



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Nursing	Procedure: Providing Long-Acting Injectable Medication Treatment	
Last Updated: 02/21/2022	Owner: Jeffrey Clark	Pages: 3

I. PURPOSE:

To provide RN staff a framework on how individuals are identified to receive Nursing intervention, follow up and administration of medication. This process is in addition to the content described in MCCMH Policy 10-065.

II. DEFINITIONS:

Injectable Medication:

A way of administering a sterile liquid form of medication into tissues of the body beneath the skin. Current injectable medication at MCCMH will be injected into muscle tissue, thus delivered intramuscularly.

Partner Pharmacy:

A pharmacy with which MCCMH has an existing collaborative agreement to supply and refill any long-acting injectable medication at a given time of service

Abnormal Involuntary Movement Scale (AIMS):

A 12-item clinician-rated scale to assess severity of dyskinesias (specifically, orofacial movements and extremity and truncal movements) in patients taking neuroleptic medications. Additional items assess the overall severity, incapacitation, and the patient's level of awareness of the movements, and distress associated with them. The AIMS has been used extensively to assess tardive dyskinesia in clinical trials of antipsychotic medications.

III. PROCEDURE:

1. Individuals on long-acting injectable medications may be identified at intake, following a hospital discharge or a provider transfer referral through the Managed Care Operations Division (MCO), or injections may be added to an existing client's medication list by a MCCMH licensed prescriber.
2. If an individual is identified upon intake or at the time of a MCO referral, the clinician assigned to the case must communicate this to the clinic's nursing team. This enables the team to be prepared to assist once the individual's assigned MCCMH prescriber deems appropriate to continue the medication.
3. Once an MCCMH prescriber has placed an order for a long-acting injectable medication, the prescription should be sent to the designated partner pharmacy electronically.

4. Although the MCCMH prescriber is responsible for obtaining the appropriate Medication Consent as required by the standards of practice, a nurse may be asked to witness or assist in the process (MCCMH Policy 9-600).
5. The nurse will complete New Consumer Information page and send it to the partner pharmacy.
6. The nurse must also set an appointment for when the first dose of the long-acting medication is due.
7. In the event of having immediate access to a long-acting injectable sample, this medication may be provided on the same day, if applicable. Such appointments are scheduled for at least 15 minutes but should be made longer if additional education will be provided or additional needs will be addressed with the individual.
8. When in doubt about an order, it is the responsibility of RN staff to seek clarification on the MCCMH prescribed order before dispensing any medications.
9. All long-acting injectable medications provided at MCCMH clinics will involve checking two consumer identifiers and 3 checks of the medication and its order, prior to administration of medication.
10. If an individual fails to show for a scheduled injection, the nurse will attempt to reschedule as soon as possible. The nurse can modify injection appointments 3 days before or after an injection due date. If the modification is greater or less than 3 days, the nurse must obtain confirmation from the treating prescriber and a note will be placed into the individual's EMR. If an individual is missing appointments or refusing medications, this will be communicated with the treatment team.
11. Any injections from a MCCMH partner pharmacy that need to be returned must be sealed and returned within 2 weeks of delivery. Reasons for this return can be an individual missed their appointment, refused the injection before it was drawn up, or the medication has been discontinued.
12. At each nursing appointment the person will be monitored for signs or symptoms of side effects or drug reactions, have their Abnormal Involuntary Movement Scale (AIMS) completed and have their vital signs taken.
13. If adverse effects (especially of note are extrapyramidal symptoms, known as EPS; Neuroleptic malignant syndrome (NMS), Tardive Dyskinesia (TD), Akathisia or acute Dystonic reaction) of the drug are observed, or if vital signs show critical results, the nurse will communicate the issue(s) with the MCCMH prescriber. The MCCMH prescriber will use their clinical judgment and weigh risks vs. benefits of continuing with injection.
14. In the event a MCCMH prescriber is not reachable, the RN will exercise his or her clinical judgement and may consider rescheduling the appointment until appropriate feedback from the prescriber is obtained. Under these circumstances, the RN must inform the person served of their concern and explain the clinical rationale behind the decision to reschedule the appointment. The RN must seek confirmation by the MCCMH prescriber, or a prescriber that is covering, within one (1) business day and should not delay the scheduling of the appointment any longer than necessary.

15. Following administration of medication, documentation of the injection shall be completed within twenty-four (24) business hours of the service delivery, as identified in MCCMH Policy 2-010.
16. The scheduling of follow up appointments is made based upon physician orders and must be within the time frame ordered by the MCCMH prescriber. The process will repeat as ordered.

IV. REFERENCES:

None.

V. RELATED POLICIES:

MCCMH Policy 2-051, "Psychotropic Medication in Community-Based Settings"
 MCCMH Policy 10-065, "Injection Medication Procedures"
 MCCMH Policy 9-600, "Informed Consent for Service"
 MCCMH Policy 2-010, "Standards for Clinical Services Documentation"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/21/2022	Creation of Procedure	
2	02/10/2023	Review	J. Clark RN