**Section 325.40 Medication Approval Standards**

a) Centralized Consent Unit and Emergency Reception Center staff may provide consent for the administration of a psychotropic medication only after the Department's Psychiatric Consultant has provided clinical consultation and deemed the requested medication as appropriate. If a request for administration of any psychotropic medication that does not meet the criteria listed in this subsection is deemed appropriate by the Department's Psychiatric Consultant and the Centralized Consent Unit or ERC staff consents, the staff shall note this fact on the consent form. If all requested information has been provided to the Centralized Consent Unit or ERC staff and consultation has occurred, the staff must provide consent or denial of psychotropic medication within 24 hours for inpatient requests and 48 hours for all other requests. If approval or denial of the request for medication is not provided within specified time frames, the requesting party may contact the Office of the Guardianship Administrator or designee for assistance in obtaining a response.

b) Additionally, whenever the Centralized Consent Unit or ERC staff is advised that a child for whom the Department is legally responsible objects to the administration of psychotropic medication, Centralized Consent Unit or ERC staff may consult with both the licensed prescriber who is recommending the medication and the Department's psychiatric consultant prior to approving or denying the medication. Centralized Consent Unit or ERC staff shall assess the basis for the child's objection to the psychotropic medication. This assessment may include asking the child's caseworker to interview the child to determine the basis for his/her objection. The reason for the child's objection must be fully documented on the Psychotropic Medication Request Form. Although the Guardianship Administrator may give consent notwithstanding the child's objection, the licensed prescriber must follow all provisions of the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5].

c) Every consent for the administration of psychotropic medication shall be limited in time. Under no circumstance may psychotropic medication be authorized for a period exceeding 180 days. At the expiration of the period set forth in the authorization, psychotropic medication may be reauthorized pursuant to the standards and procedures contained in this Part. The duration of consent may be less than 180 days if deemed clinically appropriate by the Department's psychiatric consultant.

d) When the Department grants consent for the administration of a psychotropic medication to a foster child, it is granting consent to all prescribers who subsequently care for the child in other treatment settings until the consent expires.

e) Psychotropic Medication Monitoring. The licensed prescriber and facility shall monitor a child's response to medications according to the Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care and the DCFS Psychotropic Medications List to determine if the psychotropic medications being administered are safe and effective based on criteria identified in the treatment plan and are being prescribed at the appropriate dosage. Means of monitoring safety, effectiveness and appropriateness of dosage include but are not limited to:

1) Clinical observations of symptoms and/or side effects documented in the patient's chart;

2) Vital signs (blood pressure, pulse and temperature);

3) Weight and height;

4) Symptom severity scales;

5) Adverse effects scales;

6) Blood tests to assess the medications' effects on the body, such as a complete blood count, metabolic panel, and thyroid function tests; and

7) Blood levels of specific medications such as lithium and various anticonvulsant mood stabilizers.

f) Continued use of medications that appear not to have the desired clinical effects or that are associated with problematic adverse effects must be re-evaluated by the licensed prescriber to determine the appropriateness of continuing the medication.

g) At least every 90 days, the licensed prescriber shall assess and document the status of the child/youth for any adverse reactions and document the presence or absence of tardive dyskinesia in a child/youth on antipsychotic medications. The licensed prescriber shall assess the continued need for the medication at least annually. The caseworker shall document this assessment in the child's case record.

h) Centralized Consent Unit and ERC staff may deny consent to the administration of psychotropic medications, whether the medications are among those listed in the Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care and the DCFS Psychotropic Medications List or have been approved by the psychiatric consultant. However, Centralized Consent Unit and ERC staff may only deny consent after consulting both the licensed prescriber and the Department's psychiatric consultant. The Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care and the DCFS Psychotropic Medications List shall contain a statement setting forth this authority. In the event of a denial of a medication request, the specific reasons for the denial shall be set forth on the Psychotropic Medication Consent Form.

i) Whenever a licensed prescriber recommends the administration of one or more psychotropic medications to a child for whom the Department is legally responsible, the child shall be advised of the purposes and effects of the medication and of the potential side effects of the medication to the extent that such advice is consistent with the nature and frequency of the side effects and the child's ability to understand the information communicated. The child shall also be provided written information concerning the medication and its side effects, unless it has been determined that such information could not be understood by the child. This written information shall be provided in the child's primary language.

(Source: Amended at 36 Ill. Reg. 3846, effective February 24, 2012)