

Georgia Department of Corrections - Mental Health Services Involuntary Medication Order Check Sheet

Facility: _____ **Name:** _____

Prescribing Physician: _____ **GDC ID#:** _____

DOB: _____

Date of Order: _____ **Race:** _____ **Sex:** _____

Once a decision has been made to involuntarily medicate an offender, the following documentation (dictation is acceptable) and procedures must occur to comply with Georgia Department of Corrections Standard Operating Procedures. This check sheet is provided to assure adherence to Standard Operating Procedures in all cases of involuntary medication.

DOCUMENTATION/PROCEDURE	X
Document the presence and type of psychiatric emergency which precluded the initiation of the involuntary medication order by answering as many of the following questions as are applicable:	
A. Has the offender demonstrated potential harm to self or others through recent acts or threats?	
B. Is the offender unable to care for themselves in such a way that presents as a life endangering situation?	
C. Does the offender's medical history support the diagnosis of a chronic psychiatric condition that presents a high probability of deterioration that could result in a life endangering situation to self or others?	
D. Could the offender be reasonably expected to participate in treatment planning that would give them a realistic opportunity to improve their condition?	
Document how the offender refused the medication (verbally, in writing, by gesture, by silence).	
Document why the offender refused the medication, if responsive.	
Document that you explained to the offender your assessment of their condition.	
Document that you explained to the offender the reason for prescribing the medication.	
Document that you explained to the offender the risks and benefits of taking the medication.	
Document that you explained to the offender the advantages and disadvantages of taking the medication voluntary vs involuntarily.	
Document that efforts to counsel the offender without the use of force were attempted.	
Document that the offender continued to refuse voluntary medication.	
Document that you wrote a temporary order for involuntary medication, not to exceed the next five (5) working days.	
Document that you advised the offender that the issue of involuntary medication will be discussed by the Mental Health Due Process Committee within the next five working days.	
Request and then document that you requested a second opinion from another physician.	