

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: OCT 20 2015	POLICY NO.: COR.10.1D.02
		SUPERSEDES (Policy No. & Date): COR.10.1D.02 (12/10/2014)	
SUBJECT: MEDICATION SERVICES		Page 1 of 8	

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, (2014).

.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. DOT: Direct observed therapy – medications directly administered by the nurse.
- d. 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 ordered for, administered or delivered to the patient only upon obtaining a prior order from a physician, dentist or other individuals with legal prescriptive authority.
- .2 Over the counter medications (OTC) are administered to patients by nursing staff only under the direction of a nursing protocol or provider order. OTC medications indicated by policy, procedure or protocol, requiring a provider order must have the order obtained, except in the instance of a life threatening emergency, prior to the medication being administered to the patient. Patients may obtain over the counter medications to self-administer directly through the commissary.
- .3 Patients receiving medications through the application of a nursing protocol shall have these medications dispensed by nursing staff with a frequency of no more than three (3) times for each episode of illness. Requests for refills beyond the three (3) refill limit require a provider evaluation.
- .4 Nursing staff may not dispense any OTC medication outside of the guidelines of a nurse protocol. Patients requesting OTC medication outside of nursing protocol guidelines shall be directed to obtain needed medication through the commissary.
- .5 Nursing staff shall not dispense any holistic, home or other remedies that are ingested, applied to the skin, gargled with or otherwise used to treat patient conditions such as teas, lotions, salt, honey, ginger, poultices, etc., without a provider order.
- .6 The Medical Director shall determine prescriptive practices in the facility and they shall be commensurate with current community practice.
- .7 Medications are prescribed only when clinically indicated.
- .8 Initial prescriptions **not** in response to an acute medical concern shall be ordered through the pharmacy vendor with an anticipated start date of no more than 72 hours. Medications not received within 72 hours will be obtained through the back up pharmacy or stock supply to maintain compliance with this requirement.
- .9 Medications required on an urgent basis such as antibiotics, mental health medication, anticoagulants, HIV medication shall be dispensed from the facility stock medication supply or through the use of the backup pharmacy procedure to avoid missed or delayed doses.

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- .10 Upon completion of the intake health assessment, nursing staff shall attempt to verify all prescription medication the patient claims to be currently taking. Verification can be accomplished through the patient presenting a current prescription, prescription bottle, direct contact with the prescribing physician, or direct contact with the pharmacy the patient states filled the prescription.
- .11 Upon prescription verification, a bridge order shall be obtained from the facility or on call provider to allow the patient to continue on their current medications until examined by a provider and routine medication orders are written.
- .12 Bridge orders shall be limited to a period of two (2) weeks. All patients requiring on-going medication must be seen by a provider within this two (2) week time frame to assess the need for the continuation of the current medication regime.
- .13 The patient's personal medication supply may be used, with a provider order until a facility supply is obtained from the pharmacy under the following guidelines:
 - a. nursing staff can verify the medication using a drug identification program.
 - b. the medication is in its original prescription bottle and not co-mingled with other medications.
 - c. the medication is not available as a stock medication or is otherwise not immediately available from local pharmacies.
 - d. the patient self-administers the medication from their prescription bottle in the presence of the nurse.
 - e. Upon receipt of facility supplied medication, the patient's medication is returned to the patient's property.
- .14 Patients having prescriptions for the acute treatment of a medical condition from an outside provider shall have the need for the medication evaluated by a provider within 4 hours of the patient's return to the facility. Patients having a provider verified acute need for a prescription shall have the medication administered from the stock supply or from a back-up pharmacy to avoid missed doses.
- .15 Medications requiring refills and/or renewal shall be requested by nursing 7days prior to the end of the medication supply.
- .16 The Corrections Health Care Administrator (CHCA), Medical Director, and Clinical Services Branch Administrator (CSBA) shall develop and implement a "Keep on Person" (KOP) patient self-administration drug program.

