



**HEALTH CARE SERVICES  
DIRECTIVE-ADULT  
Manual of Policies and Procedures**

Title

**MEDICATION MANAGEMENT**

| Legal References<br>(includes but is not limited to)   | Related Policies/Procedures<br>(includes but is not limited to) | Other References<br>(includes but is not limited to) |
|--|---|--|
| IC 11-8-2-5 IC 34-4-12.6 IC 25-16-15<br>IC 25-23-1-19.5 848 IAC 5-1<br>IC 16-42-19-11 856 IAC 1-24-2<br>856 IAC 1-31-2 | 01-02-101   | National Correctional Healthcare Standards           |

I. PURPOSE:

This Health Care Services Directive (HCSD) describes the manner in which Department facilities and personnel prescribe and manage medication.

II. DEFINITIONS:

For the purposes of this HCSD, the following definitions are presented:

- A. CASE PLAN CREDIT TIME (CPCT) is an earned credit time cut structure that is driven by the needs indicated in the IRAS and incentivized through the individual case plan to provide each individual the opportunity to earn the maximum credit time, as allowed by law.
- B. CONTROLLED SUBSTANCES: Those drugs included on Schedules I through V of the Federal Controlled Substances Act or on Schedules I through V of IC 35-48-2. No Schedule I drugs may be used in the Indiana Department of Correction. The Indiana board of Pharmacy may place certain drugs in controlled status
- C. CLINICAL PHARMACIST: A pharmacist who holds a valid license in the State of Indiana and who has been assigned to the facility to serve as a pharmacy advisor on matters of pharmaceutical management. This pharmacist will perform quarterly surveys to review facility medication management.
- D. CONTROLLED SUBSTANCE REGISTRATION (CSR): A registration with the State of Indiana which, like the DEA Certificate, is required for the procurement, storage, administration, dispensing, and destruction of a controlled substance. This registration is required when applying for a DEA Certificate. The application for an Indiana CSR is made through the office

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of Professional Licensing.

- E. DOT (DIRECT OBSERVED THERAPY): Medication that is in the possession of, and is administered by, qualified Health Services staff. Also referred to as “Hand Feed” medication.
- F. DEA CERTIFICATE: A certificate from the DEA, an agency of the Federal Department of Justice, which can be assigned to a prescriber or a facility on the responsibility of a qualified health services professional for that facility. This certificate assigns a DEA number registering the certificate holder and is required for the procurement, storage, dispensing, and processing of a controlled substance which has been discontinued.
- G. DEA FORM 222: The triplicate form used to account for the movement of a schedule II controlled substance that is from stock or to destruction company from one entity to another. It is obtained from the DEA by holders of a DEA Certificate.
- J. KOP (KEEP ON PERSON): Medications that are possessed and self-administered by the patient. Also referred to as “May Carry” medication.
- K. MAR: Medication Administration Record.
- M. MEDICATION ERROR: A discrepancy between what the prescriber ordered and what was or was not administered.
- N. PHARMACY AND THERAPEUTICS (P&T) COMMITTEE: Provides an evaluation, educational, and advisory service to the Health Services staff and organizations administration in all aspects of the use of the available medications and maintaining a formulary list. P&T consists of physicians, clinical pharmacist, nurses, and Department Health Services Division leadership.
- O. PRACTITIONER’S SUPPLY: Pre-packaged medications supplied from a pharmacy but maintained under secure conditions by a prescriber for the purpose of immediate dispensing as required to assure good patient care.
- P. PRESCRIBER: A physician or dentist, with a valid Indiana license, an optician practicing in accordance with IAC 857 (optometry legend drug regulations) or an advanced practice nurse who meets the requirements of IC 25-23-1-19.5 (authority to prescribe legend drugs).

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- Q. **PRESCRIBER'S ORDER:** A written, telephonic, electronic, or verbal prescription, whether directed to an individual or as part of a properly authorized protocol.
- S. **QUALIFIED MEDICATION AIDE (QMA):** an individual who has been certified to administer medications.
- T. **SUPERVISING NURSE:** A registered nurse (RN) authorized to supervise other members of the nursing staff. When only one (1) registered nurse is available at a facility, that nurse shall be considered to be the supervising nurse. When more than one (1) registered nurse is available at a facility, the highest ranking registered nurse shall be considered the supervising nurse.
- U. **SUPPLIES FOR NURSING PROCEDURES:** Items or supplies stocked at the facility, which are necessary for the following purposes: 1) to provide nursing care; or, 2) to treat a health condition in an immediate fashion.

### III. GENERAL GUIDELINES:

The Warden in collaboration with the facility's Health Services Administrator (HSA), the Director of Nursing (DON), the Site Medical Director (SMD) and the Clinical Pharmacist shall be responsible for ensuring the development, implementation, and evaluation of local procedures regarding the selection, procurement, dispensing, distribution, administration, storage, and disposal of medication in accordance with local, state, and federal laws, promulgated rules, contemporary standards of accountability, and this HCSD.

The Health Services Division's Pharmacy and Therapeutics (P&T) Committees shall be responsible for determining the scope of pharmaceutical services within the Department, establishing procedural guidelines for medication management, and establishing and maintaining the formulary.

Medical providers authorized to prescribe within the Department are physicians, dentists, podiatrists, optometrists licensed and certified under IC 25-16-15, and advance practice nurses who meet the requirements of IC 25-23-1-19.5 and 848 IAC 5-1 and are employed within the Department as prescribers.

Except for over-the-counter (OTC) medication self-selected by patients in general population through the commissary, all medications, including OTC medications, shall be provided to patients only upon the approval of a prescriber authorized by law to prescribe. Prescription authorization may be in written format as drug orders, be directly communicated through verbal or telephone orders, or be authorized through written protocols comprising standardized treatment guidelines.

