

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prison

SECTION: Care and Treatment of Offender -
Medication Administration

POLICY # TX II-7

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SUBJECT: Medication Administration Methods,
Documentation, and Education

ORIGINAL SUPERCEDES DATE: February 2012

EFFECTIVE DATE: August 1, 2017

REVISED DATED: July 2017

REVIEWED DATE: July 2017

References

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4-4378 and 4-4361**

PURPOSE

To outline staff practices for medication administration methods, documentation, and education.

POLICY

1. Offenders housed in outpatient settings shall receive medication as ordered by the physician/physician extender either by Direct Observation Therapy (DOT) or through the self-administration medication program (KOP). The physician/physician extender/nurse shall indicate DOT by checking the pill line box at the time of Computerized Physician Order Entry (CPOE).
2. Offenders in the inpatient setting shall receive most medications by Direct Observation Therapy. If a facility determines that all medications for the inpatient area are DOT, Central Pharmacy can mark the facility profile where all medications (except those on the never DOT list) for that area shall be DOT without checking the pill line box at the time of the CPOE. If all medications in the inpatient area are not all DOT and the area is not marked facility area DOT, then the physician/physician extender/nurse shall be required to check the pill line box at the time of CPOE.
3. Once the medication is obtained from the Pharmacy only nurses and trained medication technicians shall prepare and administer the medication.
4. Nurses shall prepare medication for trained officers to administer when there is no nursing staff present at the facility.
5. All offenders shall be offered patient counseling for any new medication initiated.
 - a. Educational information about medications is provided for offenders, using the printed materials provided by the pharmacy and verbally by the physician/physician extender and/or nurse. Printed materials are written at an educational level that facilitates comprehension by the offenders.
6. Specific areas of patient education include, but are not limited to, the following elements:
 - Name, description, and purpose of the medicine
 - Route, dosage, administration, techniques for use, and continuity of therapy (adherence to therapy)
 - Special directions for use by the offender
 - Common, severe, or adverse side effects or interactions which may be encountered, including avoidance of therapeutic duplication and what to do if such a situation occurs
 - Techniques for self monitoring
 - Proper cleaning and/or storage
 - Action to be taken in the event of a missed dose or adverse reaction
 - a. Per North Carolina Administrative Code, patient education must be offered to an offender on all new medication orders. New medication orders are identified by bold font in HERO and the patient education

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leaflet shall be issued to the offender. This offer to counsel shall be documented by the health care staff in HERO when administering or issuing the medication by selecting the patient education button.

- b. The facility health orientation provides the offender with general information about when, where, and how to obtain their medication. This may occur at time of transfer in, with initiation of a new medication, or at the time of a medicine refill.
7. Prior to the administration of tests, care, treatment, services, procedures, medications or blood products, the health care professional providing the care is responsible for verifying the patient's identity using two (2) patient identifier. The (2) forms of identification with one being a photo ID by using the patient's picture ID card **or** printed picture from OPUS on the Web. The second identifier will be the patient's OPUS Number **or** Date of Birth.
8. Health Services staff will have the patient **verbally** state his/her name **and** OPUS Number **or** Date of Birth at the patient encounter **and** identify the picture with the patient receiving the care, treatment or services **and** compare the OPUS number **and/or** Date of Birth to the Health Record/ Medication Administration Record/order prior to providing care, treatment or services.

PROCEDURE

I. METHODS OF MEDICATION ADMINISTRATION

Offenders in an outpatient setting may receive medication by one or more of the following methods:

A. Direct Observation Therapy (DOT)

DOT is the issuance of prescription medication to an offender on a per dose basis by which either a RN, LPN, Medication Technician (CHAI) or a trained correctional officer observes the offender ingesting or injecting the medication.