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- .17 Medications administered directly by the nurse are designated as "Direct Observation Therapy" (DOT), and patient self-administration is designated as "Keep on Person" (KOP). Medications changing from DOT to KOP or vice versa require a new provider order and the prior order discontinued.
- .18 Medications are administered at a designated pill pass location in the electronic medical record (EMR). Medications dispensed from a pill pass window, or medication cart are designated in the EMR as being dispensed at the pill pass location designation of "None". Medications that are in an injectable form, or administered in the clinic are designated as having a pill pass location in the EMR as "Clinic".
- .19 Patients admitted to the infirmary shall have their keep on person medication reordered as nurse administered (DOT) and the prior prescription shall be stopped. Patients released from the infirmary shall require a new order for their medications to be changed to KOP medications and the previous order must be discontinued. The medication blister pack(s) shall be given to the patient to begin self administration in their housing unit.
- .20 The nurse administering the medication shall review the Medication Administration Record (MAR) for each patient due to receive medication during the scheduled medication pass.
- .21 The medication nurse will verify the following:
 - a. The dosage of the drug is the same on the MAR as it is on the drug package.
 - b. The identity of the patient by looking at ID badge, wristband, and asking the patient to identify themselves. Patients without ID shall not be administered medication.
 - c. The name of the drug is the same on the MAR as it is on the drug package.
 - d. The name of the patient on the MAR is the same as the name of the patient presenting for medication administration.
 - e. The route of the drug's administration is appropriate and matches the MAR.
 - f. The time for the drug administration corresponds to the current timing for passing the medication.
- .22 Medications shall be passed only in a safe environment. A correctional officer must be present and observing the patients during medication pass.

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- .23 Medications shall be dispensed into a drinking cup, NOT into the patient's hand. The nurse shall observe the patient putting the medications into their mouth, fill the drinking cup and observe the patient swallowing the medication. The nurse shall perform a mouth check by requesting the patient to open their mouth and raise their tongue. The cup must be returned to the nurse or disposed of in front of the nurse before the patient leaves the medication area.
- .24 Health Care shall not hold patient medications in the clinic for any purpose except as indicated under #13 above, this includes scheduled drugs. Health Care shall send all medications, including scheduled drugs back to the property room for inclusion with the patient's property. Health Care shall not destroy any medication brought to the facility by the patient.
- .25 The nurse pouring the medications must be the same nurse administering the medications.
- .26 Medications shall be administered to one patient at a time. Only one patient at a time shall be permitted to stand at a pill pass window or medication cart. The remaining patients must be at a minimum of 6 feet away and in an orderly line.
- .27 The nurse administering medications shall log onto the electronic medication record using their unique login information. No nurse shall administer medications using another nurse's login information.
- .28 All scheduled oral drugs, selected psychotropic and other provider designated medications shall be crushed and floated prior to administration. Medications designated as extended release or as non-crushable on its pharmacy label shall not be crushed and shall require the nurse to conduct an oral check for ingestion compliance, after administration.
- .29 One time or stat medication shall be recorded on the MAR with a frequency of Stat AM, Noon, PM, HS and a duration of 1 dose.
- .30 Immunization administration shall be recorded under the immunizations heading on the EMR.
- .31 The nurse administering the medication shall be the same nurse designating the medication as "given" on the MAR.
- .32 Injectable drugs shall have the site of the injection recorded on the MAR detail screen under the "Notes On Current Dose Administration" area.

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- .33 All patients receiving injections must be seated, lying down or leaning over a supportive surface. Injections given in the buttock shall be performed in a private location.
- .34 The maximum volume that is permitted to be injected intramuscularly into a single large muscle such as the buttock is 3cc. Intramuscular injection 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.