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Department prescribers shall adhere to the following general prescribing guidelines:

- Drug therapy is managed by an authorized prescriber acting in good faith in the usual course of their professional practice
- Drug therapy is initiated only after an appropriate clinical evaluation has been completed
- Provision of the drug is the preferred mode of treatment for the condition
- The prescriber shall review all drug-related allergies prior to prescribing the medication
- The strength and quantity of the drug to be dispensed are reasonable; and
- The duration of the drug order does not exceed one hundred eighty (180) days for formulary medication and ninety (90) days for non-formulary medication

All drug orders shall contain the following:

- The name and DOC number of the patient
- The date and time the order was written
- The medication, dose, means and frequency of administration, and duration of treatment
- The quantity of the medication, including the amount to dispense in a certain time frame, when applicable
- The signature and credentials of the prescriber

Drug orders which deviate substantially from a normal pattern, are ambiguous, or are of an unusual quantity or frequency shall not be dispensed until verification of the order is obtained from the prescriber.

The Health Services vendor shall not maintain samples of medications supplied by pharmaceutical companies or other sources.

It is the responsibility of the HSA, the DON, the SMD, and the Clinical Pharmacist to ensure that Health Services staff abide by these guidelines.

#### IV. SELECTION OF MEDICATION:

A standardized formulary has been established for the purposes of guiding prescribing practices and its use is mandatory by prescribers working within the Department. It shall be readily available to the professional staff who use it. The formulary shall:

- Provides a rational yet limited group of medications,
- Provides a process for obtaining off formulary medications, when necessary,

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- Provides guidance regarding selection of the cost effective, efficacious medication when alternative choices of varying costs exist,
- Discourages the use of medications without proven effectiveness,
- Provides a formal mechanism for adding or removing medications from the approved list, and
- Provides lists of medications for use in different circumstances.

It is imperative that the formulary maintained by the facility is current.

V. P&T COMMITTEE AND FORMULARY MAINTENANCE:

A Statewide Pharmacy and Therapeutic (P&T) Committee shall be established and shall meet quarterly for the purposes of formulary maintenance, reviewing FDA drug alerts, and medication errors. The P&T Committee shall be overseen by the clinical pharmacist for the contracted Health Services vendor. Requested changes to the formulary shall be presented to the P&T committee by the clinical pharmacist with all rationales and descriptions. Formulary shall be maintained by P&T committee and provided to Department Health Services Staff, appropriate Executive Directors, and the CMO. All changes to the formulary shall be shared with facility staff and prescribers. The Vendor's Regional Pharmacist shall disseminate any updates to the formulary to the site HSAs and the P&T Committee within thirty (30) days.

A. Formulary Limitations

The formulary identifies some medications that have limited indications or duration for use. Prescribers are expected to be familiar with the medication limitations listed in the formulary. When the medications are used in accordance with limitations, they are considered formulary medications. When these medications are not used in accordance with the recommendations listed, they are considered off formulary medications and a Non-Formulary Medication Request form must be submitted and approved in advance of non-urgent use.

B. Requests for Non-Formulary Medications

The Health Services vendor shall ensure a process is in place for prescribers to request non-formulary medication. The drug order for a non-formulary medication may not be dispensed by the pharmacy until approval has been obtained. The decision regarding non-formulary medication usage shall be communicated to both the prescriber making the request and the dispensing pharmacy. All decisions regarding clinical care must be documented in the EMR.

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When the non-formulary medication is needed on an urgent or emergent basis, the prescriber may authorize its use by indicating to the dispensing pharmacist that the drug order must be filled urgently. In this situation, approval for the non-formulary medication may be obtained retrospectively. The contracted medical vendor shall ensure that processes are in place to obtain non-formulary medications when required urgently.

C. Therapeutic Substitution

Therapeutic substitution is the replacement of the originally prescribed medication with an alternative molecule with assumed equivalent therapeutic effect. The alternative medication may be within the same class or from another class with assumed therapeutic equivalence. This substitution may be suggested by a clinical pharmacist; however, the pharmacist must obtain full consent and agreement from the prescriber. For all therapeutic substitutions the patient must be made aware and provided education of the new medication and the rationale for the change.

D. Procurement of Medication

1. Routine Procedures

The Health Services vendor shall have a process in place that allows for prescribed medications to be obtained through routine pharmacy methods and plans for a backup pharmacy when medications needs are urgent and cannot be filled immediately. The responsible HSA shall identify an emergency pharmacy for this purpose.

The dispensing pharmacy must receive an original order generated through the EMR except for Schedule II controlled substances when a paper prescription is necessary. The Drug Enforcement Agency (DEA) has written regulations that allow electronic CII prescriptions. The State Board of Pharmacy has also written regulations allowing electronic prescriptions. If all regulations are met and the P&T committee approve electronic CII prescriptions, then this process may be used.

2. Telephone and Verbal Orders

A drug order issued by a prescriber may be communicated to the pharmacist by licensed nursing personnel or another medical provider acting as an agent of the prescriber. Either an RN or an LPN may accept a telephone or verbal order. Verbal/telephone orders shall contain the date and time, patient name and number,

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medication, dose, means and frequency of administration, duration of treatment course, name of the licensed nurse accepting the order, and the name of the prescriber giving the order. The prescriber must countersign the order in the EMR on the next business day. Site HSAs shall ensure a process to verify that verbal orders are obtained and countersigned appropriately.

### 3. Drug Order Transcription

Both RNs and LPNs may transcribe drug orders onto Kardexes, medication administration records or any other document used to guide patient care. The nurse should affix a professional signature including date and time to indicate that the order has been transcribed. Clerical staff may transcribe drug orders onto Kardexes and medication administration records only if a RN verifies the accuracy of the transcription and co-signs the transcriber's signature.

## VI. DISPENSING:

Except for CSIIIs, formulary and nonformulary prescriptions are valid for up to one hundred eighty (180) days. Up to a thirty (30) day supply may be dispensed at one time.

The dispensing pharmacy, in collaboration with facility Health Services staff and in consideration of the available storage space within the facility, may dispense a quantity less than that which is identified on the drug order.

Nursing staff may not repack medications by removing a bulk quantity and placing them into a separate container for subsequent administration. Nurses may not change the instruction or directions for use on a prescription.

