

SECTION .0400 - REFUSAL OF PSYCHOTROPIC MEDICATION

10A NCAC 28D .0401 ADMINISTRATION OF MEDICATIONS IN AN EMERGENCY

- (a) For the purposes of the rules in this Section, "emergency" means a situation in which a client is in imminent danger of causing physical harm to self or other persons unless there is rapid intervention by the state facility employee in the form of the administration of psychotropic medication.
- (b) When a client in a state facility refuses psychotropic medication in a situation that constitutes an emergency, the Director of Clinical Services may authorize administration of the psychotropic medication upon written certification that psychotropic medication is essential in order to prevent the client from causing imminent physical harm to self or other persons.
- (c) If it is impossible to comply with the procedure in Paragraph (b) of this Rule without jeopardizing the life of the client or other persons, the medication may be administered upon a physician's written or verbal order.
- (d) In any situation falling within Paragraph (b) or (c) of this Rule, the physician authorizing the psychotropic medication shall immediately document the authorization with such documentation including a statement describing the circumstances making the medication necessary and setting forth the reasons why lesser intrusive alternative measures would not have been adequate.
- (e) Within 24 hours, or when imminent danger has passed or upon expiration of the physician's order, whichever comes first, the use of psychotropic medication shall be re-evaluated by the physician. Continuation of the administration of psychotropic medication in an emergency after the re-evaluation by the physician shall be permitted for up to 48 hours after written approval by the Clinical Director. If the emergency no longer exists then the procedures specified in Rules .0403 and .0404 of this Section shall apply.
- (f) The occurrence of three emergency episodes within a 30-day period where psychotropic medications are administered shall constitute the need for the treatment team to review the treatment/habilitation plan. The treatment team shall develop a plan to respond to future crisis situations.

History Note: Authority G.S. 122C-51; 122C-57; 131E-67; 143B-147;
Eff. October 1, 1984;
Amended Eff. July 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.