

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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SECTION Drugs and Medication		SUBJECT Adverse Drug Reactions	
WRITTEN BY Peggy Lawton, Dr. Jon Markey, M.D., and Dr. Malachy Browne, M.D.		REVIEWED BY: Megan DeStefanis, RN	AUTHORIZED BY Telly Delor

I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall have procedures to assure appropriate and efficient medical treatment for an individual if an adverse drug reaction occurs.

III. DEFINITIONS:

- A. Adverse Drug Reaction: An expected or unexpected, infrequent, and usually unpredictable injurious response to a drug.
- B. Drug Toxicity: The capacity of a drug to dangerously impair body functions or to damage body tissue, usually related to total dose.
- C. Neuroleptic Malignant Syndrome: Neuroleptic malignant syndrome (NMS) is a life-threatening syndrome associated with the use of dopamine-receptor antagonist medications or with the rapid withdrawal of dopaminergic medications. ***THIS IS A TRUE PSYCHIATRIC MEDICAL EMERGENCY AND MAY BE LIFE THREATENING.**
- D. Serotonin Syndrome: Serotonin syndrome (serotonin toxicity) is a serious and potentially life-threatening condition that results from excessive serotonergic activity throughout the central nervous system. ***THIS IS A TRUE PSYCHIATRIC MEDICAL EMERGENCY, AND MAY BE LIFE THREATENING.**

IV. STANDARDS:

- A. Emergency telephone numbers are posted on all telephones.
- B. All medical and task-oriented staff are trained in Basic First Aid & CPR.

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- C. Have a list of the individual's current medications available; this includes medical as well as psychiatric medications.

V. PROCEDURES:

A. In the event of a suspected Adverse Drug Reaction:

Staff

1. Follows emergency care procedures of an accredited First-Aid training program:
 - a. Checks the scene and the victim.
 - b. Calls:
 - (1) 911 if the situation appears life threatening (blocked airway, impaired breathing, compromised circulation, change in level of consciousness).
 - (2) Calls the prescriber if the situation does not appear to be life threatening.
 - c. Begins to care for the victim if non-life threatening (monitor vital signs including temperature).
2. Requests assistance of any one of the medical personnel (physician, nurse) if available.

Supervisor/Designee

3. Telephones emergency contact person and informs them of suspected adverse drug reaction and details of the episode.

Steps 4-8 of the procedures are to be implemented by medical/nursing staff only.

Medical/Nursing Staff

4. Assesses individual's condition, monitoring of vital signs including temperature.
5. Makes a clinical determination regarding status.
6. Follows Emergency Order/Procedures for Drug Reactions as appropriate

EMERGENCY ORDER/PROCEDURES FOR DRUG REACTIONS:

- a. Allergic Reaction: characterized by mild symptoms of pruritus (itching), erythema (reddening of the skin), urticaria (hives), wheezing, weakness, vomiting, abdominal

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cramping, diarrhea.

- (1) Instructs the individual to contact their primary care physician.
 - (2) Follows up with telephone call within 12-24 hours.
- b. **Anaphylaxis:** Characterized by restlessness, anxiety, bronchospasm (wheezing/coughing), tachypnea (rapid breathing), laryngeal edema (swelling in throat--may have voice changes, difficulty swallowing, tightness in throat), hypotension, shock, tachycardia (rapid heartbeat), cardiovascular collapse.
 - c. **Neuroleptic Malignant Syndrome:** Characterized by hypertonicity (muscle rigidity), pallor (pale skin), dyskinesia (abnormal movement), **hyperthermia (elevated temperature--this is a key symptom)**, sudden incontinence, unstable blood pressure and pulmonary congestion, and alteration in mental status may be present.
 - d. **Serotonin Syndrome:** Symptoms may include agitation, confusion, diaphoresis (sweating), diarrhea, fever, shivering, tremor, myoclonus (involuntary muscle contraction), rigidity, trismus (locking of the jaw), opisthotonos (spasms of muscles causing backward arching of head, neck, and spine), seizures, drowsiness, hallucinations, and coma. Autonomic signs include abdominal pain, diarrhea, flushing, hypertension, mydriasis (dilated pupils), salivation, tachycardia, and tachypnea. **Hyperthermia is common.**
 - e. Calls 911.
 - f. Assesses airway, breathing, and circulation. Starts CPR if necessary.
7. Consults with prescriber and documents interventions.
 8. Informs EMS personnel of emergency care given.
 9. Accompanies individuals to hospital as appropriate.
 10. Completes form [#0910 Emergency Event](#) and submits to Safety Chairperson if event occurs at a SCCCMH location.
 11. Completes form [#0057 Incident Report](#) and submits to appropriate supervisor and Recipient Rights Office.

Applies to b, c, d

VI. REFERENCES:

- A. [#0057 Incident Report](#)
- B. [#0910 Emergency Event](#)

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VII. EXHIBITS:

N/A

VIII. REVISION HISTORY:

Dates issued 04/87, 12/91, 02/94, 07/97, 06/99, 06/01, 09/03, 08/05, 08/07, 08/09, 01/12, 05/13, 05/14, 05/15, 05/16, 05/17, 05/18, 05/19, 07/20, 05/21, 05/22, 06/23.

EXHIBIT A

MONOAMINE OXIDASE (MAO) INHIBITOR DRUGS		
Eldepryl	selegiline	Antiparkinsonism
Furoxone	furazolidone	Antibacterial
Marplan	isocarboxazid	Antidepressant
Nardil	phenelzine	Antidepressant
Parnate	tranylcypromine	Antidepressant