When a medication has been dispensed on a drug order and a prescriber subsequently changes the duration of the order, the quantity to be administered, or the frequency or timing of the medication, the nurse may continue to use the previously dispensed medication but may not change the prescription label. Labels that refer the nurse to the Medication Administration Record may be affixed to the container or blister package directing the nurse where to locate current administration information.

**Under no circumstances may a prescription dispensed for one patient be diverted to another individual.**

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**VII. REFILLS AND EXPIRATION OF MEDICATION ORDER:**

Health Services staff may not refill a drug order except in the manner designated on the original order. Nursing staff or the dispensing pharmacy may not assume that a prescriber will automatically renew a drug order and authorize a renewal without first verifying the order with the prescriber.

For medications generally administered on a continuing basis, the facility's HSA, the DON or in facilities without DON, the Nursing Supervisor and SMD shall establish a site-specific process for notifying a prescriber of the impending expiration of a drug order so that the prescriber can determine whether the drug should be continued. The prescribers are responsible for writing refill orders and nursing staff shall not prepare refill prescriptions unless the orders are obtained via an appropriately executed telephone or verbal order.

When medications are used to treat a chronic health problem, the prescriber must review the drug regimen at every chronic care appointment. There must be a process in place by the Health Services vendor to ensure that there are no gaps in medication.

**VIII. TEMPORARY LEAVES:**

From time to time, incarcerated individuals will need to be absent from the facility for court appearances, temporary furloughs, etc. If Health Services staff have sufficient time to plan for this temporary absence, they may obtain from the pharmacy a travel prescription of sufficient quantity to cover the time away from the facility. If Health Services staff do not have time to obtain a travel prescription, the patient's entire prescription must be sent. The Health Services vendor shall ensure a process is in place to ensure continuity of care and no gap in medication services.

**IX. STOCK MEDICATIONS:**

Stock medications are medications dispensed by a pharmacy, maintained at a facility, properly prescribed, and administered by nursing staff when immediate usage is appropriate.

Supplies of stock medication shall be kept in a designated cabinet or other suitable fixed location, which is durable, and of sufficient design and size to ensure a proper environment for the preservation of the medication. Stock medications must be secured by a lock at all times except when it is necessary to retrieve medications, audit supplies, or manage the inventory.

A separate log sheet shall be kept for each type and dosage of medication.



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The prescriber's order, which directs nursing staff to use stock medications, signals the pharmacy to dispense only the remaining portion of the medication order if necessary.

The dispensing pharmacist is responsible for refilling stock medications as ordered, properly labeling all medications, maintaining records of stock medication dispensing and administration, and assisting in resolving discrepancies if such are noted.

The facility's HSA and DON or Supervising Nurse shall periodically monitor the type and quantity of stock medications to ensure that the available quantity is sufficient to meet the needs of the facility but is not excessive; this is usually a fourteen (14) day supply. If the types or quantities of stock medication are not sufficient or if a supply of medication is not used, the facility may alter the inventory quantities with consultation from the Health Services vendor's clinical pharmacist.

Whenever there is a discrepancy noted in the inventory, whether theft is suspected or not, the employee shall immediately notify the nurse in charge. The HSA and DON or Nursing Supervisor shall coordinate efforts to investigate and shall notify the Executive Director of Physical Health and Quality Assurance Manager as soon as possible. If criminal behavior is thought likely, the Warden and Deputy Warden(s) shall be informed immediately. A medication problem report must be completed using State Form 49107, "Report of Medication Problem," and the facility's Quality Assurance Committee, at its next meeting, shall review the circumstances surrounding the discrepancy, theft or loss.

**X. PRACTITIONER SUPPLY OF MEDICATIONS (See Facility Directive):**

The prescriber's supply includes medications which must be initiated immediately, and which are maintained by a prescriber for this purpose. They shall be reserved for those occasions when the normal delays in obtaining a medication order through routine processing would cause harm to the patient or would negatively impact the outcome of treatment.

Each prescriber shall individually determine whether their professional practice requires a practitioner's supply. The practitioner's supply of medication may only be used when the prescriber is available on-site and in response to an evaluation, treatment, or intervention carried out by the prescriber. Each prescriber must manage their own supply and this supply shall not be shared or transported to other locations.

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Indiana statutes permit maintenance of practitioner supplies in Department facilities. The Legend Drug Act (IC 16-42-19-11 section 2) permits a prescriber, in good faith in the course of practice, to deliver a legend drug to a patient. This statute requires that the immediate container in which the medication is delivered has a label that contains name of the medication, directions for use, name and address of the prescriber, and name of the patient.

If a prescriber chooses to dispense only a portion of the dispensed medication, the prescriber must write out the name of the medication, the directions for use, the name and address of the prescriber in addition to the name of the patient on a label which is then affixed to the container. In addition, the prescriber must maintain full records of the dispensing process consistent with pharmacy regulation.

When only a single dose is given, the prescriber does not need to label a container, the prescriber may administer the medication directly or provide the nursing staff with a single dose for immediate administration. When the prescriber administers the medication, they are responsible for completing the appropriate documentation on the medication administration record.

When a prescriber distributes medication from their supply, they shall initiate a corresponding medication order in the EMR and indicate that the medication was dispensed from the practitioner's supply.

Prescriber may dispense medication directly to the patient in accordance with the Keep on Person (KOP) procedures or may distribute the medication to nursing personnel for subsequent administration.

The prescriber must also note the patient's name and DOC number, and the date on which the medication was distributed, affixing their initials on the appropriate sections of an inventory of practitioner supply log sheet. When documenting on the log sheet for the first time, the prescriber must complete the signature section signing their name and professional title on the appropriate line and placing their initials in the corresponding initial section.

The practitioner's supply, once packaged by the dispensing pharmacy, will bear a label, which contains the name of the medication, the standard directions for use, and the name and address of the prescriber. If the standard directions for use are ordered, the prescriber shall then have to add only the patient's name and DOC number to the label when the entire blister package is to be dispensed. If the prescriber deviates from the standard directions for use, then additionally the prescriber must label the medication with the specific directions for use.

