

# Psychotropic Medication

- If a child is sheltered on medication, the parent may sign authorization for child to continue taking the medication for a period of 60 days or the Judge will authorize the child to continue taking the prescribed medication for 28 days. In order for a child to remain on medication The Child Welfare Professional must ensure that a psychotropic medication appointment is scheduled within 48 hours of the shelter hearing to ensure that the appointment is prior to the 28 days.
- If The Child Welfare Professional finds out from the caregiver that a child has been prescribed/placed on a psychotropic medication, The Child Welfare Professional must notify the Clinical Coordinator within 24 hours.
- If a recommendation is made for a child to take prescribed psychotropic medication The Child Welfare Professional will notify their assigned Embrace Families Clinical Coordinator.
- The Child Welfare Professional will assist the caregiver with setting the psychiatric appointment.
- The Child Welfare Professional will make required efforts to have the parents attend the appointment in person or via telephone.
- The Child Welfare Professional, parent, caregiver, child, and practitioner are all ideally in attendance. At a minimum the child should be in attendance with The Child Welfare Professional.
- A 5339 medical report form must be taken to the appointment to be completed by the practitioner during the appointment.
- Appointment
  - During the appointment the prescribing physician must discuss the proposed course of treatment with all in attendance, including the child, in developmentally appropriate language the child can understand. The physician must explain the risks and benefits of the prescribed medication to the child.
  - The physician will discuss the medication proposed, the reason for the medication, and the signs or symptoms to report to caregivers. Information discussed with the child shall include:
    - Alternative treatment options;
    - The method of administering the medication;
    - An explanation of the nature and purpose of the treatment;
    - The recognized side effects, risks and contraindications of the medication;
    - Drug-interaction precautions;
    - Possible side effects of stopping the medication;
    - How treatment will be monitored;
    - The physician's plan to reduce and/or eliminate ongoing administration of the medication.

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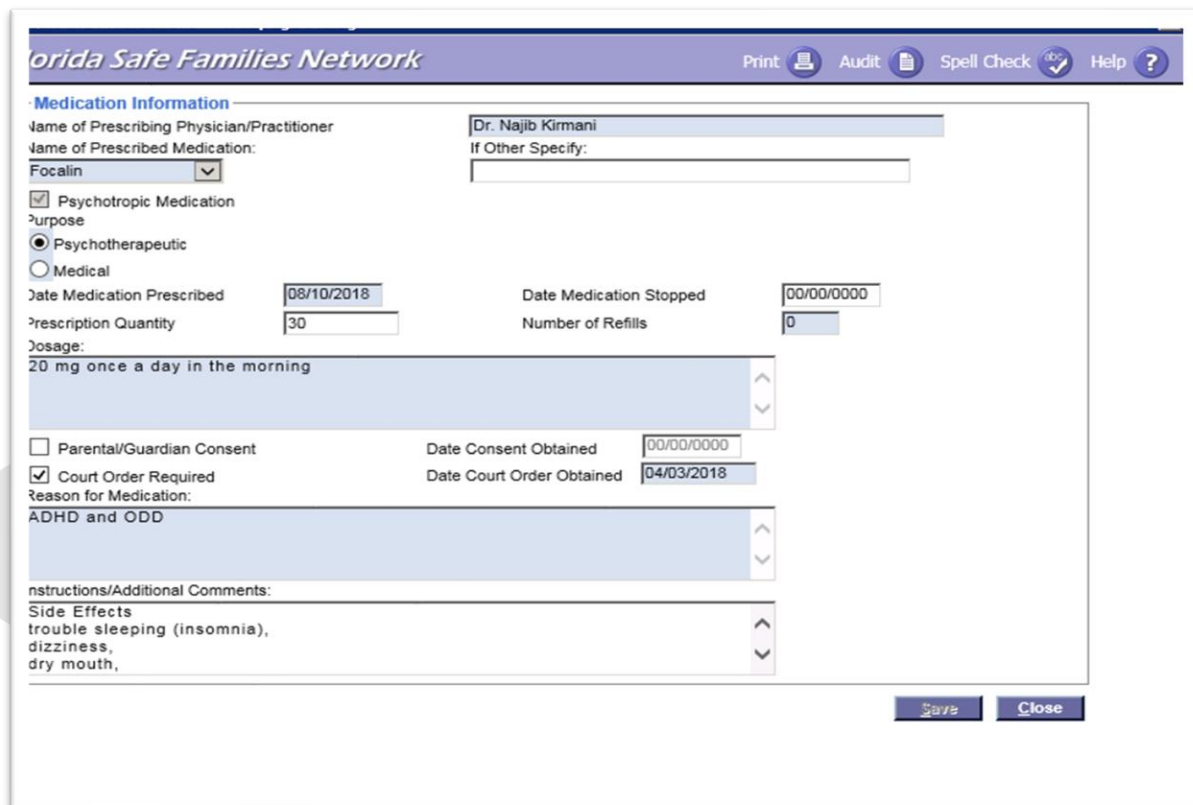
- The prescribing physician must ascertain the child's position with regard to the medication and consider whether to revise the recommendation based on the child's input. The child's position must be noted in the Medical Report.
  - If a child of sufficient age, understanding, and maturity declines to consent to the psychotropic medication, the Child Welfare Professional to request that Children's Legal Services request an attorney be appointed for the child.
  - Whenever the child requests the discontinuation of the psychotropic medication, and the prescribing physician refuses to order the discontinuation, The Child Welfare Professional to request that Children's Legal Services request an attorney be appointed for the child. Children's Legal Services will notify all parties and file a motion with the court.
- A completed 5339 and authorization must be in place before the child can take any psychotropic medication. The Child Welfare Professional must make the caregiver aware of the child's status to begin taking the prescribed medication and review the 5339 with the caregiver.
  - There are three forms of authorizations
    - *Express and Informed Consent must come from the child's parent or legal guardian. Consent from a The Child Welfare Professional, Foster Parent (FP), or other substitute caregiver is NOT appropriate authorization for the administration of psychotropic medications. Consent can be obtained ONLY after direct contact between a parent and the practitioner. If the parent participates via telephone The Child Welfare Professional will get the parent to sign the 5339.*
    - A court order can be requested to authorize medication administration if parental consent cannot be obtained. The Child Welfare Professional must obtain the completed 5339 in order for the court order to be requested. *Medications are not to be administered until after the court order is obtained.*
    - Only when a prescribing *physician certifies that a delay of the administration* of the medication would, more than likely, cause significant harm to the child, can the medication be administered without a court order or an informed consent by the parent.
  - *The report expires 1 year from the original completion date.*
- After the appointment The Child Welfare Professional will provide the Clinical Coordinator and CM with the 5339 from the prescribing practitioner within 24 hours of the appointment. If the 5339 is signed by the parent/legal guardian granting consent, The Child Welfare Professional will draft a status report that will be provided to the Clinical Coordinator. If the 5339 does not include parent/legal guardian consent to the medication, The Child Welfare Professional will draft a status report requesting a court

