I. PURPOSE

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

II. POLICY

A. Offenders housed in outpatient settings shall receive medication as ordered by the physician/physician extender either by Direct Observation Therapy (DOT) or through Self-Administration Medication Program (SAM)/Keep On Person (KOP). The physician/physician extender/nurse shall indicate DOT by checking the pill line box at the time of Computerized Physician Order Entry (CPOE).

B. 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.

C. Once the medication is obtained from the Pharmacy only nurses and trained medication technicians shall prepare and administer the medication.

D. Nurses or trained medication technicians shall prepare medication for trained officers to administer when there is no nursing staff present at the facility.

E. Offenders shall be offered patient counseling for any new medication initiated.

1. New medication orders are identified by bold font in the patient electronic health care record (EHR).

2. Educational information about medications shall be provided to patients, using the printed materials provided by the pharmacy and verbally by the physician/physician extender and/or nurse.

3. Medication counseling provided shall be documented in the patient health care record upon administration or issuance of the medication to the patient by selecting the patient education button.

4. The facility health orientation shall inform patients of the general information about when, where, and how to obtain their medication.

F. Prior to administration of medication, the healthcare and custody staff providing the care shall be responsible for verifying the patient's identity using two patient identifiers. One form of identification shall be a photo ID card or picture from OPUS on the Web or EHR. The second identifier shall be the patient's OPUS Number or Date of Birth.

G. Healthcare and custody staff shall have the patient verbally state their name and OPUS Number or Date of Birth at the patient encounter and identify the patient with a picture and compare the OPUS number and/or Date of Birth to the patient health care record prior to administering medication.

H. Prior to medication administration, healthcare staff may use as a reference the "Oral Dosage Forms That Should Not Be Crushed" list from the Institute for Safe Medication Practices (ISMP) and/or the "Drug-Induced Photosensitive Drug List from the Pharmacist's Letter that is published by the Pharmacy and Therapeutics Committee annually as an attachment to the Formulary and located on the Comprehensive Health Services Intranet page under Pharmacy.

I. Medication Technicians are able to administer insulin subcutaneous injections with documented training and competency validation.

J. Medication Technicians/Certified Nurse Assistants II shall not administer any other parenteral medications by any injectable route. Other parenteral medications may be administered by a Registered Medical Assistant or Certified Medical Assistant with applicable competency.

K. Nursing shall not administer partial doses; however, shall consult with the provider for a new order.

III. PROCEDURES

A. Outpatient Medication Administration Processes

1. Direct Observation Therapy (DOT) is the issuance of prescription medication to a patient on a per dose basis and the RN, LPN, Medication Technician (CHAII) or a trained correctional officer shall observe the patient ingesting or injecting the medication.

a) Medications shall be identified by the Pharmacy and Therapeutics Committee as DOT.

b) Medications can be deemed DOT with physician/physician extender order, nurse's note until reviewed by provider.

c) Patients may be placed on DOT medication administration when they do not adhere with prescribed therapy, abuses by bartering, incorrect dosing, or has a medical or

mental health condition that prohibits self-management of medications or refuses medications.

d) Patients that are on work release, home leave, or temporarily away from the facility shall occasionally self-administer DOT medications using Daily Self Administration.

e) If a patient is temporarily away from the facility under custody supervision, a medication trained custody officer shall administer and document the administration of the controlled substance on the original DC 175A Controlled Substance Medication Administration Record https://internal.doc.state.nc.us/dop/health_services_forms.htm upon return to the facility. The facility healthcare staff shall document the officer administration of a controlled substance in the patient health care medication administration record.

f) Registered Nurses and Licensed Practical Nurses may administer "as needed" (PRN) medications independently.

i. Licensed Practical Nurses may administer PRN medications independently as long as the patient'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.

ii. The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen; therefore, medication technicians shall not independently administer PRN medications.

iii. The medication technician shall report observations and patient complaints to the registered nurse or licensed practical nurse who shall in turn instruct the medication technician whether to administer the PRN medication.

iv. The medication technician shall document the name and title of the licensed nurse authorizing administration of the PRN medication.

v. The registered nurse or licensed practical nurse, who assumes the responsibility for instructing the medication technician to administer the PRN medication, shall be accountable for making such judgments and decisions, and for recognizing and anticipating the effects of the medication.