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Practitioner supply medications shall be dispensed by the dispensing pharmacy which routinely dispenses medication for the facility and will normally be packaged in blister packages in quantities to be determined by the prescriber. Prescribers may elect to limit the quantity dispensed to a seventy-two (72) hour supply of medication or they may choose to have their supplies packaged in larger quantities in order to deliver a complete course of therapy (e.g., 10-day supply of antibiotics).

The pharmacy is responsible for accurately refilling the practitioner's supply, properly labeling all medications, and maintaining records regarding medications dispensed to practitioner's supplies. The prescriber must maintain records regarding dispensing from the practitioner's supply. If problems develop, the pharmacist may assist in the resolution of discrepancies.

The Clinical pharmacist is responsible for verifying the accuracy and appropriateness of practitioner's supply usage and the integrity of the inventory and storage processes.

The prescriber is responsible for maintaining the security and integrity of the practitioner's supply and associated records and reconciling any noted discrepancies. Facility Directives governing the use of the practitioner's supply medications must be established and implemented in accordance with these guidelines.

Any prescriber that fails to abide by these guidelines shall have the privilege to maintain practitioner supplies of medications revoked.

The prescriber must conduct a weekly inventory of the practitioner's supply medication, in a perpetual inventory format.

It is the responsibility of the Health Services Administrator and the Clinical pharmacist in collaboration to ensure that each prescriber maintaining a practitioner's supply abide by these guidelines.

Practitioner supplies shall be stored in a designated cabinet or other suitable fixed location which is durable and of sufficient structure and size to ensure a proper environment for the preservation of the medication. Storage cabinets must be secured by a lock at all times except when it is necessary to retrieve medications, audit supplies, or manage the inventory. In addition, controlled substances must be securely stored in a fashion that requires two different keys for two unique locking mechanisms. The prescriber may not give access rights to their practitioner supply when they are not on-site at the facility.

At the time supplies of practitioner medications arrive at the facility, a practitioner's supply inventory sheet shall be initiated. Separate log sheets must be used for each

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medication. The prescriber must use these log sheets to document and monitor all prescriber medication usage.

Log sheets shall be completed in a timely manner and maintained on file in the facility for two (2) years and be readily available for review. The prescriber shall conduct a physical count of the inventory each week regardless of whether any medications have been removed and, additionally, whenever the storage cabinet is opened. Formal weekly counts shall be documented on the log sheets.

Whenever there is a discrepancy noted in the inventory, whether theft is suspected or not, the staff shall immediately notify the HSA. The HSA shall coordinate efforts to investigate and notify the Executive Director of Physical Health and Quality Assurance Manager as soon as possible. Nursing staff may assist in reconciliation of noted discrepancies. If criminal behavior is thought likely, the Warden and Deputy Warden shall be informed immediately. A medication problem report must be completed and the facility's Quality Assurance Committee, at its subsequent meeting, shall review the circumstances surrounding the discrepancy, theft, or loss.

#### **XI. SUPPLIES FOR NURSING PROCEDURES:**

Nursing Supplies are items stocked at the facility for use by nurses to facilitate nursing interventions or to treat health conditions in an immediate fashion. For example, nursing supplies may include both legend and over-the-counter products, such as flu vaccine, purified protein derivative (PPD), povidone-iodine, isopropyl alcohol, and sterile water.

Nursing supplies should include medications needed to respond to drug overdoses (e.g., Narcan) and to treat potential adverse effects of medication (e.g., glucagon, Vitamin K). These supplies can be used pursuant to a prescriber's order or in carrying out standard nursing interventions.

Usage of legend and OTC medications from nursing supplies and nursing protocols must be documented in the EMR

The Clinical pharmacist is responsible for reviewing the types of medications maintained in nursing supplies and may discard or destroy items which do not belong.

Each facility must post the phone numbers for Poison Control Statewide: 1-800-222-1222

#### **XII. MEDICATION STORAGE:**

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All medications must be stored under proper conditions of sanitation, temperature, light, moisture, and security. When stability is dependent upon special storage conditions such as refrigeration, these conditions shall be provided and maintained.

Tablets and capsules shall be stored at controlled room temperature (not to exceed 78 degrees Fahrenheit). Medications that require refrigeration shall be stored at a temperature between thirty-six (36) to forty-six (46) degrees Fahrenheit and medication that require storage in the freezer shall be stored below thirty-two (32) degrees Fahrenheit.

The medication refrigerator shall not contain any food, except nutritional supplements drink items, or laboratory specimens. It shall be kept clean and free of excess frost. The temperature maximum and minimum shall be checked and recorded each day on a Refrigeration Temperature Record Form.

A common misconception is that some medications maintain their potency if stored in the refrigerator, but the high humidity environment may accelerate the breakdown of some preparations (e.g., Nitroglycerin SL tablets) and the cold may form a precipitate in some liquids. In addition, advances in formulation of some medications historically refrigerated permit them to remain at room temperature for some time (e.g., Insulin may be kept at room temperature for thirty [30] days).

Medications which are inadvertently stored at an improper temperature shall be discarded in accordance with this HCSD.

Nursing staff are responsible for ensuring the proper storage of medication and the pharmacy or manufacturer's recommendation shall be consulted whenever storage questions (routine or improper) arise.

Medications that are stored in similar containers but do not have similar uses shall be properly labeled and shall not be stored in proximity to each other (e.g., PPD and Tetanus).

### **XIII. DANGEROUS ITEMS:**

Needles, syringes, and other sharps or abusable items must:

- Be stored under proper secured conditions and
- Accounted for by the maintenance of a perpetual inventory sheet, end of shift counting procedures, and other counts as appropriate.

The control of medical instruments shall be in accordance with Policy and Administrative Procedure 02-03-107, "Tool/Equipment Control."

