

**PROCEDURE FOR: Medication: Administration Without Patient's Consent**

- POLICY:**
1. A patient who is in direct threat of harm to self or others may be given medication without the patient's consent if other measures alone, such as mechanical restraint or seclusion, are not sufficient to control the patient's behavior. Patient condition must be of an extremely critical nature such that obtaining consent would cause a medically harmful delay.
  2. Patients who refuse to accept prescribed medication must be seen by a physician who will document the reasons for the administration of the medication(s) without their consent.
  3. If the patient remains in direct threat of harm to self or others after the initial intervention, medication may be administered without the patient's consent only after consultation with the Director of Inpatient Services or designee.
  4. If the patient is incapable of informed consent, medication may be given with the written, informed consent of a) the patient's guardian if he/she has one, b) the patient's next of kin, or c) a qualified physician appointed by the judge of the probate court.
  5. If obtaining consent as outlined above would cause a medically harmful delay to a voluntary or involuntary patient "whose condition is of an extremely critical nature," as assessed by a physician, emergency medication may be administered without consent. The clinical reasons for the administration of such medication without consent must be documented in the patient's chart by the physician ordering the medication.
  6. If after two days of administration of medication without the patient's consent, an internal review hearing will be held.
  7. When administration of medication is ordered through the internal review hearing, the medication may be given for a period of up to 30 days.

**DEFINITION:** Direct threat of harm is defined as meaning that "the patient's clinical history demonstrates a pattern of serious physical injury or life-threatening injury to self or others which is caused by mental illness with which the patient has been diagnosed and is documented by objective medical and other factual evidence. Such evidence of past pattern of dangerous behavior shall be manifested in the patient's medical history, and there shall exist a high probability that the patient will inflict substantial harm on himself or others."

**REQUIRED**

- DOCUMENTS:**
1. Conservator Consent for Administration of Medication Form HCH #969
  2. Notification of Internal Review Hearing Form HCH #970
  3. Administration of Medication-Internal Review Hearing Form HCH #971

**PROCEDURE:**

**ACTION**

**POINTS OF EMPHASIS**

1. The patient's attending physician meets with the patient and his/her Conservator and reviews the patient's record,

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considers the risks and benefits of the medication, the likelihood and seriousness of side effects of the proposed medication, the preferences of the patient, the patient's religious views, and the clinical prognosis with and without medication.

2. The patient's attending physician meets with the patient and his/her Conservator.
3. After the above meeting takes place with the Conservator of Person and the patient, the Conservator will sign the Consent for Administration of Medication Form, indicating whether he/she agrees or disagrees to the administration of medication.
4. If the hospital clearly believes that the administration of medication is necessary for the care of the patient and the Conservator refuses to consent to medications, the hospital may initiate an application to the Probate Court to decide the matter.

**Incompetent Persons without Conservator of Person**

1. The patient's attending physician consults with the Director of Inpatient Services (or designee) who shall act on behalf of the head of the hospital.
2. The Director of Inpatient Services may authorize obtaining consultation by two physicians not on the staff of the inpatient unit and make application to the Probate Court for:
  - a. Appointment of a temporary conservator and/or
  - b. A permanent conservator and/or
  - c. Authorization for administration of medication.
3. If in the opinion of the two consulting physicians there is "no less intrusive beneficial treatment and, without medication, the mental illness will continue unabated and place the patient or others in direct threat of harm", the Director of Inpatient Services (or

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designee) may authorize the internal review process as outlined below.

4. An internal review process is initiated only after the attending physician consults with the Director of Inpatient Services (or designee). The Director of Inpatient Services may authorize consultation by two psychiatrists. If, in the opinion of the two consulting physicians, there is "no less intrusive beneficial treatment" and, without medication, the mental illness "will continue unabated and place the patient or others in direct threat of harm"; the Director of Inpatient Services (or designee) may authorize a review hearing.

**Hearing for Medication Administration without Patient Consent**

1. The Director of Inpatient Services (or designee) will set a hearing date as soon as possible, but no later than three working days following notification by the attending physician.
2. The team social worker will notify all interested parties as required and facilitate the internal review hearing.
3. The patient will be given written notice in advance of the hearing (see attached notification form). The written notice is to include the reasons why medication is appropriate and necessary. The patient may not be medicated, except in an emergency, until a decision is made.
4. The team Social Worker will meet with the patient and inform him/her of the right to available advocacy services and/or legal counsel. If the patient refuses advocacy services, the Social Worker will notify the Office of Protection and Advocacy (PAMI) on behalf of the patient. The patient advocate may be either the patient's private counsel, a staff member from the Connecticut Legal Rights Project, the Office of the Public Defender, the Office of Protection and Advocacy, or any other person of the patient's choice.
4. The Office of Advocacy requires 48 hours notice of hearing.

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5. The hospital will select a psychiatrist who is board eligible or certified and not an employee of UConn Health Center, to act as the hearing officer. The hearing officer will make the final decision concerning the administration of medication. In the event that the patient refuses to be involved in the process, the hearing will continue as scheduled.
6. The patient has the right to: attend the hearing; be represented by an advocate of the patient's choice; question any witnesses at the proceeding; and present evidence, including witnesses.
7. The hearing officer will render a written decision on the Internal Review Hearing Form (see attached) at the time of the hearing or as soon as possible, but no later than 24 hours after the hearing. The hearing officer will forward copies of the completed Internal Review Hearing Form to the patient, the patient's advocate and/or legal counsel, and the Director of Inpatient Services.
8. The patient may appeal the decision of the hospital's internal review hearing by petitioning the Probate Court to decide the appropriateness of allowing the administration of medication. In this situation, medication may be given until the time of the Probate hearing.
5. The selection of the hearing officer will be discussed with the patient's advocate.
6. A tape recording of the hearing will be made available to the patient's advocate if the hearing proceeds in their absence.
7. The hearing officer may only authorize medication to be given without the patient's informed consent if he/she finds that either:
  - a. The patient is incapable of informed consent, the medication is "deemed to be necessary" (See 17a-543(e)(1)), and the patient is deteriorating, or
  - b. The patient, while competent, is refusing to accept medically appropriate medication, and the patient poses a direct threat of harm to self or others, and there is no less intrusive beneficial treatment, and without medication the patient's psychiatric disability (see 17a-543(f)(1)) will continue unabated.

**DOCUMENTATION:** Clinical reasons for the administration of medications (or consideration of administration) without the patient's consent will be documented in the chart. The original copy of signed notification of internal review hearing will be placed in the patient's chart. The original completed copy of the Internal Review Hearing Form will be placed in the patient's chart. Conservator Consent for Administration of Medication will be placed in the patient's chart. Documentation of the actions of team members involved in any internal review hearings will be documented in the progress notes by the team social worker.

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**APPROVAL:** Nursing Standards Committee

**REFERENCES:** CT General Statutes (Sec. 17a-543)

**EFFECTIVE DATE:** 7/95

**REVISION DATES:** 11/97, 8/00, 10/00, reviewed 10/03, reviewed 6/06, 8/08