

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: FEB 02, 2011	POLICY NO.: COR.10.1D.02
		SUPERSEDES (Policy No. & Date): COR.10.1D.02 (5/14/2010)	
SUBJECT: MEDICATION SERVICES		Page 1 of 5	

1.0 PURPOSE

The purpose of this policy is to ensure that medication services are clinically appropriate and provided in a timely, safe and sufficient manner.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Prisons and Jails, (2008).

.2 Definitions

- a. Administer: The provision of a single dose of a medication specifically prescribed for a patient for immediate ingestion or injection.
- b. Deliver: To convey appropriately dispensed and packaged medication to a patient for self-administration. A health professional license is not required to deliver the appropriately dispensed and packaged medication to the patient.
- c. KOP: A self-medication program that allows the patient to keep his or her medication on their person and to administer the medication to themselves. A KOP program includes educating the patient regarding the medication and its side effects and monitoring the patient for compliance with KOP rules.

3.0 POLICY

Individuals under the custody of the Department shall be provided medication services in a timely, safe and sufficient manner.

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4.0 PROCEDURES

- .1 Prescription medications are administered or delivered to the patient only upon the order of a physician, dentist or other individuals with legal prescriptive authority.
- .2 The Medical Director shall determine prescriptive practices in the facility and they shall be commensurate with current community practice.
- .3 Medications are prescribed only when clinically indicated.
- .4 The Health Care Division Administrator, Medical Director, and Clinical Services Branch Administrator shall develop a KOP program.
- .5 Upon the intake health assessment nursing shall attempt to verify any prescription medication the inmate claims to be currently taking. Verification can be done through the inmate presenting a current prescription, prescription bottle, direct contact with the prescribing physician, or direct contact with the pharmacy the inmate states filled the prescription.
- .6 Upon prescription verification a bridge order shall be obtained from a provider to allow the inmate to continue on their current medications until examined by a provider. And routine medication orders are written.
- .7 Bridge orders shall be limited to a period of 2 weeks.
- .8 The nurse administering the medication will review the Medication Administration Record (MAR), Form DOC 0420 (Attachment A) for each inmate due to receive medication.
- .10 The medication nurse will verify the following:
 - a. The name of the inmate on the MAR is the same as the name of the inmate presenting for medication administration.
 - b. The identity of the inmate by looking at ID badge or wristband.
 - c. The name of the drug is the same on the MAR as it is on the drug package.

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- d. The dosage of the drug is the same on the MAR as it is on the drug package.
 - e. The time for the drug administration corresponds to the current timing for passing the medication. **Pre-pouring of medications is not permitted.**
 - f. The route of the drug's administration is appropriate and matches the MAR.
- .11 Medications are administered to one inmate at a time.
- .12 All scheduled drugs, selected psychotropic and other designated medications are crushed prior to administration unless the drug is designated as not crushable on its pharmacy label.
- .13 The dispensed medication is signed off in the MAR by the nurse initialing the appropriate box immediately after administration. **Pre or post signing of the MAR is not permitted**
- .14 Injectable drugs will have the site of the injection recorded on the MAR in addition to the date, time and initials of the administering nurse.
- .15 All patients receiving injections will be seated, lying down or over a supportive surface. Injections given in the buttock will be performed in a private location.
- .16 The maximum volume that is permitted to be injected intramuscularly into a single large muscle is 3cc. Intramuscular injections consisting of larger volumes must be administered in divided doses of no more than 3cc each.
- When administering volumes greater than 1cc a large muscle must be selected such as the gluteal or quadriceps muscle groups.
- .17 Drugs that are not given at their scheduled time shall be coded in red ink with the corresponding reason for non- administration with the nurse's initials.
- .18 When a medication is held, the reason for the hold is documented on the MAR.
- .19 The provider is notified of any situation where an inmate refuses prescribed medication for three consecutive doses, the medication noncompliance occurs at a level of clinical significance, or the inmate is taking less than 50% of prescribed medication per week regardless of the reason. This notification is documented in the medical record.

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- .20 Inmates refusing medication shall sign Form DOC 0417, Refusal To Consent Medical/Surgical/Dental Treatment/Medication (Attachment B). Two nurses will document on Form DOC 0417 if the inmates refusing to sign the Form. Completion of the refusal to consent form will be documented in the medical record.
- .21 Inmates refusing medication will continue to have the drugs offered at their scheduled administration time until such time as the drug is discontinued or changed by the provider.
- .22 All injectable medication administered from a multi-dose vial shall be dated when opened and discarded within 30 days or by its expiration date which ever occurs earlier.
- .23 All multi-dose injectable vials that requiring reconstitution shall be dated and initialed by the nurse reconstituting the medication. The drug shall be discarded within 30 days or by its expiration date which ever occurs earlier.
- .24 Medications ordered as self-administered drugs shall **be recorded on a MAR as self-administered medications**. The date the supply is issued to the inmate shall be recorded as the administration date on the MAR to allow tracking of the medication dispense date.
- .25 Inmates receiving self-administered medications **shall be given no more than one blister pack of a specific medication at a time**. No patient shall be given more than a 30-day supply of any one medication in a blister pack.
- .26 Patients having multiple blister packs as part of their one-month supply of a specific medication shall be given **one** blister pack at a time. No inmate should receive or be in possession of multiple blister packs of the same medication.
- .27 Additional blister packs shall be securely stored.
- .28 The inmate shall present a blister pack with no more than one (1) week of supply medications to the nurse when requesting a refill. The nurse shall obtain a renewal order from the provider for the medication when appropriate.

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5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

RECOMMEND APPROVAL:


 _____ 11/24/10
 Medical Director Date


 _____ 11/29/10
 Health Care Division Administrator Date


 _____ 2/2/2011
 Deputy Director for Corrections Date

APPROVED:



 Director
 2/2/2011

 Date

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: _____ SSN: _____ SID: _____

DOB: _____ FACILITY: _____ DATE: _____ TIME: _____

I, the undersigned patient, refuse the following treatment and/or medication: _____

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility, the Health Care Division, and its medical personnel from any responsibility whatever for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(Print Name of Patient)

(Signature of Patient)*

(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health.

(Print Name)

(Signature & Title)

(Date)

A referral has been made to the attending physician: YES NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)

** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)