**Documents needed/reviewed for Psych Meds**

* **Current 5339 must be on file to be reviewed:**

1. Document is **only valid for 1 year** from the date signed by the physician. Even if there have not been any changes to the current medications, a new 5339 is needed every year.
2. Must include if parental consent was obtained and if not, why it was not obtained (TPR, parent refused, etc.). This is on page 6 where CMO signs.
3. Item must be loaded into the “Medical/Mental Health” tab in FSFN.
4. If the current 5339 is not provided, then an audit cannot completed and will result in negative compliance in all areas
5. Must ensure the appointment date is listed on 5339 in appropriate areas
6. Must ensure the doctor signs the 5339 on date of appointment, 5339 is not valid until there is a valid signatures by the prescribing physician.
7. All areas must be filled out, even sections of CMO input and signatures.

* **Court order (if written parental consent was not obtained within 3 days of medication being prescribed):**

1. If the parent does not consent at the appointment, a motion for a court order must be requested within 3 days of medication being prescribed. This includes even for medications that are deemed an emergency.
2. If parent consents prior to court order and signs the 5339, the court hearing can be cancelled
3. If an emergency on 5339 then child can take medication until court ruling is determined
4. Any Pre-consents must be sent with the motion for a court order along with 5339. See below section.

* **UF Pre-consents:**

1. If a child is 0-17 years old, and is on 2 or more psych meds, this document is required.
2. CMO must ensure this is completed prior to starting a 2nd or for any additional medications added thereafter.
3. Please ensure that all current medications are listed on the Pre-consent form with the correct dosage and ranges. If they are not all listed, the document is not considered valid. Pre-consent forms must be loaded into the “Medical/Mental Health” tab in FSFN.
4. ***CMO must not depend on the GAL to complete these*.** **This is the CMO’s responsibility** and should be completed within 1 day of the child being prescribed a 2nd or another medication thereafter and submitted with the 5339 to the courts within 3 days of medication being prescribed. The documented report must be uploaded in FSFN Med Tab.
5. Website for UF Pre-consents: <https://dcf.psychiatry.ufl.edu/submit-review-form/>

* **After the 5339 is reviewed the FSFN med tab is checked for the following:**

1. Uploaded Court orders, Valid 5339’s, and UF pre-consents.
2. Name of Medication.
3. Starting dose.
4. Dosage range.
5. Frequency.
6. Administration route (mouth, intravenous, ect).
7. Reason for med (ADHD, Anxiety, ect).
8. Side effects (decreased appetite, nausea, ect). These must list only what is on the 5339.
9. Prescribing physician.
10. Prescription quantity.
11. Number of refills.
12. Date consent or court order was obtained (\*\*cannot enter both dates. The most current date should be entered. If TPR has occurred, parental consent is no longer valid, and the court order date must be entered).
13. CBHA date must be entered in the mental health section. If a CBHA has not been completed, please note this in the med tab and ensure that the child has been referred out for a CBHA.
14. Disability tab completed.

* **FSFN:**

1. Notes documenting attempts to get parents involved with the psych visits.
2. Note indication that a copy of the 5339 was provided to the parent if they did not attend the visit in person.
3. Note indicating that the 5339 was filed with the court within 3 days (if parental consent was not obtained.
4. Notes indicating that medication are being addressed with the caregivers at each visit.
5. Notes indication that medication logs are being reviewed at each visit.
6. If the prescribing physician certifies that a delay in providing the prescribed medication would more likely than not cause a significant harm to the child. This certification shall be in writing on the 5339
7. If the child is in a hospital, Crisis Stabilization Unit (CSU) or Psychiatric Treatment Center, this should be noted in the medication tab and in FSFN.
8. If medication is ended by the doctor, CMO must ensure that this is documented in the comment section of the med tab before end dating to explain why it is no longer being taken.

* **Action needed for when order/consents are not on file:**

1. Users documenting psych meds will need to enter a standard fictitious date of **01/01/1900** in the parental consent/court order field if deemed emergency or no consents/orders are on file. The standard date will allow for tracking of children who do not have a current court order or parental consent. This will ensure that all necessary actions are taken to obtain the required dates and that FSFN is updated to reflect the actual date once consent or a court order is obtained.
2. Users will need to make a note in the instructions/additional comments section in the FSFN med tab annotating why the med was prescribed and efforts being made to obtain the proper authorization.

* **Incident reports:**

1. For Baker Acts, please ensure that the facility is listed on the IR. 72 follow- up with a primary care physician, primary psychiatrist, and/or the child’s therapist is needed after a release from a baker act. This has to be documented in FSFN.
2. For med refusals, please ensure that the CM is speaking with the child addressing why they do not want to take the med.
3. For med errors due to medication running out, please indicate when the CM was made aware and all efforts to have the med filled. Please also ensure that the medications are being counted at every visit to ensure we are not running out.