

Non-Pharmacological Interventions and PRN Psychotropics

- New Regulations:
 - Definition of **Psychotropic Drug**: A psychotropic drug is any drug that affects brain activities associated with *mental processes and behavior*. These drugs include, *but are not limited to*, drugs in the following categories:
 - Anti-psychotic
 - Anti-depressant
 - Anti-anxiety
 - Hypnotic
 - To be implemented **11/28/17**:
 - 1) PRN orders for **psychotropic drugs** are limited to **14 days**. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should **document their rationale** in the resident's medical record and **indicate the duration** for the PRN order.
 - 2) PRN orders for **antipsychotic drugs** are limited to **14 days** and **cannot be renewed** unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. **A new order for a PRN antipsychotic will be required to be written every 14 days.**
- If a patient has an order for one of these medications, there are critical steps that must be taken before the medication is administered.
 - **Utilize non-pharmacological interventions FIRST.** ***It is important to develop interventions that are specific to residents' interests, abilities, strengths, and needs.
 - **ALWAYS document** non-pharmacological interventions that were attempted and what their result was before administering the PRN psychotropic. These interventions should be specific to the patient, also known as person-centered care approaches, and outlined in their care plan. We should accommodate the patient's behavior and needs by supporting and encouraging activities reminiscent of lifelong work or activity patterns. Be **very detailed** in your documentation.
 - Any individualized intervention that facility staff has tried needs to be documented in the resident's record. This documentation needs to demonstrate details:
 - "We tried X for Z in this manner, for this time period, with these staff members, and found these results."
 - If the intervention had positive results, the documentation should explain those positive benefits and the frequency and whether it is being continued. If the intervention(s) did not have the desired outcome, there needs to be a plan B that may be considered, implemented, planned, or is currently being tried. And a plan C . . . and a plan D, if necessary (There must be a reasonable attempt to try various interventions). ALL staff needs to be aware of what works!
 - Why must we use cautiously, correctly, and always attempt non-pharmacological interventions first?
 - "Residents have the right to be free from chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms."
 - If non-pharmacological interventions do not work and the medication must be administered, be sure to include the effect of the medication and ensure we're monitoring for adverse effects of therapy and documenting these. **The goal is always to reduce or discontinue the medication as soon as possible.**