



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: October 11, 1995

BHRS POLICY: 95-07

SUBJECT: Charting and Medication Guideline

AUTHORITY: Divisional

AMENDED: November 8, 2006; February 2011; Technical Edits May 23, 2019

ATTACHMENT: A. Medication Monitoring Checklist

PURPOSE

In an effort to promote the best possible care for the clients of San Mateo County Behavioral Health and Recovery Services (BHRS), the following guidelines help to provide better clinical care, communication, and consistency. The electronic health record (EHR) is the only document that can verify the actual clinical work and interventions and treatments that are provided, and serves as a clinical, fiscal, and legal tool.

I. CHARTS

A. Charting

The standard is that all encounters with and about clients must be entered immediately after the service. (See BHRS Documentation Manual for further clarification and detailed management of late notes.)

B. Documentation

All forms, client plans, annual assessments, etc., must be finalized within documentation timelines to avoid loss of benefits or loss of revenues.

C. Lab Work

All lab work must be performed as needed; until such time as lab results are automatically recorded in the client record, results should be initialed and dated when read and scanned into the EHR immediately.

D. Consent Forms

Consents must be maintained in a timely manner. After initial consents are obtained, new consents must be obtained before initiating any and all new medications. If consents are written on paper forms, the signed copy must be scanned into the EHR.

E. Allergy Information

This information is gathered on admission during the assessment process and/or when writing the Physician's Initial Note (PIN). Information about allergies, whether to medications, foods or environmental factors, must be entered into OrderConnect. Any new information must be added promptly.

F. AIMS Rating Forms

As part of the tardive dyskinesia screening program to facilitate early detection of tardive dyskinesia or other abnormal movements, the AIMS rating form must be filled out on all new clients as defined in BHRS Policy 90-07 (all clients diagnosed with schizophrenia, schizoaffective disorder, psychotic depression, or bipolar disorder, whether or not currently receiving medications; and all clients currently receiving neuroleptic medications, lithium, and SSRIs, regardless of diagnosis) at initial evaluation and once yearly if no abnormal signs are noted. Additionally, an AIMS rating must be obtained prior to the institution of neuroleptic drug therapy.

AIMS forms need to be filled out immediately if new abnormal movements are observed, and as clinically indicated thereafter if movements persist, and also at six months after the discontinuation of neuroleptic therapy that lasted three months or longer.

AIMS forms must be scanned into the EHR.

II. MEDICATIONS

A. Orders in the Chart

1. Orders for all medications administered by the nursing staff -IM or PO- must be entered in OrderConnect. Orders to nurses dispensing medications must be entered in OrderConnect and must follow BHRS Policy 91-19.

2. "Standing" orders (e.g. "dispense weekly") are client-specific and time-limited. All IM orders have automatic three-month expirations.
3. Nursing Scope of Practice does not allow the ordering of medications by a nurse without a specific verbal order.
4. All clients must be seen regularly, as clinically necessary but at intervals of no more than every three months, and any lab work needed must be done regularly.

B. Prescriptions

1. The Regional Medical Chief has the responsibility to assure that medical clinicians at the sites adhere to current BHRS policies.
2. All medications prescribed should be entered into OrderConnect at the time of prescribing. (If this is not possible due to emergency, then the medication(s) should be entered as soon as possible after prescribing.) Prescriptions should be sent from OrderConnect using the eRx function if possible, although if schedule III medications are included (e.g. Klonopin) a faxed prescription must be generated from OrderConnect.
3. Schedule II medications require a paper San Mateo County safety prescription to be carried to the pharmacy by the client or picked up by the pharmacy. These medications should still be entered into OrderConnect to document the prescription.
4. Any changes in the medications must be clearly noted in the medical record, including any medications that are stopped (D/C'd), restarted, or for which any dose changes have been made.
5. In emergency situations, prescribing or refilling medications over the telephone must be followed up with an accurate entry of that prescription in OrderConnect. Resident prescriptions requiring co-signature should be printed out from OrderConnect and faxed to the pharmacy after co-signature.
6. Clients should have their regular medication follow up visits scheduled in such a way that they have enough medications to cover between appointments and, therefore, do not require additional phone refills. No more than two refills may be indicated on a prescription. If a phone refill is needed for a clinically documented situation, the medication should be filled for the shortest time possible and a visit scheduled as soon as possible, before the medications are

due to run out. A verbal order is required if a nurse is requested to call in the refill prescription.

7. For the very rare phone refill, every effort must be made to review the chart first, to make sure the medication requested is indeed a prescribed medication, that a recent refill was not given, that a follow up visit is not scheduled within the time period that the medication on hand would cover, and/or to note if the client has not been using the medications as prescribed. The refill then must be indicated in the chart with a brief note explaining why it was necessary to fill out of sequence (that is, not in conjunction with an actual visit and/or sooner than was expected).
8. Medications can only be written and prescribed for current, active BHRS clients, actually seen by the psychiatrist, and not for private practice psychiatric clients or for physicians who have clients with limited resources.
9. Psychiatry residents who are not yet fully licensed as physicians by the State of California must have all clinical notes cosigned that day by a County physician/psychiatrist, or as soon as is reasonably possible.
10. **Canyon Oaks Youth Center (COYC)** has a unique, medication monitoring system to meet Short Term Residential Treatment Program (STRTP) requirements for this treatment setting. Please refer to the Medication Control and Monitoring Protocol in the Canyon Oaks Youth Center Policy and Procedure Manual.

III. APPOINTMENTS

A. Regular Visits

All clients on medications need to be seen no less than every three months, depending on clinical need. Prescriptions need to be filled accordingly.

B. Medication Groups

The psychiatrist and nurse can work out the best practice pattern; appropriate and timely lab work must be obtained, as per BHRS guidelines.

C. Schedules

Appointments must be clearly made and follow up appointments scheduled to match the amount of meds given. The support staff must have a copy of the schedule and be able to contact clients for any changes.

D. Vacation Coverage

The Medical Chief ensures that psychiatrists' vacations are scheduled at a time convenient for the program and do not result in unmanageable understaffing.

IV. WALK-INS, CALL-INS AND OTHER URGENT SITUATIONS; MEDICAL OFFICER OF THE DAY

- A. When at all possible, the psychiatrist working with a client should help with all unscheduled contacts or needs of that client, even if it means the client may have to wait one day for non-urgent situations.
- B. A daily Medical Officer of the day (MOD) schedule shall be maintained at the reception desk and be immediately available to all staff. The MOD system is expected to handle all urgent situations if the assigned psychiatrist is not available, and for unassigned clients.
- C. At sites without psychiatric coverage for all clinic hours, Psychiatric Emergency Services (PES) is the backup for urgent medication needs. PES shall be consulted by telephone first; if a visit to PES is required, staff shall assist the client with transportation as needed.

Approved: _____ *Signature on file*
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