

Policy/Procedure: DUHS Psychiatric Pharmacologic Treatment Over Objection Policy		
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Applicability:

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| <input type="checkbox"/> Ambulatory Surgery Center Arrington | <input checked="" type="checkbox"/> Duke University Hospital (DUH) (both campuses) |
| <input type="checkbox"/> Davis Ambulatory Surgery Center (DASC) | <input type="checkbox"/> Durham Campus Only |
| <input type="checkbox"/> Duke Health Integrated Practice (DHIP) | <input type="checkbox"/> Duke Raleigh Campus Only |
| <input type="checkbox"/> Duke Health Technology Services (DHTS) | <input type="checkbox"/> Patient Revenue Management Organization (PRMO) |
| <input type="checkbox"/> Duke HomeCare & Hospice (DHCH) | <input type="checkbox"/> Population Health Management Office (PHMO) |
| <input type="checkbox"/> Duke Primary Care (DPC) | |
| <input checked="" type="checkbox"/> Duke Regional Hospital (DRH) | |

Level:

- ☒ **Interdependent** – asterisked [*] items require an order from a health care practitioner licensed to prescribe medical therapy.
- ☐ **Independent** – no provider order required.

Policy Statement:

The following are guidelines for **psychiatric pharmacologic Treatment over Objection** for patients under **Involuntary Commitment** proceedings who require non-emergent intervention for meaningful clinical improvement in their psychiatric condition. This policy does not apply to the use of emergency medication in patients who are acutely agitated, threatening, and/or violent. It applies to patients at Duke Raleigh Hospital, Duke Regional Hospital, and Duke University Hospital who are being cared for in the following clinical settings:

- Emergency Department
- Medical and Surgical Inpatient Units
- Observation Units
- Inpatient Psychiatry Unit at Duke Regional Hospital

Inclusion Criteria:

The pharmacologic treatment over objection process set forth below shall only apply to patients who meet ALL of the following inclusion criteria:

- Patient has a mental illness and either of the following are true:
 - a. Without the benefit of the specific treatment measure, the patient is incapable of participating in any available treatment plan that would give them a realistic opportunity of improving their condition.
 - b. There is, without the benefit of the specific treatment measure, a significant possibility that the client will harm themselves or others before improvement of their condition is realized.

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- Patient is under Involuntary Commitment proceedings and the following documentation is complete:
 - a. Affidavit and petition for Involuntary Commitment form
 - b. First Examination for Involuntary Commitment
 - c. Custody Order

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- Patient lacks the capacity for medical decision-making with regard to their mental illness
- Patient has been evaluated in person by a Psychiatry Attending
- Efforts at education, negotiation, and collaboration with the patient have been undertaken

Role of a Proxy Decision Maker:

There is **NO "objection to treatment"** if consent has been given by way of a:

- Legal guardian
- Valid health care power of attorney
- Mental health advance directive

In this situation, sufficient documentation establishing the medical decision-making authority of the guardian, health care power of attorney, or mental health advance directive must be available. Consent can be obtained by in-person, telephonic, or electronic means and must be documented in the medical record.

If the patient, guardian, health care power of attorney, or mental health advance directive does not provide consent, necessary treatment can still be provided by following the Treatment over Objection process as outlined below.

Process to Initiate Pharmacologic Treatment over Objection:

- Patient is evaluated in person by a Psychiatry Attending and the "Treatment over Objection" treatment plan is initiated.
- Treatment requires the assent of a second attending psychiatrist. The Psychiatry Attending reviews the patient's treatment plan with another Psychiatry Attending. Both Psychiatry Attending Physicians need to agree that the best course for the patient is to administer pharmacologic treatment over objection in order to restore the patient's ability to participate in treatment and/or return to the community.
- The Primary Psychiatry Attending writes an order for Treatment over Objection, documenting rationale and consultation with second Psychiatry Attending.
- Pharmacologic treatment may include oral medications with IM, IV, or transdermal medications as options should oral medication be refused. Note: If a physical hold is used to administer medication(s) this is considered a restraint (reference [DUHS Restraint \(Restraints\) Policy](#)).

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- Patients receiving treatment under this treatment plan will continue unless revised by a Psychiatry Attending.
- The treatment plan must be reviewed every seven days by a Psychiatry Attending caring for the patient. If Treatment over Objection needs to continue after seven days, the treating Psychiatry Attending must evaluate the patient, consult with a second Psychiatry Attending and write a new order for Treatment over Objection.

Discontinuation Criteria for Pharmacological Treatment over Objection:

A patient treated pharmacologically over objection under this policy shall be regularly monitored to determine whether pharmacological treatment over objection should be discontinued. Such discontinuation shall occur if:

- Patient regains capacity for medical decision-making with regard to their mental illness; or
- Involuntary Commitment proceedings fail; or
- **Neither** of the following are true:
 - Without the benefit of the specific treatment measure, the patient is incapable of participating in any available treatment plan which will give them a realistic opportunity of improving their condition.
 - There is, without the benefit of the specific treatment measure, a significant possibility that the client will harm themselves or others before improvement of their condition is realized.

REFERENCES

Policies:

[DUH Incapacitated Inpatient Medical Hold Order](#)

[DRH Behavioral Health Elopement](#)

[DUH Durham Campus Only: Behavioral Response Team \(BRT\) - Adult and Pediatrics](#)

[DUHS Patient Leaving Against Medical Advice](#)

[DUHS Emergency Department Elopement Policy](#)

[DUHS Nursing Documentation Process Standard](#)

[DUHS Patient Attendant](#)

[DUHS Patient Rights and Responsibilities](#)

[DUHS Informed Consent or Refusal to Consent to Care](#)

[DUHS Restraint \(Restraints\) Policy](#)

[DUHS Recognizing and Reporting Suspected Abuse, Neglect, Human Trafficking, or Exploitation of a Patient](#)

[DUHS Suicidal or Risk of Harm to Patient Safety](#)

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Entities:

DRAH

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