1. The offender receives a single dose of each medicine ordered and is directly observed ingesting or injecting the particular medicine.
2. Medications shall be identified by the Pharmacy and Therapeutics Committee as DOT and shall be administered by DPS Prisons staff. Offenders that are on work release, home leave, or temporarily away from the facility may occasionally self administer DOT medications. Controlled substances may only be self administered for work release or home leave, and shall be prepared by a DPS Prisons Pharmacy. If an offender is temporarily away from the facility under custody supervision, the custody officer shall administer and document the administration of the controlled substance on the original medication administration record upon return to the facility.
3. Medications can be deemed DOT with physician/physician extender order, nurse's note until reviewed by provider, or facility policy. Offenders may be placed on DOT administration if the offender is not adherent with therapy, abuses medication by bartering or incorrect dosing, has a medical condition that prohibits self management of medications (i.e. dementia, cognitive deficits, etc.), or refuses medications.

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- 4 Registered Nurses and Licensed Practical Nurses may administer ordered as needed (PRN) medications independently. Licensed Practical Nurses may administer ordered as needed (PRN) medications independently as long as the offender's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours. The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen, therefore, medication technicians can not independently administer ordered as needed (PRN) medications. The medication technician must report observations and offender complaints to the registered nurse or licensed practical nurse who shall in turn instruct the medication technician whether or not to administer the PRN medication. The registered nurse or licensed practical nurse, who assumes the responsibility for instructing the medication technician to administer the PRN medication, is accountable for making such judgments and decisions, and for recognizing and anticipating the effects of the medication.

B. Keep on Person Medication Program

Keep on Person (KOP)

KOP is the issuance of prescription medication to the offender in a quantity sufficient to last up to thirty days. Exceptions are unit of use items such as inhalers containing greater than a thirty-day supply or over-the-counter (OTC) items dispensed in the original manufacturer's container. Each facility shall establish standard operating procedures for the KOP program and shall include specific location(s) and time(s) for medication pick-up. This information shall be included in the offender information packet received on transfer to the facility.

1. All offenders at a facility, including those in restrictive housing, shall receive medicine via the KOP program unless deemed DOT by a provider order or DPS policy per the following:
 - a. Medication is excluded from the self-administration medication program.
 - b. Offender is noncompliant.
 - c. Offender is a medication abuser
 - d. Offender has a prohibitive medical condition (i.e., unstable illness, mentally retarded).
 - e. Offender refuses medication
 - f. Facility administration in consultation with medical staff determine self medication program inappropriate.
 - g. Ordered DOT by the provider.
2. Before the offender receives his or her medications, verify patient identification with (2) identifiers. A Patient Education Topic Handout of Self Administration of Medication shall be provided to the offender and its issuance recorded in the Patient Education section of the chart.
3. Nursing staff, medication technicians under supervision of licensed healthcare personnel, or medication-trained custody officers can issue medications through the KOP Program method.

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Program includes:

- a. Up to a 30-day supply of prescription medication in the original pharmacy dispensed containers. To ensure ample time to refill and dispense medications to all self-med offenders, offenders may be issued their refill medication up to 5 days before the current supply is out, thus requiring the offender to have two bottles of medication totaling up to a 35-day supply.
 - b. Medication forms may be oral, topical, ophthalmic, otic, rectal and nasal preparations.
 - c. No Injectables.
4. An offender who fails to comply with the Self-Medication Program Instructions and Agreement shall be placed back on a DOT medication administration and may be subject to disciplinary action. Destroying, hoarding, misusing, abusing, selling, or giving medicines to others are examples of program noncompliance.
 - a. Nursing staff shall report cases of program abuse/noncompliance as listed above to the Officer-In-Charge (OIC). Refusals should not be reported to the OIC but documented. A competent offender has the right to refuse; however, the offender should be monitored for worsening of his/her disease.
 - b. Any facility staff person can make random spot checks to decide if an offender is in compliance.
 5. Licensed Nurses have the ability to change the administration designation of a medication from KOP to DOT and vice versa unless the medication is deemed DOT by the physicians order or other directive.

C. Daily Self-Administration (DSA)

DSA is the issuance of up to a twenty-four hour supply of prescription medication in single dose envelopes to the offender for self-administration.

1. DSA is utilized for work release, home leave, daily appointments, or when nursing staffs deems necessary.
2. Controlled substances may only be DSA for work release or home leave and shall be prepared by a Department of Public Safety Prison Pharmacy.