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#### XIV. MEDICATION DISTRIBUTION (See Facility Directive):

All medications prescribed within Department facilities shall be considered either may carry/keep on person (KOP) or handfeed/directly observed therapy (DOT)

KOPs are dispensed and provided to patients for self-administration. The patient is permitted to possess up to a forty (40) day supply of medication, either on their person or secured in their living area for up to ninety (90) days after the dispensing date or until the expiration date on the medication container's label, whichever is earlier. Delivery of KOPs to patients shall be noted within the health record by the patient's signature on an MAR or other permanent sheet in the health record. Pharmacy packing receipt or inventory forms which accompany dispensed medications from the pharmacy to the facility shall not be used for this purpose.

Medication dispensed as KOP at one facility may be used without re-packaging or new labeling at another facility after a patient is transferred, subject to facility conditions, such as transfer into a restrictive status housing setting.

DOTs shall be provided one dose at a time, and each dose shall be documented on a MAR. In general, DOT medications include:

- Addictive or controlled substances;
- Psychotropic medications;
- Medications used in the control or prevention of dystonic reactions;
- Preparations in flammable vehicles;
- Substances with broad abuse histories;
- Drugs used for treating tuberculosis infection; and,
- Medications currently used to treat cancers, HIV, Hepatitis B, or Hepatitis C

Individual patients who have a propensity to abuse or misuse medication may be required to receive all medications through a DOT process. When this is done, the reasons are to be documented in the EMR and an order to that effect written. Prescribers may prescribe any medication as DOT.

In most settings, DOT medications will be delivered by nurses or QMAs. However, an unlicensed person such as trained Correctional Officer or other staff member may assist or facilitate the self-administration of medication in the following manner. The staff person may:

- Remind the patient to take the medication
- Assist the patient by removing the medication container from the storage area and handing it to the patient. (If the patient is physically unable to open a container, the staff member may open it.)

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- Observe the patient taking the medication to ensure that they adhere to the directions on the container
- At the patient's request, read the label to them to clarify the amount to be taken

When unlicensed staff are used to assist in the self-administration of medication, a Facility Directive must be developed and implemented. Documentation of each dose taken shall be maintained.

KOP medications, when discontinued with any quantity remaining, may not be returned to the pharmacy for credit; however, they may be returned for proper destruction. DOT medication(s) when discontinued, may be returned provided the medication:

1. Is not a controlled substance, and,
2. Has been under the immediate control of licensed nursing personnel,

Medication dispensed from one pharmacy may not be returned to another pharmacy.

#### **XV. ACCOUNTABILITY:**

Medication storage and distribution areas shall be devoid of outdated, discontinued, or recalled medications. Once each month, Health Services staff shall review medications in storage, including those maintained as stock medication, Practitioner Supplies, Nursing Supplies, DOT supplies, or KOP supplies waiting to be delivered, and remove from them medications that are out dated.

When checking expiration dates, the last day of the month shall be used if the manufacturer's expiration date simply identifies a month and year.

Multi-dose vials (MDVs) may be used for up to twenty-eight (28) days after the date of first entry or to the manufacturer's expiration date, whichever comes first, subject to a favorable visual inspection using professional judgement of the MDV and its contents. The date of first entry shall be indicated on the vial. In lieu of the date of first entry, the pharmacy fill date on the label must be used as a default date of first entry. Vaccines may be use until manufacturer expiration date

#### **XVI. OUTDATED ORDERS:**

Medications retained in the property of patients are considered outdated and are contraband ninety (90) days after the stop date on the label. If expired/contraband medication are seized by facility staff, the staff shall immediately deliver the medication to Health Services staff for timely review.

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## XVII. MEDICATION ADMINISTRATION:

Medication shall be administered only upon the authorization of a prescriber and in a manner, which is consistent with the usual and customary practices of medication delivery. All nurses administering medication within the Department have a responsibility to adhere to the eight (8) “rights” of medication by giving the right medication to the right patient, in the right dose, by the right route, at the right time with the right documentation, for the right reason, and with the right response. Medication must be administered by the nurse or the QMA who has set up the doses and must be administered during the shift on which set up occurred.

Student nurses may administer medications when under the direct supervision of the instructor and the activity is part of the student’s educational programs.

While it is impractical to deliver medications to all patients in a facility at the exact time at which scheduled, the generally accepted standard is to provide medications within a one (1) hour window, within sixty (60) minutes before or after the designated time. Periodically, circumstances or situations will arise (e.g., lock downs or emergency counts) which derail the administering staff’s ability to adhere to this standard. In this situation, the administering staff shall make all reasonable attempts to administer the medication as close to the prescribed time as possible. (Of course, certain medications do not permit this much leeway in administration. Examples include pre-meal insulin and pre-procedure pain medication.)

Nurses are also responsible for:

- A. Monitoring for desired therapeutic effects and adverse reactions, documenting these observations, and reporting them to the appropriate prescriber, and,
- B. Recognizing common drug incompatibilities and reporting interactions or potential interactions to the prescriber.

Patients are to receive instruction in the proper manner or technique of self-administration by a prescribing medical provider or nurse for those medications which they are to self-administer. This instruction shall include, but is not necessarily limited to, the name of the drug, the schedule and technique for administration, the duration of therapy, and special storage requirements, if any.

Medication compliance may be identified on the Clinician Review Form as a treatment goal for patients who are participating in the Case Plan Credit Time Review process.



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Medication administration may be accomplished differently in various facilities based upon the type of medication, route of administration, and nature of the facility.

All nurses, QMAs, and Correctional Officers involved in facilitating self-administration shall be fully instructed and trained regarding the medications involved and regarding the administration process. Training shall be documented and records of the training available for inspection.

