MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS G-03.1 EMERGENCY MEDICATIONS**
Effective Date:	11/01/2010 Page 1 of 2
Revision Date(s):	10/01/2020; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
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I. PURPOSE

Describe circumstances under which an inmate may be given prescription medication over the inmate's objection or without the inmate's consent. Inmates refusing medication may be administered prescription medication over their objection in an emergency situation. Emergency psychotropic medications may not be used simply to control behavior or as a disciplinary measure.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Qualified Mental Health Professional (QMHP) Responsibilities After Intervention

1. Initiate an order verbally or in writing at the time of the intervention and thereafter will renew the emergency medication order verbally or in writing every 72 hours.
2. Initially evaluate the inmate within 24 hours, or the next working day after the intervention, and at least every 72 hours thereafter excluding weekends and holidays.
3. Initiate a transfer or commitment to Montana State Hospital or initiate proceedings for Involuntary Psychotropic Medications *(see HS G-03.0 Involuntary Psychotropic Medications)* if emergency medication is indicated beyond 7 working days.
4. May not administer emergency medications exceeding a period of 14 working days without authorization from the Treatment Review Committee *(see HS G-03.0 Involuntary Psychotropic Medications)*.

B. Documentation

1. The QMHP will document the following in the medical file within 24 hours of initiating the intervention and every 72 hours thereafter, as long as the emergency exists (excluding weekends and holidays):
   a. the inmate's condition;
   b. the threat posed;
   c. the reason for forcing the medication;
   d. other treatment modalities attempted, if any; and
   e. treatment goals for less restrictive treatment alternatives as soon as possible.

C. Consultation

1. If emergency medications are indicated beyond 7 working days, the QMHP will obtain a documented, concurring consultation with another physician, including an examination of the inmate and a review of the patient's record.
2. If consultation cannot be obtained within 7 working days, then no medication will be administered until such concurring consultation is obtained and documented.

D. Location

1. Emergency medications will only be administered in the infirmary, unless the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment.
   a. If the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment, the inmate will be given the medications in an appropriate housing unit.

E. Monitoring and Documentation

1. Once intramuscular medication has been administered, follow up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.
   a. This does not apply to long-term involuntary medication administration.
2. Other supporting documentation to support that appropriate follow up care was provided includes:
   a. assessing mental status, such as alertness and orientation, motor activity, speech, and excess sedation
   b. monitoring extrapyramidal symptoms, such as dystonia, parkinsonism, akathisia, tremor, and dyskinesia
   c. observing behavior, such as psychosis (for example, hallucinations, delusions, disorganized speech, or behavior), assaultive, agitated
   d. monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome
   e. taking vital signs, including blood pressure, pulse, temperature, and respirations (as clinically indicated)
3. Licensed nursing staff will continue to closely monitor each inmate who is undergoing emergency medication treatment, and will document in the inmate's medical file, every 24 hours, a description of the desired and/or undesirable effects, for as long as the emergency exists.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *HS G-03.0 Involuntary Psychotropic Medications*