
PSYCHOTROPIC MEDICATION: INFORMATION GATHERING

1. As time is of the essence, **please establish a protocol within your circuit for communication regarding motions for psychotropic medications.**
 - a. Remember, the department has 48 hours to notify you of their motion to continue or initiate psychotropic medications. If you object, you must file your objection within two **(2)** working days.
2. Express and informed consent granted
 - a. The department's obligation is continuing – the department must continually enable the prescribing physician to get express and informed consent unless parental rights terminated.
3. Gather information about child's medical history:
 - a. Review the department's Motion which must include:
 - i. Department's report
 - ii. Prescribing physician's signed medical report
 - b. Have organic causes been ruled out before the administration of psychotropic medications? Has the child been subject to any head or bodily trauma which may be causing the same behaviors the medications are targeted to treat? e.g. if the child was in a car accident, head trauma may cause what is perceived as acting out behavior (all of the following should be considered, but are not necessarily required):
 - i. Neurological Evaluation. Rule out organic causes
 - ii. EEG. Does the child have a seizure disorder?
 - iii. MRI
 - iv. CT Scan
 - v. PET Scan
 - c. Medications before psychotropic drug prescription
 - i. How does child feel about taking the drug (age appropriate)
 - ii. Review records (physician(s), hospital, child protective services agencies); this may require an independent medical evaluator
 1. Review child's admission history
 2. Write down how many times child is given each medication
 3. Review nurses notes as they are often more involved with child
 4. Check behavioral incidents against administration of a new drug (medication, restraint and seclusion logs)
 5. Any evidence of adverse side effects (slurred speech, shaking hands, weight gain, etc.)
 6. Child's behavior before and after drug administered
 7. Drug monitoring (blood tests, follow-up appointments)
4. If an emergency, then consider challenging the emergency nature of the motion – if behavior puts self/others at risk then why not Baker Act?
5. Gather information about the requested drug
 - a. Prescribing Physicians Medical Report
 - b. Physician's Desk Reference (PDR) : http://www.pdrhealth.com/drug_info/index.html
 - i. Attach PDR printout
 - c. Drug Manufacturer's website (e.g. Risperdal is manufactured by Janssen, see www.risperdal.com and www.janssen.com)

- i. Do the medications counteract each other (i.e. some psychotropic medications may lower an individual's seizure threshold – causing increased seizures – bringing the appearance of increased acting out behavior)
 - d. U.S Food and Drug Administration
<http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>
- 6. Gather information about the diagnosis
 - a. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
- 7. Gather information about the professionals involved in child's health care
 - a. Qualifications
 - b. How often child monitored
- 8. Request that the court consider more than the department's report and prescribing physician's signed medical report.
 - a. Consider asking for a second opinion § 39.407(3)(d)
 - i. Referral must be made in 1 day
 - ii. Second opinion must be available in 21 days
 - iii. Court order for a second (third) opinion outside the court system and outside the institution where the child lives. Advocate for state to pay the costs – best interests argument.
 - b. Ask court to consider consultation from the MedConsult Line at the University of Florida. § 39.407(3)(d)
- 9. Foster Parent(s) or caretaker bring child to the physician
 - a. The child advocate is responsible for:
 - i. Finding out about the visit
 - ii. Obtaining information about visits to the doctor
 - 1. Should be a regular part of the child advocate's home visit and should be included in the home visit form/or safety assessment; in the alternative, child advocate should contact physician's office to obtain information.
- 10. Child's Consent
 - a. It is desirable that the child, if able, understand the risks and benefits of the prescribed medication. The child advocate should be supportive of the child, responsive to any questions that the child may have about his medication. However, it is the physician's responsibility to inform the child as clearly as possible and as fully, as is appropriate. The child advocate should always attempt to ensure that the physician fulfills this responsibility but the child's failure to understand or consent is not, by itself, sufficient to prevent the administration of a prescribed medication.

(Children and Psychotropic Drugs: What's an Attorney to do? By Kathi Grasso, June 1997 issue of the ABA Child Law Practice available at <http://psychrights.org/Kids/WhatsaLawyer2do.htm>)