A nurse or QMA **shall not**:

- A. Administer any medication they are not familiar with or qualified to administer. It is the individual nurse's responsibility to become familiar with all medications they are administering
- B. Provide medication through any route outside their scope of practice
- C. Delegate aspects of medication administration to any nurses or QMAs untrained or unqualified to perform
- D. Accept the delegated assignment of any aspect of medication administration that the nurse or QMA is untrained or unqualified to perform

The following guidelines shall be considered in determining which nurses may use specialized medication administration routes:

- A. RNs who have received additional educational preparation and demonstrated clinical competency may administer medications via intraarterial, intraperitoneal, intravesical, intrapleural, endotracheal, and implanted injection port routes.
- B. LPNs may participate in certain aspects of intravenous (IV) therapy procedures providing the LPN has received training through a continuing education course and has the clinical experience which supports performance of the tasks safely and competently. Under the direction of an RN or prescriber, the LPN may only perform the following aspects of IV therapy procedures:
  - 1. For peripheral catheters;
  - 2. Preparing the administration equipment;
  - 3. Performing the peripheral venipuncture and inserting a butterfly or "over the needle" plastic catheter;
  - 4. Initiating or hanging replacement IV solutions;
  - 5. Calculating or regulating flow rates;

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6. Changing tubing;
7. Observe for therapeutic and adverse effects of IV therapy;
8. Inspect insertion sites, and change dressings;
9. Administration of a routine maintenance medication via a preprogrammed pump; and,
10. Converting continuous infusion to intermittent infusion

For all other IV lines (midline, midclavicular peripheral catheters and, central venous catheters):

1. Calculating or regulating flow rates;
2. Hanging replacement fluid;
3. Changing tubing;
4. Observe for therapeutic and adverse effects of IV therapy;
5. Inspect insertion sites, and change dressings;
6. Administration of a routine maintenance medication via a preprogrammed pump; and,
7. Converting continuous infusion to intermittent infusion

LPNs may administer IV medication and fluids that are mixed and labeled by a RN or pharmacist including “solusets” or “ready or mix” solution infusion systems or given on a routine reoccurring basis to a patient with a stable condition

While the RN may delegate certain activities associated with IV therapy, the RN is responsible for the overall administration and nursing management of the patient receiving this therapy by providing appropriate supervision and delegating only those procedures that the LPN is capable, by education and demonstrated skill, to performing. When delegating to an LPN, the RN shall consider the condition of the patient, the type of IV line being used for therapy, the type of fluid or therapy being administered, the ability of the LPN to recognize adverse reactions and to take appropriate action when adverse events occur, and the proximity and availability of the RN responsible for supervision.

LPNs are not permitted to:

1. Administer blood or blood components, plasma volume expanders, tissue plasminogen activators;
2. Give IV push or bolus medication;
3. Administer medications/fluids via an arterial line;
4. Draw blood samples from central venous access ports;
5. Administer medication requiring titration or continuous patient assessment; or,

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6. Remove peripherally inserted central, midclavicular, and midline catheters.

#### XVIII. MEDICATION ADMINISTRATION DOCUMENTATION:

The administration of medication shall be documented on an approved MAR, approved receipt form, or elsewhere in the EMR.

Nurses providing medications for KOP usage must properly document the provision, including obtaining patient's signature indicating receipt of the supply, usually on the MAR.

Nurses providing medication under DOT conditions shall document each scheduled dose on the MAR, including whether or not it was administered, and the reason if not administered.

Correctional Officers facilitating self-administration shall document each patient contact for this purpose. This documentation shall be available for inclusion in the MAR.

For transferring patients, an MAR initiated at one (1) facility may be continued at the receiving facility.

#### XIX. NONADHERENCE AND REFUSALS:

Medication nonadherence and refusals shall be documented appropriately. All refusals shall be documented on the MAR and State Form 9262 obtained and documented. All patients missing three (3) consecutive doses of prescribed medications shall be counselled by qualified health services staff. For repeated and continued nonadherence patients shall be referred to the provider and a determination made on the continuation of medications. No shows shall not be accepted as a refusal of medications.

For patients with KOP medications nonadherence shall also be tracked and refusals obtained and documented. Qualified Health Services staff shall provide patient counselling for nonadherence and refer to the provider for repeated nonadherence.

Nonadherence and refusals may be documented as a lack of progress toward an identified goal of medication compliance during a review of the Clinical Review Form for patients participating in the Case Plan Credit Time process. Compliance with involuntary medications may NOT be included in a patient's Case Plan Credit Time review.

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**XX. MEDICATION ERROR REPORTING:**

Upon discovery of a problem which has occurred with any aspect of the medication distribution process, from the original prescription to administration, the employee noting the problem is required to submit details in writing on the State Form 49107 "Report of Medication Problem." Medication errors shall be reported to the assigned Department Quality Assurance Managers, the Executive Director of Physical Health, and the CMO at time of discovery.

When completed, the form shall be forwarded it to the Director of Nursing or Nursing Supervisor and the HAS, either directly or through the employee's immediate supervisor.

**XXI. CONTINUITY OF CARE AT INTAKE:**

Medication brought in by patients from outside sources (e.g., home pharmacy, county jail) may not be administered unless they are being precisely identified and approved pursuant to an order initiated by prescriber.

Precisely identified means that, at a minimum:

1. The pharmaceutical products brought in must be properly labeled in accordance with State Board of Pharmacy regulations (Must show all required elements of a valid prescription label, including but not limited to name/address of Dispensing Pharmacy, name of Patient, Name/Lot number/Exp. Date of Medication);
2. The pharmaceutical products in the container cannot be mixed with any other medications in the same container;
3. The contents of the container must be identified as being the pharmaceutical products identified on the container's label; and,
4. The container must be visually inspected and found to be free of dirt or other adulterant both inside and outside;

Medication brought in with a patient may not be administered if:

1. The medication was kept in the patient's possession at the county jail and not under the supervision of Custody or Health Services staff; and,
2. The medication required refrigeration and this was not provided during transport.

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If such drugs are not to be administered, they shall be destroyed in accordance with established procedures and this HCSD.

## **XXII. MEDICATION MANAGEMENT DURING OFF-SITE TRIPS:**

There are three (3) major circumstances, which may require medication management during off site trips. These are diabetes, controlled substances and DOT medications, and routine KOP medication. In each of these instances facility health care staff shall work with operations and transport team to ensure necessary medication and clinical management is addressed. Facility health care staff shall ensure that appropriate medical records are shared with the receiving off-site clinic and that the transporting officers are provided with the appropriate instructions. Clinicians shall determine what medications are needed prior, during, and following all off-site transports.

