

POLICY

SUBJECT: Pharmaceutical Services
NUMBER: HC-334-18
APPLICABLE TO: DJS Residential Facilities

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 4/4/18

I. POLICY

The Department of Juvenile Services (DJS) shall provide a safe and responsible system for the procurement, prescribing, administration, receipt, storage, and disposal of pharmaceutical products, which complies with federal and State laws and regulations.

II. AUTHORITY

- A. Md. Code Ann., Human Services, §9-203 and §9-204, §9-221, §9-226, §9-227
- B. COMAR 10.27.11.03 and -.05
- C. American Correctional Association (ACA) Standards, 4-JCF-4C-28, 4-JCF-4C-29, 4-JCF-4C-30, and 4-JCF-4C-45

III. DIRECTIVES/POLICIES RESCINDED

- A. Pharmaceutical Operations, HC-308-16
- B. Pharmaceutical Services, HC-02-07
- C. Administration of Drugs, 01.12.11

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued <ul style="list-style-type: none">Revised procedures to prevent psychotropic medication from being administered for discipline, security or control, or for the purposes of experimental research.	4/4/18

Formulary means a list of prescription and over-the-counter medications that are stocked at the facilities and ordinarily available from the pharmacy for legally authorized prescribers to prescribe.

Legally Authorized Prescriber (LAP) means a physician, dentist, nurse practitioner, or physician assistant who is authorized to prescribe medication within his/her scope of practice.

Legend Medication means a medication requiring a written prescription by a LAP.

Over-the-Counter (OTC) means a medication available to the user without a prescription.

Psychotropic Medication means medication that affects thought processes, emotions, or behavior, and is used in the treatment of mental health disorders.

Storage means the locale in which medications are kept.

III. PROCEDURES

A. Procurement of Pharmaceutical Services

Procured pharmaceutical services shall meet licensing requirements for the acquisition, dispensing and transport of pharmaceutical products in accordance with State and federal laws and regulations.

The pharmaceutical services shall include:

1. A system, which provides for the routine dispensing of medications on a daily basis to ensure the consistent availability of medication for routine administration.
2. An interim dispensing system to ensure a method of dispensing and delivering medications outside of routine pharmacy hours (*e.g.*, emergency services).
3. A supply of interim medications to ensure the immediate availability of commonly prescribed medications or medications that may urgently be needed.
4. The appropriate packing and labeling of all medications and preparation for transport and delivery.
5. Documented inspections and consultations by a pharmacist on a regular basis.
6. Assurance that all medications dispensed are Food and Drug Administration (FDA) approved and in compliance with State and federal laws.

B. Prescribing and Ordering of Pharmaceuticals by a Legally Authorized Prescriber (LAP).

1. Youth shall have a written order by a LAP if youth require a legend or

- over-the-counter (OTC) medication.
2. Medications are prescribed to youth, only when clinically necessary.
 3. Discontinue (stop) dates or duration of treatment shall be included in the prescription order by the LAP.
 4. Medication orders shall be evaluated by the LAP at a minimum of every 30 days for purposes of renewal or discontinuation.
 5. Upon a youth's discharge from a DJS facility, the LAP in coordination with nursing staff shall write orders and/or prescriptions when indicated, to provide for a sufficient supply of currently prescribed medications or prescriptions to enable completion of a medication course or until follow-up with the next provider can occur. The LAP will not be expected to prescribe medication beyond 30 days from discharge date.
 6. LAPs shall be required to prescribe medications within the scope of their license and in accordance with DJS policies and procedures, and State and federal laws and regulations.
 7. The DJS Medical Director shall be responsible for maintaining a written formulary that will be regularly updated and shared with the nursing staff and LAPs. If a non-formulary pharmaceutical product is ordered, the pharmacy shall seek approval from the DJS Medical Director or designee to fill the order as written, to substitute an appropriate alternative medication, or discontinue the order.
 8. DJS does not distribute medication among facilities nor to any outside entity.

C. Administration of Medication

1. The DJS Health Administrator or designee shall ensure a system compliant with the regulations of the MD Board of Nursing for the training, testing, application and renewal of each Certified Medication Technician (CMT) on the administration of medication.
2. The person administering medications shall be a nurse, LAP, or a currently certified CMT and shall only administer medication within the scope of his/her license or certificate and in accordance with DJS policies and procedures, and State and federal laws and regulations. A youth may self-administer medication only with specific orders from the LAP and with supervision of a DJS staff person.
3. A CMT must function under the supervision of a delegating nurse.
4. The administration of all medication shall be recorded on a **Medication Administration Record (MAR) Form (Appendix 1)** approved by the DJS Medical Director or designee. The Pharmacy audits a sample of the MAR data each month to ensure medications were administered as prescribed.
5. Medications shall be administered in accordance with the orders of the LAP. Orders by the LAP shall be written, faxed or electronically generated. If orders by the LAP are given verbally, the LAP must countersign the order when next at the facility. Medications also may be

administered per nursing protocols as approved by the DJS Medical Director.