2. Self-Administration Medication Program (SAM)/Keep on Person (KOP) is the issuance of prescription medication to the patient in a quantity sufficient to last up to 30 days.

a) Exceptions are unit of use items such as inhalers containing greater than a 30-day supply or over the counter (OTC) items dispensed in the original manufacturer's container.

b) The facility health authority in conjunction with the Warden/designee shall establish specific location(s) and time(s) for medication pick-up and communicated verbally and in writing to the patient upon arrival to the facility.

c) Patients, including those in restrictive housing, shall receive medicine via the KOP program unless the medication is deemed DOT by a provider order or per the following:

i. Medication is excluded from the SAM/KOP medication program.

ii. Patient is noncompliant.

iii. Patient is a medication abuser.

iv. Patient has a prohibitive medical or mental health condition.

v. Patient refuses medication.

vi. Facility administration in consultation with health and wellness staff determine SAM/KOP medication program is inappropriate.

vii. Ordered DOT by the provider.

d) A patient education handout obtained from the patient health care record "Self-Medication Program" shall be provided to the patient, and its issuance recorded in the patient health care record.

e) Nursing staff, medication technicians under supervision of licensed healthcare personnel, or medication trained custody officers can issue medications through the SAM/KOP Program method. Program includes:

i. Up to a 30-day supply of prescription medication in the original pharmacy dispensed containers.

ii. Patient 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.

iii. Medication forms may be oral, topical, ophthalmic, optic, rectal and nasal preparations.

iv. No Injectables except rescue medications (epinephrine auto-injector, firazyr).

f) A patient who fails to comply with the SAM/KOP shall be placed back on DOT medication administration.

g) Destroying, hoarding, misusing, abusing, selling, or giving medications to others are examples of program noncompliance.

h) Nursing staff shall report cases of SAM/KOP abuse/noncompliance to the Officer-In-Charge (OIC).

i) Refusals shall not be reported to the OIC but documented in the patient health care record. A competent patient has the right to refuse; however, the patient shall be monitored for worsening of their disease.

j) Any facility staff member can make random spot checks to decide if an offender/patient is in compliance with the SAM/KOP program.

k) Licensed Nurses shall have the ability to change the administration designation of a medication from KOP to DOT with notification to the provider for approval.

l) Licensed Nurses cannot change the administration designation of a medication from DOT to KOP without a provider order.

3. Daily Self-Administration (DSA) is the issuance of up to a twenty-four-hour supply of prescription medication in single dose envelopes for patients to self-administer while on work release, home leave, daily appointments, or when nursing staffs deems necessary.

B. Methods of Medication Preparation and Administration

1. Prepare at Point of Administration Method is when the nurse or medication technician verify patient identification using two identifiers, prepares medication, immediately administers, and documents the medication administration in the patient health care record for patient at a time.

a) DOT medications shall be administered using the Prepare at Point of Administration method.

b) The nurse and medication technician shall prepare the medication by using the pill line report, electronic medication administration record (eMAR), DC- 175 and/or the paper DC-175A.https://internal.doc.state.nc.us/dop/health_services_forms.htm

c) 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.

d) Preparing more than one patient's medication at a time is prohibited.

e) The nurse or medication technician who prepares the medication shall administer the medication. A nurse or medication technician shall not administer a medication enveloped by another nurse or medication technician.

f) There shall be no delays, unless clinically justified, between the time of preparing the medication and administering the medication.

g) Pre-pouring and pre-charting are prohibited.

h) Facilities shall follow the established medication administration times unless precluded by an emergency or extenuating circumstance.

	Pill Line Times					
Order Frequency and/or Description	0800		1400	2000	0200	
STANDARD						
Daily, QD, in the morning, QAM, breakfast, lunch	x					
Afternoon, Q2PM			x			
Twice daily, BID, Q12H	x			x		
Three times daily, TID	x		x	x		
*** Four times daily, QID, Q6H	x		x	x	X	
In the evening, QPM, at bedtime, QHS				x		
NON- STANDARD						
Q8H	0800		1600		0000	
Q4H	0800	1200	1600	2000	0000	0400

*** *Inpatient only settings*

i) Scheduled medication times will apply when:

i. Medications prescribed for administration on daily, weekly, or monthly basis shall be given within one hour before or after the scheduled time.

ii. Medication prescribed more frequently than daily, but not more frequently than every four hours shall be given within one hour before or after the scheduled time.

iii. Medications prescribed to be given more frequently than every four hours shall be given within 30 minutes before or after the scheduled time.

2. Enveloping Method is used when preparing medications for patients that are housed in restrictive housing on the mezzanines/tiers not accessible to medication carts, for special situations in facilities without 24/7 nursing coverage, or during controlled movement for safety purposes.

a) The nurse or medication technician shall prepare the medication by using the pill line report, electronic medication administration record (eMAR), DC-175 and/or the paper DC-175A.https://internal.doc.state.nc.us/dop/health_services_forms.htm

b) Envelopes with prepared medication shall be labeled with the patient's name, medication name, medication dosage, date and time for administration, route of administration, dosing instructions, and any other special instructions.

c) Each envelope shall contain only one dose of a specific medication. Different medications shall not be mixed in a single envelope.

d) Facilities without 24/7 nursing coverage shall prepare medication envelopes for future use, with no more than a five-day supply of medication.

e) The nurse or medication technician shall use the printed pill line report to record the time each dose of medication is administered to each patient.

f) When documenting, the update button on the patient electronic medication administration record shall be utilized to record the correct time of administration for all restrictive housing medications.

