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Guidance Regarding the use of PRN and STAT Medications in OMH-Licensed Inpatient and Emergency Settings[1]
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Key Points:

- Effective alliance and shared decision-making should be actively sought for all individuals of services, and their families when appropriate.
- Early detection and intervention are always desirable when caring for individuals with fluctuating and potentially dangerous symptoms.
- Psychiatric Advance Directives promote stronger therapeutic alliances and are empowering.
- PRN Orders are always voluntary. PRN orders cannot be administered over the individual's objection. IM PRN orders are never acceptable.
- ANY psychotropic medication (IM or otherwise) administered over objection must meet *Rivers v Katz* criteria (pursuant to a court order), or if used in an emergency, ordered STAT.
- Selection of medication and dose must be based on underlying clinical presentation. Practitioners should avoid diphenhydramine use unless treating a clear dystonic reaction.

Definitions:

- *Drug used as a restraint[2]* means a drug or medication when it is used as a restriction to manage an individual's behavior or restrict their freedom of movement and is not a standard treatment or dosage for the individual's underlying medical or psychiatric conditions.
- *Emergency* means a situation in which an individual's behavior creates an imminent threat of serious injury to the individual or another person.
- *IM* means intramuscular.
- *Medication over objection* means a drug or medication to which an individual verbally or behaviorally objects and which staff administers to maintain the safety of the individual and/or others. Medications provided over objection can be administered using force if necessary to maintain the safety of the individual and/or others.
- *Minor* means a person under eighteen years of age but shall not include a person who is the parent of a child, emancipated, has married, or is admitted on voluntary status on their own application pursuant to MHL 9.13.
- *PRN (Pro Re Nata)*, or "as needed" orders mean written physician orders that authorize a nurse to give a specific medication at a specified dose for a designated reason with specific timing and maximum dosing parameters when needed.
- *Psychiatric Advance Directive* means a legal document that details a person's preferences for future mental health treatment decisions and names an individual to make treatment decisions if the person is in a crisis and unable to make decisions.

[1] This Guidance is for inpatient and emergency programs licensed pursuant to 14 NYCRR Parts 580, 582, and 590. Psychiatric Centers operated by the NYS Office of Mental Health should refer to separate policy and guidance issued by OMH Central Office to Psychiatric Centers.
[2] 14 NYCRR §526.4

- *Psychiatric Nurse Practitioner (NPP)* means a nurse who has a master's degree or doctorate and who has completed a course of curriculum study resulting in a qualifying certification and a state registration that meets criteria for Psychiatric Nurse Practitioner.
- *STAT (statim)* order means a one-time order that should be prioritized first as it is needed urgently. STAT orders must be used in emergent situations when ordering a medication that will be administered over objection. STAT orders may also be used for voluntary treatment; not all STAT orders are for emergent medications administration.

General Guidance

The New York State Office of Mental Health (OMH) believes that individuals and families are most effectively served when decisions are made after consideration and discussion of all relevant clinical information, including the risks and benefits of any treatment. A working alliance with an individual is best achieved by inviting the individual to identify personal and treatment goals (i.e., through psychiatric advance directives), and in collaborating with them to achieve those goals. However, as with all medical illnesses, emergency situations may arise which require urgent interventions to ensure the health and safety of the individual or others.

NYS regulations (14 NYCRR §527.8) are clear that individuals have the right to refuse treatment in hospital settings and are presumed competent to do so, unless proven otherwise[3]. The Rivers v. Katz[4] decision requires a written court order or an emergency to medicate an individual over their objection. In order to administer medication to a minor, the legal guardian must consent. There are limited circumstances in which a minor, 16 years or over, who is admitted to a hospital on their own application, can consent to psychotropic medication. Please see Mental Hygiene Law § 33.21, Consent for Mental Health Treatment of Minors.

PRN Order Guidance

There may be non-emergency symptoms for which medication can be helpful, including, but not limited to, agitation and anxiety. PRN orders can be used appropriately to treat these—if the treatment is voluntary. An explanation of the order should be included in the physician's or NPP's progress notes and/or included in the individualized treatment plan.

The Federal Center for Medicare and Medicaid Services (CMS) has cited psychiatric hospitals in New York for writing PRN orders for agitation but not defining "agitation." Therefore, it is the expectation that if agitation is a target symptom for medication administration, it should be explicitly defined in the progress note and/or treatment plan and in the text of the order—as a target symptom of a specific underlying disorder. Examples include:

- Haloperidol 5mg PO every six hours as needed for agitation related to paranoia; total dose not to exceed 20mg per 24 hours.
- Lorazepam 2mg PO every eight hours as needed for agitation related to residual symptoms of manic episode; do not exceed more than two administrations per 24 hours.
- Quetiapine 25mg po once daily prn for agitation related to mild frontotemporal neurocognitive disorder.

This expectation extends to other possible symptoms (e.g., insomnia, anxiety, etc.). The indication for any PRN medication must be clearly spelled out in the order.

