## THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Pharmacotherapy - Medication Review

PURPOSE: To ensure appropriate review of the use of medication for persons served.

<u>POLICY:</u> The Medical Director will ensure regular review of clients receiving medication to monitor the efficacy, side effects, and any contraindications of prescribed medications.

## PROCEDURE:

- Each client is regularly reviewed by a physician. This frequency is usually every four weeks. In the event of additional need, the client is seen more frequently. It is the intent to see the client in the presence of the client's guardian, within the school in which he attends. When this is not possible, the client and guardian come to a school closest to the home school for services to be rendered. In the event that the guardian is unavailable at any school and the need for medication is emergent, medication management could occur at the physician's office. The client's guardian has the absolute right to accept or refuse medication recommended. The following areas are considered at each review:
  - Needs and preferences of each person are reviewed;
  - The efficacy of the medication is described;
  - The presence of side effects and the percentage known are described as well;
  - If there are contraindications, that medication is not offered;
- A mental status evaluation is conducted to determine the organic effects of medication including any form of side effect secondary to the use of antipsychotic medication.
- In the interest of state-of-the-art use of medication, the newest medications with the least side-effect profile are initially used. That would include the atypical antipsychotic medications; the SSRIs, (serotonin reuptake inhibitor medications); the stimulants and non-stimulants for such conditions as attention deficit disorder; and any other medication provided to the client and guardian. The response of each is documented along with documentation of whether or not the information is understood and whether or not the medication is agreed upon or refused by the client and/or guardian.
- Every effort will be made to achieve the least restrictive medication regimen determined to effectively manage the client's symptoms.

## REFERENCED STANDARDS AND REGULATIONS:

Ohio Department of Mental Health Administrative Code 5122 CARF Behavioral Health Standards Manual

EFFECTIVE DATE: 4/26/2005

**REVIEWED:** February 2018