

Based Upon 2011 Senate Bill 371
“Person Legally Responsible for the Psychiatric Care of a Child”

Duties & Responsibilities

The person nominated to be “the person legally responsible for the psychiatric care of a child” needs to be best able to serve the interests of the child.

For the purposes of this document, the person legally responsible for the psychiatric care of a child will be referenced herein as the “Person”.

1. The “Person” is responsible for the procurement and oversight of all psychiatric care for the child. This allows the “Person” the discretion to choose which psychiatric professional the child will see and set up the child’s psychiatric appointments and/or services; or provide oversight of this decision-making, thereby allowing other members of the Child and Family Team (CFT) the ability to identify the psychiatric professional and schedule appointments. Ultimately, the “Person” shall make all decisions relating to the psychiatric care and related treatment of the child, including, without limitation, the approval of all psychiatric services, psychiatric care/treatment and psychotropic medication that may be administered to the child.

2. The “Person” shall:

- (a) To the extent that such information is available, maintain current information concerning the medical history of the child, including, without limitation:
 - (1) All known allergies of the child;
 - (2) Past and current illnesses and treatments of the child;
 - (3) Past and current psychiatric history and treatments of the child;
 - (4) Past and current psychiatric history of the family of the child; and
 - (5) Any other information which is necessary to make decisions relating to the psychiatric treatment of the child.
- (b) Maintain current information concerning the emotional, behavioral, educational and related needs of the child.
- (c) Attend each visit of the child to receive psychiatric care or be available by telephone to discuss the visit with the psychiatric professional.

Psychiatric Care & Treatment

1. The “Person” shall provide written consent or, in writing, deny consent for each visit of the child with a psychiatric professional. Written consent is not required for each visit if the visit is part of the routine care of the child and the written consent approves such routine care. Written consent for routine care may be revoked at any time.

2. Written consent for psychiatric care & treatment must include, without limitation:

- (a) The name and address of the person with whom the child currently resides or the name and location of the agency which provides child welfare services where the child currently resides;
- (b) The name of the “Person”;

- (c) The name of the psychiatric professional that treats the child;
- (d) The date, time and location of the visit and, if the consent is for routine visits, the frequency and duration of the routine visits; and
- (e) If the "Person" does not attend a visit, a written statement that the "Person" is aware of and is available to discuss the visit and the treatment recommended for the child with the psychiatric professional.

Notification of Psychiatric Visit

1. The "Person" shall, not less than 1 week before each visit of the child with a psychiatric professional who treats the child, notify:

- (a) The agency which provides child welfare services that has custody of the child, the foster care provider; and
- (b) If the "Person" is not the parent or legal guardian of the child, notify the parent or legal guardian of the date, time and location of each visit of the child with a psychiatric professional. Unless a court order prohibits such visitation, a parent or legal guardian of the child may attend each visit of the child with a psychiatric professional.

Psychotropic Medication

If it is known or suspected that the child will be prescribed a psychotropic medication at any psychiatric visit, every effort must be made by the "Person" to attend the visit in person to either immediately approve or deny the use of the psychotropic medication and to provide written informed consent to the psychiatrist or qualified medical professional.

1. The "Person" shall approve or deny the administration of a psychotropic medication to the child:

- (a) After considering the purpose, benefits, risks, alternatives, side effects and complications of each psychotropic medication recommended by the psychiatrist or qualified medical professional who treats the child;
- (b) After considering any additional information provided by the psychiatrist or qualified medical professional;
- (c) After considering the possible clinical indications to suspend or terminate the psychotropic medication and the potential consequences of such an action; and
- (d) In accordance with the policies adopted by the child welfare agency.

2. If the "Person":

- (a) Approves the administration of a psychotropic medication to the child, the "Person" shall provide written consent to the psychiatrist or qualified medical professional, the child welfare agency and the foster parent or other substitute care provider for the child for the administration of the psychotropic medication. The written consent must include:
 - (1) The name of the child;
 - (2) The name, address and telephone number of the "Person";
 - (3) The name, purpose, effect of the medication on the child and expected time frame for improvement for each medication;

- (4) The dosage, times of administration and, if applicable, the number of units at each administration of the medication which may be administered to the child;
 - (5) The duration of the course of treatment for the administration of the medication;
 - (6) A description of the possible risks, side effects interactions with other medications or foods, and complications of the medication; and
 - (7) If applicable, the specific authorization for a psychotropic medication that exceeds the limitation of NRS 432B.197, as identified in subsection 4 (a-d) below.
- (b) Denies the administration of a psychotropic medication to the child, the "Person" shall provide written notice of the denial to the child welfare agency.
3. Except as identified in ***Exceptions to Informed Consent for Psychotropic Medication*** below, the foster parent or other provider of substitute care for a child in the custody of an agency which provides child welfare services shall not administer a psychotropic medication to the child unless:
- (a) The "Person" has consented to the administration of the medication; and
 - (b) The psychotropic medication is administered in accordance with the consent of the "Person".

4. The "Person" must, in addition to providing written consent for the administration of a psychotropic medication, specifically approve:

- (a) The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;**
- (b) The prescribing of any psychotropic medication for use by a child who is less than 4 years of age;**
- (c) The concurrent use by a child of three or more classes of psychotropic medication; and**
- (d) The concurrent use by a child of two psychotropic medications of the same class.**

5. Providing Consent: Any consent given by the person legally responsible for the psychiatric care of the child for psychiatric care, treatment or services and/or for psychotropic medication for the child must be in writing and on an approved form. Copies of written consent can be provided through the use of a facsimile, scanned and emailed as an attachment, sent through standard mail or provided in person. Verbal consent is not permissible per this policy.

6. Withdrawing Consent: Prior consents for a psychotropic medication may be withdrawn, after consideration of the clinical implications and potential consequences of such action. Provide documentation of the denial to the child welfare agency and the child's foster parent or substitute care provider.

Exceptions to Informed Consent for Psychotropic Medication

1. An agency which provides child welfare services may allow the administration of, and a foster parent or other substitute care provider for a child in the custody of a child welfare agency may administer, a psychotropic medication to a child without obtaining consent from a "Person" if:

- (a) The child has a prescription for a psychotropic medication upon entering the custody of the agency and the agency continues administering the psychotropic medication in accordance with that prescription; or
 - (b) A physician determines that an emergency exists which requires the immediate administration of a psychotropic medication before consent may be obtained from the person who is legally responsible for the psychiatric care of the child. The agency which provides child welfare services shall obtain documentation, which may include an incident report or other documentation which demonstrates that an emergency existed, regarding the circumstances surrounding the administration of the psychotropic medication.
2. If a psychotropic medication is administered pursuant to this section, the agency which provides child welfare services shall take reasonable efforts, as soon as practicable, to notify the parent or legal guardian of the child and the "Person" of the administration of the psychotropic medication.