ADHD Emergency and Routine Medicine Refill Requests Protocol

--One Time Emergency Refill(this is for routine ADHD meds only, not for antipsychotics, antidepressants etc…):

1. If there is no record in the chart of the ADHD medicine being actively prescribed, parent must  bring recent(1-2 months old) rx with physician contact, dosing and pharmacy information.   This can be the actual label or a photo of the rx. If the parent does not have this, they need to supply a pharmacy telephone # we can call to obtain and verify the above information.
2. Child should be present to be examined, and to have BP and weight checked, unless seen here in the last 3 months.
3. The parent would be told and it would be clearly documented in the chart that this is a one-time refill and they must arrange psychiatry follow up asap.
4. The final decision  ultimately  rests with the involved  Provider who will be signing the rx and she/he would always have the discretion to disregard this protocol if there is something concerning about the situation—unclear or inadequate documentation in chart of dx,  complicated medical history, concerns of misuse or interactions with other medicines that the child may be on, not an emergent situation  etc...

 For this reason, it is crucial that the parent should not be promised that their request will be honored, but that the Provider will review it with the parent following the exam.

1. The parent should always be given psych resources if needed.

-- Protocol for RNs to follow when they get med refill requests:

 1.       Does child need medication within next 24 hours?

a.       Yes

                                                              i.      RN reads last clinic note. If documentation clear that refills can be provided, h/she can print Rx and provide appropriate refills to family with provider sig

                                                            ii.      If refill instructions not clear, RN can communicate with point attending in sick clinic to ascertain if meds can safely be provided with adequate FU

b.      No

                                                              i.      RN can task prescribing MD/DO/PNP to assess if refill appropriate