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GOVERNOR

# State of Alabama Department of Corrections

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JOHN Q. HAMM  
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION  
NUMBER

620

OPR: HEALTH SERVICES

## EMERGENCY ADMINISTRATION OF PSYCHOTROPIC MEDICATION

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the emergency administration of psychotropic medication to inmates within ADOC custody.

### II. POLICY

It is the policy of the ADOC to ensure that the emergency administration of psychotropic medication is only ordered for inmates within ADOC custody whose mental illness presents a psychiatric emergency that cannot be addressed by less-restrictive alternative crisis interventions.

### III. DEFINITIONS AND ACRONYMS

- A. **Crisis Intervention**: Clinical assessment and counseling that focuses on coping with distress, problem-solving skills, and restoring emotional stability. Short-term psychological support services directed toward stabilization and reduction of symptoms during a mental health crisis. Services are designed to assist the inmate to return to a pre-crisis level of functioning.
- B. **Emergency Psychotropic Medication**: The use of psychotropic medication to safely manage behavior related to a mental disorder that presents an imminent risk of harm to the inmate or others and that has not responded to less-intrusive interventions (such as verbal de-escalation or voluntary oral medication). An emergency psychotropic medication order is valid for a single administration of medication only.
- C. **Medication Consent Form**: A form that documents an inmate's informed decision to accept or decline a recommended medication in writing. The signature

verifies that the inmate understands the risks, benefits, and alternatives, including the risk of not accepting the recommended treatment.

- D. **PRN**: A medical abbreviation from the Latin term *pro re nata* that means a treatment (such as a medication) should be given only *as needed*.
- E. **Psychiatric Emergency**: A situation in which symptoms and behaviors associated with a mental disorder cause an inmate to pose a real and present threat of substantial harm to self or others due to symptoms or behaviors resulting from that inmate's diagnosed or suspected mental illness.
- F. **Psychotropic Medication**: Medication prescribed for the treatment of a psychiatric disorder.

#### IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- D. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receive training on the implementation of this AR.
- E. The Vendor Psychiatric Director is responsible for ensuring that all Vendor psychiatric providers receive training on the implementation of this AR.
- F. The Vendor Director of Nursing is responsible for ensuring that all Vendor nursing staff receive training on the implementation of this AR.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

#### V. **PROCEDURES**

- A. Initiating Orders for the Emergency Administration of Psychotropic Medication:
  - 1. The Vendor psychiatric provider may initiate the order for the emergency administration of psychotropic medication for an inmate only where that inmate both:

- a. Currently presents with a Psychiatric Emergency; and
    - b. Fails to respond to the Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
  2. The Vendor mental health staff offering the less-restrictive alternative Crisis Interventions will document those offers on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Notes*).
- B. Orders for the Emergency Administration of Psychotropic Medication:
1. The Vendor ordering psychiatric provider will document the following on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*:
    - a. The inmate's diagnosed or suspected mental illness using current DSM terminology.
    - b. The inmate's Psychiatric Emergency.
    - c. The clinical rationale and details for ordering the emergency administration of psychotropic medication.
    - d. The Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
    - e. The inmate's failure to respond to those offers of less-restrictive alternative Crisis Interventions.
  2. The Vendor mental health nurse practitioner ordering the emergency administration of psychotropic medication will both:
    - a. Consult with the Vendor psychiatrist before ordering the emergency administration of psychotropic medication, if possible; and
    - b. Submit ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, to the Vendor psychiatrist for review.
  3. The Vendor psychiatric provider may only order a single, one-time dose—and never a "PRN" dose—of psychotropic medication for emergency administration.
- C. Informed Consent:

1. The Vendor nursing staff administering the emergency dose of psychotropic medication will attempt to obtain informed consent from an inmate in accordance with AR 604, *Confidentiality in Mental Health Services*, before the emergency administration of psychotropic medication.
2. An inmate's refusal to provide informed consent will not prohibit the Vendor nursing staff from administering the emergency dose of psychotropic medication.

D. Emergency Administration of Psychotropic Medication:

1. The ADOC security staff and the Vendor nursing staff will collaborate in the emergency administration of psychotropic medication to minimize the risk of injury to either an inmate or staff.
2. The ADOC security staff accompanying the Vendor nursing staff administering the emergency dose of psychotropic medication will use the least amount of force necessary to prevent an inmate from self-harm or harm to others.
3. The Vendor nursing staff administering the emergency dose of psychotropic medication will document the emergency administration on ADOC OHS Form E-11(a), *Inmate Body Chart Documentation Form*.
4. The Vendor nursing staff administering the emergency dose of psychotropic medication will document the following on ADOC Form MH-040N, *Nursing Progress Note*:
  - a. The inmate's Psychiatric Emergency.
  - b. The Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
  - c. The inmate's failure to respond to those offers of less-restrictive alternative Crisis Interventions.
  - d. The clinical rationale and details for requesting the order for the emergency administration of psychotropic medication.
  - e. The follow-up visits and monitoring ordered by the Vendor psychiatric provider.
5. The Vendor nursing staff administering the emergency dose of psychotropic medication will complete ADOC Form MH-027, *Emergency Administration of Psychotropic Medication Report*, and will:

- a. File the original ADOC Form MH-027, *Emergency Administration of Psychotropic Medication Report*, in the mental health section of the inmate's medical record.
- b. Forward a copy of ADOC Form MH-027, *Emergency Administration of Psychotropic Medication Report*, to:
  - (1) The Vendor Mental Health Site Administrator at that facility.
  - (2) The Vendor Director of Nursing at that facility.
  - (3) The Vendor Psychiatric Director.