## **XXIII. INTRA-FACILITY TRANSFERS:**

To ensure continuity of care, medication dispensed for a patient transferring from facility to another is to accompany the patient. Transporting staff shall receive special instruction from Health Services staff if medication will need to be made available to a patient during transport (including short stays in an interim location) to another facility.

Medication which should not be interrupted must be made available to a patient in a timely manner upon arrival at the receiving facility. Health Services staff conducting the transfer screening shall review the medication and corresponding drug order(s). If both the dispensed medication and the corresponding drug order are current, the medication shall be returned to the patient or set up for the next scheduled medication pass. Health Services staff do not need to obtain a new order from a prescriber.

## **XXIV. RELEASE FROM CONFINEMENT:**

When a patient is released from a facility, the existing supply of prescribed medication (legend or over the counter) shall be provided to the departing patient. If the medication supply is for less than seven (7) days , additional medication shall be obtained from the pharmacy. . The seven (7) day release supply shall be regarded as a minimum quantity, but on a case-by-case basis, it may be necessary to obtain up to a thirty (30) day supply of medication from the pharmacy and the sending facility shall provide the patient with a written prescription.

If the patient is receiving medication to control tuberculosis (infection or disease), HIV, HCV, psychiatric medications, and any medication deemed appropriate, a minimum thirty (30) day supply shall be provided upon release.

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If a patient is receiving insulin or other medication for diabetes control, the patient shall also be provided with a simple home glucose testing device and associated materials including control test materials and a seven (7) day supply of test strips at the patient's current usage rate. In addition, the patient shall receive instructions on self-monitoring techniques and how to obtain supplies in the community. If the diabetic patient injects insulin, a seven (7) day, or greater, supply of insulin, syringes, and alcohol swabs shall be provided.

The Health Services vendor shall communicate within one (1) day business day with the site Transitional Healthcare Facilitator when notified of a patient's immediate release to determine Medicaid eligibility.

If a patient is released from a facility without required medications and/or written prescriptions, the Health Services vendor shall send required medications and written prescriptions via overnight mail to the patient's release address.

If a patient is receiving medication requiring mechanical assistance such as inhaler spacers, oxygen concentrators, or nebulization machines, adequate support shall be provided in order reasonably to assure continuity of care upon release, which may include releasing with equipment

If a patient is in the process of receiving a series of vaccinations (e.g., Hepatitis B), the patient shall be instructed regarding the date the next injection is due and the location of public health or other community based clinics where the vaccination series can be completed.

Education shall be provided to the patient regarding how to obtain vaccination records in the community.

#### **XXV. MEDICATION DESTRUCTION AND RETURNS:**

Unused portions of prescribed medications excluding controlled substances (Expired, recalled, or discontinued) must be returned to the pharmacy.

Medication return logs must contain patient identifiers, name and strength of the drug, prescription number, reason for return, quantity returned, date of return, and signature of person completing the return.

Completed medication return logs shall be maintained on file for two (2) years. Medication logs must be verified once a week and when sent out for return of medication.

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## XXVI. MANAGEMENT OF CONTROLLED SUBSTANCES (See Facility Directive):

Controlled substances are permitted for use when prescribed for an individual patient, and in stock medications, but may not be included in Nursing Supplies.

A licensed prescriber holding valid federal DEA and State Controlled Substance Registration certificates may prescribe Schedules II-V controlled substances in accordance with applicable laws and regulations. In accordance with IC 35-48-39-9 CS III-V drugs may be transmitted to the dispensing pharmacy in written, electronic, or oral form. CS II drugs may be transmitted via written or electronic methods.

All controlled substance shall be secured in a location and with two separate locks. All controlled substances shall be counted in a manner that ensures accountability until the medication is either consumed or destroyed. When controlled substances are under the supervision of employees under twenty-four/seven (24/7) conditions, they must be counted at the beginning and end of each shift by two (2) employees, preferably one (1) employee from the ending shift and one (1) from the oncoming shift. These counts shall be recorded on the appropriate form. If controlled substances are maintained in facility without twenty four/seven (24/7) nursing coverage, the substances shall be counted when staff come on or depart from the shifts using the same form as described above. The Clinical pharmacist shall review the process at each visit.

When counting procedures identify a discrepancy, staff shall attempt to resolve it. If it cannot be resolved, whether theft is suspected or not, the staff shall immediately notify the HSA and the DON, Nursing Supervisor, or designee. The HSA and DON or Nursing Supervisor shall coordinate efforts to investigate and notify the Executive Director of Physical Health and the Quality Assurance Manager. If criminal behavior is thought likely (theft or diversion), the Warden and Deputy Warden(s) shall be informed immediately and the Drug Enforcement Agency (DEA) and State Board of Pharmacy must be contacted to determine if a Theft and Loss sheet must be completed and submitted. This is a DEA Form 106 and may be completed on the DEA website. A medication problem report must be completed and the facility's Quality Assurance Committee, at its subsequent meeting, shall review the circumstances surrounding the discrepancy

### A. Proof of Use Sheets

The Health Services vendor shall ensure written policies are in place at each facility to maintain completed and accurate records for all controlled substances and account for each dose from the time the prescription arrives from the pharmacy until the medication is administered, returned, shipped to the reclamation company, or destroyed. Proof-of-use sheets shall be

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maintained for this purpose for every controlled substance dispensed for every individual patient. Proof of use sheets shall contain patient identifier, date medication received, name and strength of medication, drug form, total received. Date, time, amount administered with staff signature, and the quantity remaining.

The proof-of-use sheet shall be used in addition to the MAR and does not substitute for it. The proof-of-use sheets shall be maintained in a location which is separate from the controlled substances.

The original copy of a proof-of-use sheet shall be maintained onsite for two (2) years. A photocopy shall accompany any controlled substance which is sent when a patient transfers from one facility to another.