- .35 Drugs that are not given at their scheduled time shall be designated as "not given" on the MAR with the corresponding reason for non- administration selected.
- .36 When a medication is placed on hold. The "hold" button shall be selected on the MAR and the reason for the hold shall be selected from the drop down menu.
- .37 The provider shall be notified and the notification documented in the medical record of any situation where:
 - a. a patient refuses a prescribed medication for three consecutive doses,
 - b. the medication noncompliance occurs at a level of clinical significance,
 - c. the patient is taking less than 50% of prescribed medication per week regardless of the reason.
- .38 Patients refusing medication shall sign Form DOC 0417, Refusal To Consent to Medical/Surgical/Dental Treatment/Medication. If the patient refuses to sign the refusal form, two (2) nurses will document the patient's refusal on Form DOC 0417. The form is filed in the medical record.
- .39 Patients refusing medication shall continue to have the drugs offered at their scheduled administration time until such time as the drug is discontinued or changed by the provider.
- .40 All injectable medication, whether requiring reconstituted or not, that is administered from a multi-dose vial shall be dated with the expiration date when opened in the following manner, exp 1/12/15 followed by the initials of the nurse opening the medication. All multi-dose medication shall be considered expired and discarded twenty eight (28) days from the date of opening the medication or by its manufacture's expiration date, whichever occurs sooner.

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- .41 Nitroglycerin (NTG) tabs are good until the expiration date on the bottle, if unopened. After opening the bottle, it is good for six (6) months. All opened bottles of NTG must be dated out six (6) months from the date of opening on the drug label. The date must clearly be identified as the expiration date as follows exp.1/2/15 followed by the initials of the nurse dating the bottle.
- .42 Medications ordered as self administered drugs **shall be recorded on a MAR as KOP medications.** The date the medication supply is issued to the patient is recorded on appropriate date on the MAR to allow tracking of the medication dispense date.
- .43 Patients receiving self-administered medications **shall be given no more than one blister pack of a specified medication at a time.** No patient shall be given more that thirty (30) day supply of any one medication in a blister pack.
- .44 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 patient shall receive or be in possession of multiple blister packs of the same medication.
- .45 Additional blister packs shall be stored in a locked cabinet, cart or medication room.
- .46 The patient shall present a blister pack, with no more than one (1) week's supply of the medication remaining, to the nurse when requesting a refill. The nurse shall dispense/order a refill or obtain a renewal order from the provider for the medication, when appropriate.
- .47 Stock prescription medications can be nurse administered to patients for short term treatment (14 days) with a verbal provider order. Stock medications shall be given to the patient as KOP only if a physician personally writes the patient's name and administration instructions on the blister pack and gives it to the patient.
- .48 Nursing staff shall not provide stock prescription medication blister packs to patients for KOP administration.
- .49 Nurse administered stock medication may be used for patients undergoing medication and/or medication dosage adjustment until the medication or dose is stabilized at which time the medication shall be ordered in the patient's name.

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.50 Scheduled drugs and sharps shall be counted at the beginning of each shift by one nurse coming onto the shift and one nurse leaving. Both nurses shall sign the count log indicating the completion of the count. Facilities with no on-coming shift shall count at the beginning and the end of the day.

.51 Counts that indicate a missing medication or sharp shall result in efforts to locate the missing item. Failure to locate the missing item shall result in the nurses performing the count notification of security via a written incident report outlining the specific item missing, when it was noticed as missing and the efforts undertaken to locate said item. This report shall be completed and distributed prior to the nurses who identified the issue leave for the day. A copy of the incident report shall be sent to the Clinical Services Branch Administrator (CSBA) and the Chief of Security or Watch Commander within one (1) hour of the identifying the missing item.

5.0 SCOPE

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

RECOMMEND APPROVAL:

acting

G. David Saldana, MD 10/6/15
Medical Director Date

[Signature] 10/6/15
Health Care Division Administrator Date

[Signature] 10-07-15
Deputy Director for Corrections Date

APPROVED:

[Signature] 10/20/15
Director

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DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

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

NAME: _____ 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 administration and personnel, the Health Care Division administration and medical personnel from any responsibility or liability for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(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 and I witness the patient's refusal of the recommended treatment or medication

(Print Name)

(Signature & Title)

(Date)

A referral has been made to a provider: 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)