** 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**