DISCUS was published in the Psychopharmacology Bulletin, volume 27 (1991), pages 51 to 58, and is not subject to frequent change. DISCUS forms are available from the State Law Library, or from the department upon request.

D. "Standardized side effects assessment scale" means a published or professionally developed assessment scale which monitors side effects.

Subp. 4. **Monitoring schedules.** In addition to the requirements of subpart 3, the county staff acting as public guardian must not consent to the use of psychotropic medications, unless there is documentation that the following monitoring criteria are in place:

A. the monitoring of side effects is documented at least once, seven to 14 days after the initiation or dosage increase of any psychotropic medication, with the exception of the following documented and justified clinical situations:

(1) the medication is prescribed for use in emergency situations (stat.);

(2) the medication is prescribed on an as-needed basis (p.r.n.) for five days or less;

(3) acute use or increase of a medication to control a problem for up to 14 days, at which time the dosage is decreased to the prior level;

(4) an increase to a prior dosage following a failure at a lower dosage as a part of a minimal effective dosage attempt; and

(5) a gradual upward titration.

In cases of upward titration, an initial seven- to 14-day assessment and monthly assessments are required until the dosage is stabilized;

B. the monitoring of side effects is documented at least once every six months if any psychotropic medication continues to be prescribed; and

C. the monitoring of tardive dyskinesia, akathisia, and other extrapyramidal system side effects is documented as occurring at least once every six months if antipsychotic medication or amoxapine is prescribed. Monitoring must also occur at least once per year if antipsychotic medication or amoxapine is no longer prescribed but tardive dyskinesia, tardive akathisia, or tardive dystonia is diagnosed. The county staff acting as public guardian must withdraw consent to the use of psychotropic medications at any time the conditions under this subpart are not met.

Subp. 5. **Data review of target behavior.** The county staff acting as public guardian must not consent to the use of psychotropic medications, unless there is in place a method to collect and review data on the incidence of the behavior that the psychotropic medication is to increase, decrease, or eliminate and which provides a basis to determine the effectiveness of the psychotropic medication. This data collection method must include:

A. an objective description of the target behaviors to be increased and decreased or eliminated;

B. the methodology of collecting data on target behaviors;

C. the target behavior criterion level which represents treatment effectiveness;

D. quantification of the target behaviors to be increased and decreased or eliminated based upon data collected since the last review;

E. any current behavioral or therapeutic programs assigned to the target behaviors and the effectiveness of those programs;

F. the psychotropic medication, dose, and route of administration before and after the review;

G. the date for the next review; and

H. the data review must occur:

(1) at least once per month for at least one month after any psychotropic medication initiation;

(2) at least once per month for at least one month after any psychotropic medication dosage adjustment; and

(3) at least once every three months if the psychotropic medication and dose are stabilized.

At least once per year, the data review must include a gradual minimal effective dosage attempt or must justify why the reduction is not possible.

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