** ALASKA DEPARTMENT OF**

**CORRECTIONS**

**Emergency Psychotropic Medication Log 807.16A DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Prisoner Information** |

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|  Prisoner Name: |  |  OBSCIS: |  |

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| **Instructions** |

* Q 1 hour after administration of emergency psychotropic medication and then every Q 4 hours thereafter:
	+ Nursing Staff will take vital signs including blood pressure, pulse, temperature, and respiration then document;
	+ Staff will monitor for adverse reactions and side effects; and
	+ Mental Health staff or designee will assess mental status and observe behavior.
* Staff will offer the offender the opportunity to take emergency psychotropic medication voluntarily. The offender’s answer will be documented.
* Report any signs of mental or physical deterioration to medical and/or mental health staff.

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| **Prisoner Response to Offering Emergency Psychotropic Medication Voluntarily** |

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|  Date: | [ ]  |  Agreed to take voluntarily | [ ]  |  Disagreed to take voluntarily |
|  Comments: |  |
|  Date: | [ ]  |  Agreed to take voluntarily | [ ]  |  Disagreed to take voluntarily |
|  Comments: |  |
|  Date: | [ ]  |  Agreed to take voluntarily | [ ]  |  Disagreed to take voluntarily |
|  Comments: |  |

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| **Time** | **Code(s)** | **Staff Name**  | **Comments** |
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**MHS = Mental Health Status PC = Physical Check SLP = Sleeping V = Vitals**