**B. Administration of a Controlled Substance**

When a dose of a controlled substance is administered, the dose is removed from its container, offered to the patient, and, whether or not taken, recorded on both the proof-of-use sheet and the MAR.

Once an individual dose has been removed from its container, under no circumstances is the dose to be returned to the container (i.e., taped back into the blister package). The dose will be appropriately destroyed and witnessed by two nurses and recorded on the proof of use sheet and signed by two witnesses.

**C. Destruction of a Controlled substance**

The Health Services vendor in conjunction with the clinical pharmacist shall ensure a secure process is in place for the destruction and return of all controlled substances in accordance with applicable laws and regulations. Each facility shall develop a Facility Directive to cover this process.

Bulk destruction may be completed by using the RX destroyer or a cactus type system. The Health Services vendor in conjunction with the clinical pharmacist shall ensure a written policy outlining this procedure is in place. This shall be done for any quantity of a controlled substance remaining in a container (even as single dose) which will no longer be administered to the patient for whom it was dispensed. Medications on schedules III, IV, or V may also be forwarded to an approved medication reclamation company.

CSIIIs may only be destroyed when there is presence of a DEA license reversal.



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If a medication reclamation company performs the destruction, the company provides standard forms for documentation purposes. These forms must identify each prescription number, drug name, and quantity of each controlled substance sent for destruction. The overall form shall be dated and signed by the person preparing the form and a staff member acting as a witness.

If the medication being sent to the medication reclamation company is a CSII, the facility must contact the company prior to forwarding the medication. The company will send the facility a completed DEA Form 222 identifying the quantity to be destroyed. Once the facility provides the information for the DEA Form 222, the facility may not alter the form or include additional CSII drugs not previously identified of the form.

When the DEA Form 222 arrives, Health Services staff at the facility is responsible for verification of form and forwarding second page to DEA regional office.

Regardless of the methods employed, the proof-of-use sheets shall be cancelled by striking a line across the remaining lines of the sheet and writing the number of units destroyed, the date, and the signature of the authorized person completing the sheet.

The facility must maintain on file for two (2) years all proof of use sheets, standard forms used by reverse distributor company, and DEA Form 222, if applicable.

Controlled substances held for destruction shall be kept in a double locked area and counted each shift. Facilities may not store bulk controlled substances awaiting destruction for more than one (1) month. Additionally, the quantity of controlled substances awaiting destruction shall not be permitted to grow to the point that the storage area becomes crowded or cluttered. All efforts shall be made to ensure that controlled substances are promptly returned or destroyed per the Health Services vendor's policy and per applicable statutes and Indiana Law.

#### XXVII.OVER-THE-COUNTER (OTC) MEDICATIONS AND COMMISSARY:

The Department shall provide a limited list of Over-The-Counter (OTC) medications on a determined commissary list. Routine medications such as antihistamines, antacids, pain relief, multivitamins, antifungal cream, anti-itch cream, anti-dandruff shampoos, lotion, laxatives, Aspirin, and fiber powder. All requests for changes shall be forwarded to the Executive Director of Physical Health for review.

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The Chief Medical Officer (CMO) or designee shall approve a list of OTC medications that are available outside of Health Services through the Commissary. Indiana Correctional Industries shall work cooperatively to develop the list of approved OTC medications.

Patients are expected to purchase OTCs from the facility commissary for use other than if needed for a serious health conditions; the Department shall provide patient's with OTC medication when necessary to treat a serious health need. Patients are expected to plan in advance of need and purchase and keep OTCs in accordance with facility personal property procedures.

Certain exceptions shall be made within inpatient settings, special needs units, and restrictive status housing when patients do not have access or means to purchase commissary medications. All medications used during inpatient and mental health unit stays shall be ordered and supplied by Health Services staff. OTCs useful for the management of minor symptoms or conditions shall be provided by Health Services staff in accordance with orders from an authorized prescriber.

#### **XXIX. SUPPLY SHORTAGE AND DRUG RECALLS:**

Occasionally, supplies of medications, vaccines, or other therapeutics may not be available or may be in limited supply. When the dispensing pharmacy becomes aware of an actual or potential shortage, the dispensing pharmacy must take all reasonable steps to supply the product including procurement outside or their standard supply chain. In the event the pharmacy cannot obtain adequate stock, the pharmacy must notify the facilities which it serves and the CMO regarding the anticipated duration of the shortage and recommendations for alternative therapies.

When alternate therapies or therapeutic substitution are adequate, the prescriber must review the recommendation and determine if it is appropriate for each individual patient affected. Health record documentation shall reflect this review and new drug orders written.

When no alternate therapies are available (e.g., vaccines), Health Services staff shall document the reason the therapy was not administered and establish a process for follow-up when the product is once again available.

When the shortage has been resolved, the dispensing pharmacy must notify the facilities and the CMO.

In the event a medication is recalled by the manufacturer, the dispensing pharmacy must provide facilities and the CMO with a list of:

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- Patients for whom the recalled medication was prescribed
- Recalled medications potentially maintained in stock supplies, practitioner supplies or nursing supplies
- Instruction provided to the facility on the proper disposition of the recalled medications.

When the facility receives recall information, Health Services staff shall review it and take appropriate action.

### XXX. CLINICAL PHARMACIST DUTIES:

Quarterly, a clinical pharmacist shall inspect and review management of pharmaceuticals at every facility. This review shall include:

- Onsite review of the pharmaceutical services program
- Determination that drug records are in order including but not limited to medication inventories, Practitioner Supplies, MARs, and proof-of-use sheets
- Identification of discrepancies and deviations from accepted pharmaceutical practices as defined in applicable rules, regulations, laws, and Department requirements
- Completion of the Clinical Pharmacist Review form; and
- Narrative description of additional issues as identified.

The results of the pharmacist review shall be shared initially with the Health Services Administrator and, after completion of the written report, with the Executive Director of Health Services, the facility QAM, and the Warden.

### XXXII. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

\_\_\_\_\_  
Kristen Dauss, MD  
Chief Medical Officer

\_\_\_\_\_  
Date