6. Medications requiring an injection shall be administered by a nurse or LAP following the youth's established treatment plan except in an emergency situation in which epinephrine is required and no nurse or LAP is present, or when a youth is self-administering a medication such as insulin with specific orders from the LAP.
7. Psychotropic medications such as antipsychotics, antidepressants, and other drugs used for psychiatric purposes shall only be administered as prescribed by the LAP and then only following an established treatment plan. DJS shall not order or administer psychotropic medication, whether given orally or by parental injection, on an as needed basis. Under no circumstances shall stimulants, tranquilizers, or other psychotropic medications be administered for the purpose of discipline, security, control, or for the purposes of experimental research.
8. Youth have the right to refuse medication and **shall not be forced to take medications** or be sanctioned for refusal to do so. Upon a youth's refusal of medication, the nurse shall complete the **Medication Refusal Form (Appendix 2)**. On or before the third refusal, the nurse shall notify the LAP regarding the youth's refusal(s) in order to receive further direction and orders as deemed necessary.
9. Each facility shall post the telephone number to poison control by each unit phone to enable rapid response to any pharmaceutical overdose or toxicological emergency.

D. Medication Errors

1. Upon discovery of a medication error, nursing staff shall report the incident to the LAP or the on-call physician. Nursing staff shall provide health care in accordance with orders received from the LAP or on-call physician.
2. Nursing staff shall make **verbal notification** to the following: Nursing Supervisor, Director of Nursing, shift commander and the youth's parent, guardian or custodian.
3. The nursing staff who discovered the error shall complete the **Medication Incident Report (Appendix 3)**.
4. The Medication Incident Report shall be forwarded to the facility Nursing Supervisor for investigation and determination of corrective action and discipline, as appropriate.
5. Medication Incident Reports shall also be forwarded to the DJS Medical Director, Health Administrator, Regional Nurse Manager, Director of Nursing, and the facility Nursing Supervisor.
6. If the youth has an **adverse reaction or requires any additional medical intervention**, the nursing staff must also complete a DJS Incident Report in accordance with the *Incident Reporting Policy and Procedures*.

E. Receipt and Storage of Pharmaceutical Products

1. Upon delivery of pharmaceutical products, nursing shall review the delivery log to ensure all contents listed are accounted for and delivered as ordered.
2. All pharmacy invoices and receipts shall be reviewed by the Nursing Supervisor, Medical Director, Health Administrator, or designee to verify all pharmaceutical products listed were ordered, delivered, and appropriately billed to DJS.
3. Medications shall be stored and secured in a manner which maintains their chemical stability, promotes safety and security.
 - a. All medication shall be stored in the original container as received from the pharmacy.
 - b. Medication shall be stored within the appropriate temperature range.
 - c. Medication shall be stored and maintained in a clean environment.
 - d. Medication rooms, cabinets, carts and/or medication cassette reservoirs shall be equipped with a lock keyed separately from other facility locks.
 - e. Controlled substances shall be stored under double lock and double key.
 - f. Controlled substance inventory shall be completed every shift when the licensed nurse or CMT is on duty. The inventory shall be recorded on the **CDS Inventory Shift Verification Form (Appendix 4)** approved by the DJS Medical Director.
 - g. Medication shall be segregated appropriately according to route of administration.
 - h. Legend, interim stock, and OTC medication shall be inventoried and expiration dates checked at least **monthly**. Expired or discontinued medications shall be disposed of at least **monthly** and documented on the **Expired Medication/Supply Checklist (Appendix 5)** and the **CDS Medication Destruction Record Form (Appendix 6)**.
4. Nursing staff and CMT's shall immediately notify their supervisor of medication missing or not accounted for. A DJS Incident Report shall be completed on any missing or not accounted for medication in accordance with the DJS Incident Reporting Policy. The DJS Medical Director and Director of Nursing shall be notified prior to the completion of the shift of any missing medication.

F. Disposal of Pharmaceutical Products: Appropriate Handling of Outdated or Discontinued Drugs

1. Medications including controlled substances shall be disposed of in accordance with State and federal laws and regulations and DJS operational procedures.
2. The **CDS Medication Destruction Record Form (Appendix 6)** shall be

completed and signed by the Qualified Health Care Professional or CMT when the medications have been removed from the facility.

3. The CDS Medication Destruction Record Form (Appendix 6) and the Controlled Substance Inventory Form (Appendix 7) shall be maintained at the facility for five years.

IV. RESPONSIBILITY

The DJS Health Administrator and Medical Director shall be responsible for the implementation of this Policy and Procedures.