3. Documentation of Medication Administration

a) Medication administration shall be documented on the patient health care record electronic Medication Administration Record (eMAR) or the paper DC 175 Medication Administration Record.

b) The health authority/designee shall maintain the printed DC 175 Medication Administration Record alphabetically in a binder for custody at facilities that do not have 24/7 nursing coverage.

c) The paper DC 175 Medication Administration Records documenting custody administration of prescribed medications shall be scanned into the patient health care record monthly; or when the medication order changes; or prior to the transfer, release or parole of the patient.

d) Nursing shall start all pill lines for the dates the clinic was closed and or nursing was not on site by using the update button, to record medications administered by custody. The correct time administered shall be updated, and a comment recorded to indicate the medication was administered by custody.

e) Guidelines for eMAR documentation:

i. Checking the check box on the eMAR shall record the current date and time along with your initials indicating your administration.

ii. 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 and medication delivered by custody.

iii. Numbered doses shall be recorded in the comment section during the administration of a medication that requires counting (TB medications, Hepatitis C medications etc.).

iv. The Add button shall be used to initiate start now orders or to administer a dose of medication without starting a pill line.

4. The eMAR Update screen has multiple drop-down choices to indicate the reason a medication was not administered:

    a) Dose Not Indicated (NI) shall be utilized for medication not givendue to the patients' condition being outside the prescribed dosing parameters.

    b) No Show (NS) shall be utilized to indicate a patient did not report to receive their medication.

    c) See Paper MAR (RP) shall be utilized to reference a scanned paper administration record in the document manager.

    d) Self (S) indicates the patient self-administered their own medication.

    e) Refused (R) indicates the patient refused their medication for a specific day or time.

    f) Hold (H) indicates nursing held a dose of medication. The nurse shall perform a patient assessment/evaluation, document in the patient health care record and consult a provider for further direction.

    g) Other (O) requires a specific comment to be documented.

5. Documentation on the DC 175A Controlled Substance Medication Administration Record shall be in accordance with policy S.4400, Controlled Substances.

6. Medication Education/Counseling shall be provided using approved drug counseling information supplied by the DAC Pharmacy or the printed medication handout from EHR on new prescriptions.

    a) Licensed health and wellness staff shall instruct the patient about the prescribed medication including the indication, common side effects, and any special warnings when the patient receives the medication or device.

    b) Patient education/counseling shall be documented in the patient health care record by using the Patient Education (PE) button, selecting Medication as the format and searching the medication name. The health care staff shall record the date the handout was issued and the outcome.

    c) Medication counseling shall not be necessary when issuing refill medication or when documentation exists that shows the patient has received counseling in the past regarding the medication. Questions or concerns from the patient regarding ongoing medication therapy shall be addressed by a licensed nurse or provider.

7. Medication Absences and/or Refusals may occur and shall be documented in the patient health care record.

    a) Medication Technicians shall notify the licensed nurse of patient absences or refusals.

b) 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.

c) The counseling shall be documented in the patient health care record:

i. Assessment/evaluation of patient.

ii. Discussion of effects and consequences that may result from non-compliance with prescribed medication therapy.

d) In accordance with policy S .1800, Offender Rights in Healthcare Decision Making, the patient shall be requested to sign a DC 442 Refusal of Medical Care Form if medication therapy is refused. https://internal.doc.state.nc.us/dop/health_services_forms.htm

e) The completed refusal form shall be scanned into the patient health care record and the provider shall be notified by being requested to review the scanned document. A copy shall be sent to an DAC Pharmacy.

f) The refusal form shall not be necessary if the patient has signed a refusal form for the same medication in the past 90 days unless a new order has been entered in the patient health care record.

g) For mental health medications, the nurse shall send notification to the psychologist, psychological services, or program manager having oversight for the facility.

h) The nurse shall inform the mental health/behavioral health staff member the reasons given for missed mental health medications. The behavioral health staff member shall assess the severity of refusal and discuss with psychiatrist for direction on further patient management.

IV. REFERENCES

A. 5th Edition Standards for Adult Correctional Institutions

5-ACI-6A-20, 5-ACI-6A-43

B. NC Gen. Stat. § 131E-79.1

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