II. METHODS OF MEDICATION PREPARATION AND ADMINISTRATION

A. Prepare At Point of Administration Method

1. Prepare at Point of Administration method is when the nurse or medication technician verify patient identification using (2) identifiers, prepares medication, immediately administers, and then documents the medication, one offender at a time.
2. DOT medications shall be administered using the Prepare at Point of Administration method.

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Exceptions include:

- a. When offenders are housed in restrictive housing on the mezzanines/tiers not accessible to medication carts.
 - b. Special situations in facilities without 24/7 nursing coverage.
3. The nurse and medication technician must prepare the medication by using the pill line report, electronic medication administration record (eMAR), DC- 175 and/or the paper DC-175A.
Once the pill line is started, no order changes can be made for that pill line, therefore pill lines should not be started greater than 90 minutes prior to the administration time.
 4. Preparing more than one offender's medication at a time is prohibited.
 5. The nurse or medication technician who prepares the medication must administer the medication. A nurse or medication technician may not administer a medication enveloped by another nurse or medication technician.
 6. There shall be no delays, unless clinically justified, between the time of preparing the medication and administering the medication.
 7. Pre-pouring and pre-charting are prohibited.
 8. The facility shall follow the statewide established medication administration times (see chart) and provide for medications to be administered within one hour before or one hour after the prescribed or scheduled time unless precluded by an emergency or extenuating circumstances. Refer to Health Services Policy TX II-6 Offender's Transferred on Medications.

Scheduled medication times will apply when:

- a. Medications prescribed for administration on daily, weekly or monthly basis shall be given within two (2) hours before or after the scheduled time.
- b. Medication prescribed more frequently than daily, but not more frequently every 4 hours shall be given within one (1) hour before or after the scheduled time.
- c. Medications prescribed to be given more frequently than every four (4) hours shall be given within thirty (30) minutes before or after the scheduled time.

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Established Medication Administration Times

	Pill Line 1	Pill Line 2	Pill Line 3	Pill Line 4		
Order Frequency	7:00 AM	11:00 AM	4:00 PM	7:00 PM		
STANDARD						
DAILY	X					
QAM	X					
BID	X		X			
Q12HOURS	X			X		
TID	X	X	X			
QID	X	X	X	X		
QPM			X			
QHS				X		
NONSTANDARD						
12 NOON		X				
EVERY 4 HOURS	X	X	3:00PM	X	11:00PM	3:00AM
EVERY 6 HOURS	X		1:00PM	X		1:00 AM
EVERY 8 HOURS	X		3:00PM		11:00PM	
PRNS						

9. Medications not eligible for schedule dosing times include:
- a. Controlled Substances
 - b. Stat and now doses
 - c. One time doses to include rapid acting insulin
 - d. Specifically, timed doses (every 4 hours, every 6 hours, every 8 hours, noon, etc.)
 - e. On-Call Medications
 - f. Drugs administered at specific times to ensure peak/trough/serum levels

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g. PRN medications

10. Medication Technicians can administer insulin subcutaneous injections with documented training and competency validation. Medication Technicians are not permitted to administer any other parenteral medications by any injectable route.

B. Enveloping Method

1. The Enveloping Method is used when preparing medications for offenders who are in restrictive housing on the mezzanines/tiers not accessible to medication carts and for special situations in facilities without 24/7 nursing coverage
2. The nurse or medication technician must prepare the medication by using the pill line report, electronic medication administration record (eMAR), DC-175 and/or the paper DC-175A.
3. All envelopes with prepared medication shall be labeled with the date, offender's name, medication name, medication dosage, time for administration, route of administration, dosing instructions, and any other special instructions.
4. Each envelope can contain only one dose of a specific medication.
5. Different medications may **not** be mixed in a single envelope.
6. In facilities without 24 / 7 nursing when preparing medication envelopes for future use, no more than a five-day supply of medication shall be prepared.
7. The nurse or medication technician will use the printed pill line report to record the time each dose of medication is administered to each patient. When documenting, the update button on the eMar shall be utilized to record the correct time of administration for all restrictive housing medications.