V. INTERPRETATION

All exclusions to these procedures must be approved by the DJS Medical Director and the Deputy Secretary of Operations.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

DJS Incident Reporting Policy and Procedures

VIII. APPENDICES

1. Medication Administration Record (MAR) Form- Sample
2. Medication Refusal Form
3. Medication Incident Report Form
4. CDS Inventory Shift Verification Form
5. Expired Medication/Supply Checklist
6. CDS Medication Destruction Record Form
7. Controlled Substance Inventory Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review

SUBJECT: Pharmaceutical Services
NUMBER: HC-334-18
APPLICABLE TO: DJS Residential Facilities

I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TEMP.																																
PULSE																																
RESPIRATION																																
BLOOD PRESSURE																																
WEIGHT																																

PRN AND MEDICATIONS ADMINISTERED

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.	DATE	TIME	DRUG/ STRENGTH	REASON	EFFECTIVE	NURSE INT.

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS & DATE ADMINISTERED:	# OF PILLS & DATE ADMINISTERED:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS & DATE ADMINISTERED:	# OF PILLS & DATE ADMINISTERED:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:

MEDICATION REFUSAL FORM

Name: _____ DOB: _____ Facility: _____

#1	Medication(s):	
	Dosage:	
	Date:	Reason for Refusal:
	Time:	

I, _____ refuse to take my medication(s) as prescribed.

Youth's Signature: _____ Date: _____ Time: _____ AM/PM

Signatures:

Staff: _____ Date: _____ Time: _____

Nurse: _____ Date: _____ Time: _____

#2	Medication(s):	
	Dosage:	
	Date:	Reason for Refusal:
	Time:	

I, _____ refuse to take my medication(s) as prescribed.

Youth's Signature: _____ Date: _____ Time: _____ AM/PM

Signatures:

Staff: _____ Date: _____ Time: _____

Nurse: _____ Date: _____ Time: _____

#3	Medication(s):	
	Dosage:	
	Date:	Reason for Refusal:
	Time:	

I, _____ refuse to take my medication(s) as prescribed.

Youth's Signature: _____ Date: _____ Time: _____ AM/PM

Signatures:

Staff: _____ Date: _____ Time: _____

Nurse: _____ Date: _____ Time: _____

Prescribing provider notification on or before the 3rd refusal.

Name of
Provider Notified: _____ Date: _____

Staff Signature: _____ Date: _____

MEDICATION INCIDENT REPORT

Youth's Name: _____ Facility: _____

DOB: _____ Unit: _____

Incident Date: _____ Time: AM PM

ERROR MADE BY (Name & Title): _____

Location/Unit: _____ Number of Times
Error Occurred: _____

ERROR FOUND BY (Name & Title): _____

Medication Ordered: _____

Ordering Physician: _____ Date Of Order: _____

TYPE OF MEDICATION ERROR:

- | | |
|---|--|
| <input type="checkbox"/> Medication Not Given | <input type="checkbox"/> Incorrect Time |
| <input type="checkbox"/> Incorrect Medication | <input type="checkbox"/> Incorrect Documentation |
| <input type="checkbox"/> Incorrect Youth | <input type="checkbox"/> Incorrect Dose |
| <input type="checkbox"/> Incorrect Route | <input type="checkbox"/> Transcription Error |
| <input type="checkbox"/> Other: _____ | |

Brief Description of Incident: _____

Assessment of Youth: _____

Intervention/Plan: _____

Notifications	Name	Date & Time	Method of Notification
Nursing Supervisor			
On-call Physician/NP or Prescriber			
Director of Nursing			
Shift Commander			
Parent/Guardian/Custodian			

Signature of Staff _____ Date &
Completing Report: _____ Time: _____

- Copy: Medical Director
Health Administrator
Nursing Supervisor
Regional Nurse Manager

MONTHLY Expired Medication/Supply Checklist

YEAR _____

FACILITY: _____

Month	Date	Signature
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

CDS Medication Destruction Record Form

Facility: _____ **Date:** _____

Medication Prescribed For (Youth or Stock): _____
Youth's Name or Stock DOB

Medication: _____

Date Ordered: _____ **RX #** _____
(Controlled Drugs)

Expiration Date: _____

Dosage and Frequency: _____

Legal Prescriber: _____

Amount Issued: _____ **Amount Destroyed:** _____

- Reason for Destruction:**
- Released
 - Dosage Changed
 - Youth Refused
 - Medication not claimed after discharge
 - Expired Medication

Other: _____

Method of Destruction: _____

Facility Nurse (Print Name)

Facility Nurse Signature

Date

Pharmacist (Print Name)

Pharmacist Signature

Date

NOTE: When the medication destruction is a Controlled Drug Substance please attach this sheet as verification to the Controlled Drug Substance Inventory Sheet.