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order that will be provided to the Clinical Coordinator. The Clinical Coordinator will submit the documents to the CLS portal.

- If the child is prescribed 2 or more medications, the Clinical Coordinator will set up the UF line consultation.
- The Child Welfare Professional should upload the Medical Report into FSN and update the Medication Tab in FSN within 2 business days after receiving a new prescription, or of receipt of the parent or legal guardian authorization or court order approving the medication. The medical tab should be updated monthly to reflect any changes.
  - Medication tabs must include
    - Name of Practitioner
    - Script dates
    - Start & End
    - Medications
    - Dosages
    - Prescribed & Range
    - Quantity
    - Consent / Order
    - Use 01/01/1900 if no consent or order
    - Side Effects
    - Number of Refills
    - Instructions for medication

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The screenshot shows a web-based form titled "Florida Safe Families Network" with a header bar containing "Print", "Audit", "Spell Check", and "Help" icons. The form is titled "Medication Information" and contains the following fields and options:

- Name of Prescribing Physician/Practitioner: Dr. Najib Kirmani
- Name of Prescribed Medication: Focalin (dropdown menu)
- If Other Specify: (text input field)
- Psychotropic Medication Purpose
- Psychotherapeutic
- Medical
- Date Medication Prescribed: 08/10/2018
- Date Medication Stopped: 00/00/0000
- Prescription Quantity: 30
- Number of Refills: 0
- Dosage: 20 mg once a day in the morning
- Parental/Guardian Consent
- Date Consent Obtained: 00/00/0000
- Court Order Required
- Date Court Order Obtained: 04/03/2018
- Reason for Medication: ADHD and ODD
- Instructions/Additional Comments: Side Effects: trouble sleeping (insomnia), dizziness, dry mouth,

Buttons for "Save" and "Close" are located at the bottom right of the form.

- During home visits The Child Welfare Professional should ask questions on the “Psychotropic Medication Home Visit Form,” and document the answers as part of the FSFN home visit note.
- The Child Welfare Professional is responsible for verifying that the caregiver is administering the medication as prescribed by review in-progress med logs and collecting complete logs during regular home visits or verifying it has been uploaded to My JumpVault and upload the medication logs into FSFN.
- The Child Welfare Professional is to obtain information regarding prescription refills and new prescriptions in order to update the FSFN Medication tab within 2 days of the new prescriptions.
- The Child Welfare Professional must ensure any labs or monitoring and psychiatric appointments are completed as required by doctor.
- When placement of a child on psychotropic medication changes:
  - The Child Welfare Professional completes the Medical Inventory Form and uploads it to FSFN.
  - Medical care must not be disrupted. The Child Welfare Professional must arrange for transportation to existing provider. If impossible, The Child Welfare Professional shall secure medical records and history for new provider within 2 days of the change in medical provider.

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- If the provider changes, a new Medication Report (5339) is required. If the new report differs from the current court order/parent consent, a new court order/parent consent would be required.