III. DOCUMENTATION OF MEDICATION ADMINISTRATION

A. Electronic Medication Administration Record (eMAR, DC-175)

1. The form shall include the following information:
 - offender name, OPUS number, date of birth
 - allergy status
 - medication start and stop dates
 - medication name and strength (dosage)
 - administration instructions – including route and frequency

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- administration times
 - current month & year
 - facility name
 - origination Date
 - RX #
 - last issue date/quantity for self-medications
 - provider name
2. The health care staff shall maintain the printed Medication Administration Records (DC- 175) alphabetically in a binder for custody at non-24/7 facilities, labeled specifically for these records. These shall be scanned into the document manager weekly, when the order changes or prior to the transfer, release or parole of the offender.
3. Guidelines for eMar documentation:
- Checking the check box on the eMar will record the current date and time on the eMar along with your initials indicating your administration
 - The Update button shall be used when recording variable dose medications, when recording medication administered in restrictive housing; or when comments are required such as numbering doses
 - Numbered doses shall be recorded in the comment section during each administration of a medication that requires counting (TB medications, Hepatitis C medications etc.)
 - The Add button shall be used to initiate start now orders or to administer a dose of medication without starting a pill line
4. Reason Not Done
- The eMar Update screen has multiple drop down choices to indicate the reason a medication was not administered:
- Dose Not Indicated (NI) shall be utilized for medication not given due to the patients' condition being outside the prescribed dosing parameters
 - No Show (NS) shall be utilized to indicate a patient did not report to receive his or her medication
 - See Paper MAR (RP) shall be utilized to reference a scanned paper administration record in the document manager
 - Self (S) indicates the patient self- administered his or her own medication
 - Refused (R) signifies the offender refused his/her medication for a specific day or time. (Nursing does not have the authority to administer partial doses)
 - Hold (H) indicates nursing held a dose of medication; they shall record an assessment and consult a provider for further direction.
 - Other (O) requires a comment

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- B. Controlled Substance Medication Administration Record (DC-175A)
See Health Services Policy and Procedure, TX II – 12, Controlled Substances.

IV. MEDICATION EDUCATION

A. Patient Medication Counseling

1. Using the approved drug counseling information supplied by the DPS Prisons Pharmacy or the printed medication handout from HERO on new prescriptions, the licensed health care staff shall instruct the offender about his/her medication including the indication, common side effects, and any special warnings when the offender receives the DOT/KOP medication or device. This shall be recorded from the eMar using the Patient Education (PE) button, selecting Medication as the format and searching the medication name. The health care staff will also record the date the handout was issued and the outcome.
2. Medication counseling is not necessary when issuing refill medication or when documentation exists that shows the offender has received counseling in the past regarding this medication. Questions or concerns from the offender regarding ongoing medication therapy should be addressed by a licensed nurse or provider.
3. All patient education and counseling efforts shall be documented in the offender's medical Record in the Patient Education Topic section.

B. Medication Absences and Refusals

1. Episodic absences or refusals may occur and shall be documented.
2. Medication Technicians shall notify the licensed nurse of offender absences or refusals.
3. Nursing does not have the authority to administer partial doses when the patient refuses the entire dose, however may consult with the provider for a new order.
4. If medication refusals occur regularly, follow a pattern, or if they exceed three consecutive doses, the licensed nurse shall counsel the offender with the noncompliance reported to the provider. The counseling shall be documented in the medical record.
 - a. Assessment of patient by nurse.

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- b. Discussion of effects and consequences that may result from refusals.
5. In the outpatient setting: An offender shall be requested to sign Refusal of Medical Care Form if medication therapy is refused. A copy of any completed refusal report shall be sent to the provider.
- a. Refusal form is not necessary if the offender has signed a refusal form for the same medication in the past 90 days.
6. For Mental Health medications, the nurse will send notification to the psychologist, psychological services or program manager having oversight for that particular facility. A Nurse must inform the Mental Health staff member the reasons given for missed Mental Health medications. The Behavioral Health staff member will assess the severity of refusal and discuss with psychiatrist for direction on further Medical management.



11/2/2017

Terri Catlett, Deputy Director of Health Services

Date

SOR: Director of Nursing

Reference:

NC General Statute 10A NCAC 13G.1004 (g).

Forms Location

http://internal.doc.state.nc.us/dop/health_services_forms.htm

DC-175 Medication Administration Record

DC-175A Controlled Substance Record