STAT Order Guidance

Medication administration over objection in emergency circumstances can be construed as a drug used as a restraint, especially in the case where the medication provided does not have a psychiatric indication established by the Food and Drug Administration (FDA). Thus, to clarify that the emergent medication is being used for treatment, and not merely as restraint, a physician or NPP STAT order is needed in all instances of this intervention. An accompanying

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[3] 14 NYCRR §527.8

[4] 67 NY2d 485 (1986)

note explaining the situation and rationale for treatment must be entered into the individual's medical record each time STAT medications are ordered. Because all OMH-licensed Article 31 hospitals, OMH-licensed inpatient units in general hospitals, and Comprehensive Psychiatric Emergency Programs (CPEPs) are required to have physician coverage 24/7, all facilities can obtain a STAT order in a timely manner when these circumstances arise.

Early Recognition and Intervention

Early recognition and intervention with non-pharmacological approaches and (voluntary oral) PRN medications are always preferable to situations that escalate to emergencies and that require STAT IM medications over objection, or even seclusion or restraint[5]. This is greatly facilitated by collaborating with individuals receiving treatment to create psychiatric advance directives in the treatment planning process.

Hospital programs must train staff in non-pharmacologic primary prevention and intervention techniques. Training should help staff recognize early warning signs and environmental triggers that may precipitate emergencies and that warrant their concern and response.

Early recognition and intervention are extremely important in treating individuals with fluctuating symptoms and indicate high-quality medical care. The appropriate management of agitation and other concerning symptoms require the use of primary prevention strategies that reduce stress and coercion and encourage the use of coping skills. Working in collaboration with individuals receiving care, staff must identify triggers and early warning signs for stress and take measures to modify the environment (e.g., light, noise, activities, interpersonal interactions among and between staff and patients) to create a calm and soothing atmosphere. When early signs of tension and anxiety exist, individualized de-escalation strategies (such as sensory modulation techniques) need to be employed first. Compassionate treatment, active listening, and kind, nurturing care often prevent power struggles which can lead to disruptive behaviors and emergencies. Distraction, physical activities, offering choices, reassurance, and/or soothing kits are some strategies that units can employ to assist in de-escalation.

Selecting Medications

The choice of medications should reflect the individual's psychiatric diagnosis and the specific symptoms that led to ordering the PRN or STAT medication. Physicians and NPPs should choose which medications to order PRN or STAT based on the clinical needs of the individual:

- The selection of medication in the PRN or STAT order should align with the rest of the individual's medication regimen and underlying psychiatric and medical comorbidities. The rationale for the selected medication and dose should be included in the medical record.
    - For example, if the individual is on a low or medium dose of a certain antipsychotic medication and the ordering clinician suspects additional benefit is possible from a higher dose, the same antipsychotic should be ordered on a PRN or STAT basis to reduce polypharmacy.
    - Alternatively, if the individual is already taking a high standing dose of a certain antipsychotic medication, choosing an alternate antipsychotic (or other) medication with a different receptor profile for PRN or STAT use may provide additional clinical benefit.
- The use of prophylactic benztropine or diphenhydramine accompanying STAT or PRN orders for antipsychotic medications should be minimized or eliminated to reduce the total anticholinergic burden unless there is a known history of extrapyramidal or dystonic reactions. The choice of anticholinergic medication should be made to ensure effective management of antipsychotic side effects while providing the least risk of anticholinergic side effects, including oversedation, confusion, constipation, urinary retention, other

[5] Additional Guidance from OMH on Restraints and Seclusion

autonomic dysautonomias, etc. Diphenhydramine should not be used for its sedating properties because of the accompanying anticholinergic burden.

- Selecting the minimum number of medications at the lowest effective dose can reduce the risk of complications, errors, and injuries.
- If an individual is receiving frequent PRN medications or requiring STAT orders, consider changing the orders for standing medications as to treat the underlying condition more effectively. Non-pharmacological therapeutic, rehabilitative, and milieu interventions specific to the needs of the individual should also be adjusted and offered.

Inappropriate Use of Medications

PRN and STAT medications must never be used purely for staff convenience or for the hospital to manage understaffing. All pharmacological treatment must relate to individual treatment goals.

Intramuscular PRN orders are never acceptable as very few individuals would voluntarily agree to take an IM medication, instead of an oral medication, on a PRN basis.

PRN medication offered by the nursing staff must only be for the indication in the order. For example, nursing staff may not offer a PRN medication ordered for insomnia to treat a different indication, such as anxiety. A new order must be written by the physician or NPP to cover new situations, along with appropriate documentation in the medical record explaining the new order.

Additional Guidance for Emergency Settings

In Emergency settings where individuals may present with very significant agitation for undetermined reasons that may be psychiatric, substance-induced, and/or related to delirium or encephalopathy, clinicians should be mindful of medications' mechanism of action, half-life, adverse reactions, and possible drug-drug interactions with street drugs. The PRN or STAT medication should address emergencies, but ideally still allow the individual to participate in an assessment in a timely way, if possible. The medication should both address the emergency and the presumed underlying cause. The rationale for the chosen medication and dose must be documented in the medical record.