E. Follow-Up Visits and Monitoring:

The Vendor ordering psychiatric provider will conduct and document a follow-up visit with an inmate within twenty-four (24) hours from the emergency administration of psychotropic medication to that inmate on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.

**VI. DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

**VII. FORMS**

- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-027, *Emergency Administration of Psychotropic Medication Report*.
- C. ADOC Form MH-040-N, *Nursing Progress Note*.

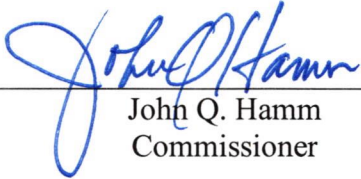
**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 620, *Emergency Forced Administration of Psychotropic Medication*, dated August 24, 2020, and any related changes.

**IX. PERFORMANCE**

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. *Braggs v. Hamm*, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).

- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



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John Q. Hamm  
Commissioner



**Alabama Department of Corrections**  
**Psychiatric Provider Progress Note**



<b>Last Name</b>		<b>First Name:</b>		<b>AIS:</b>	
DOB:    /    /         Age:		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent		<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health	
Facility: <input type="checkbox"/> WR		Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU			
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Last change:    /    /		SMI: <input type="checkbox"/> Y <input type="checkbox"/> N    Last change:    /    /	

<b>Target Problems and Symptoms:</b>

<b>Current Medications</b> (MAR Reviewed <input type="checkbox"/> Y <input type="checkbox"/> N)

<b>Adherence:</b>	<b>Adverse Drug Reactions / Allergies:</b>
Weight / BMI:      Date:    /    /	Last AIMS: (Date)      Consents: (Date)

<b>S/ (narrative)</b>

**O/ Mental Status Examination**      *(Describe pertinent details.)*

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
<b>Mood/affect:</b>	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
<b>Thought Content</b>	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

**Alabama Department of Corrections**  
**Psychiatric Provider Progress Note**



<b>Harm</b>	<input type="checkbox"/> None <b>Suicide:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate <b>NSSI:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <b>Aggression:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
<b>Thought Process</b>	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
<b>Perception:</b>	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
<b>Insight &amp; Judgment</b>	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
<b>Neuro / EPS</b>	<input type="checkbox"/> Y <input type="checkbox"/> N     Current AIMS:     /     /     Other/Details:

<b>Lab Review:</b>	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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<b>A/</b> (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

<b>P/</b> (Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

<b>Psychiatrist / NP:</b> (Print)	Sign:
<b>My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:</b>	

<b>Date:</b> /     /	<b>Start time:</b> :	<b>AM PM</b>	<b>End Time:</b> :	<b>AM PM</b>
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**EMERGENCY ADMINISTRATION OF PSYCHOTROPIC MEDICATION REPORT**

(To be completed by a nurse following the administration of emergency psychotropic medication when the physical assistance of security is required.)

**Facility / Unit where emergency occurred:** \_\_\_\_\_

**Describe inmate behavior and evidence of threat or risk of harm to self or others:**


**Interventions attempted to reduce the risk of harm and obtain voluntary consent for treatment *prior to* order for assisted administration of emergency medication:**

Voluntary medication offered / refused:
Crisis intervention efforts / calming strategies:

**Psychiatrist or Nurse Practitioner ordering emergency medication** \_\_\_\_\_

**Date/time medication administered:** \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_ AM PM

**Medications / Doses ordered:**


**Response to emergency medication:**


**Any inmate-patient injuries or side effects observed or reported:**


**Completed by:**

Print: _____ RN LPN	Date: ____/____/____
Sign: _____	Time: ____ AM PM

<b>Inmate Name:</b> _____	<b>AIS #:</b> _____
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## NURSE PROGRESS NOTE

<input type="checkbox"/> O/P <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> ASW <input type="checkbox"/> NASW <input type="checkbox"/> CONSTANT <input type="checkbox"/> OBS <input type="checkbox"/> MHO	MH CODE:   A   B   C   D   SMI:   Y   N
<b><u>S</u></b>	
<b><u>O</u></b>	VITAL SIGNS: B/P: _____ HR: _____ RR: _____ Temp: _____ O <sub>2</sub> Sat: _____ Wt.: _____ EYE CONTACT: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring HYGIENE: <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty BEHAVIOR: <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Pleasant <input type="checkbox"/> Uncooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Hostile <input type="checkbox"/> Bizarre ORIENTATION: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation AWARENESS: <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted SPEECH: <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Rambles <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial THOUGHTS: <input type="checkbox"/> Logical <input type="checkbox"/> Reality-based <input type="checkbox"/> Concrete <input type="checkbox"/> Obsessive <input type="checkbox"/> Loose Associations <input type="checkbox"/> Disorganized <input type="checkbox"/> Grandiose <input type="checkbox"/> Hyper-religious <input type="checkbox"/> Paranoid PERCEPTIONS: Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None Describe: SUICIDAL/HOMICIDAL RISK: <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation Describe: MOOD: <input type="checkbox"/> Good/relaxed <input type="checkbox"/> Sad <input type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful Inmate's Description of Mood: AFFECT: <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted Describe: PSYCHOTROPIC MEDICATION ADHERENCE: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Refuses <input type="checkbox"/> Education Provided SIDE EFFECTS: <input type="checkbox"/> None <input type="checkbox"/> Tremors <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Weight Change <input type="checkbox"/> Dizziness <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Other:
<b><u>A</u></b>	
<b><u>P</u></b>	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:

Nurse Print/Sign:	LPN   RN	Date:
Time:                      AM   PM		
Inmate/Patient's Name:	AIS #:	DOB:                      Facility: