

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NOTIFICATION OF MEDICATION ADHERENCE NURSING PROTOCOL

“Medication Administration Record” (MAR) and other chart forms which document medication administration will be reviewed for the last 30 days prior to an inmate’s chronic clinic visit by a QHCP, QMHP or designee for adherence to the prescribed treatment plan. The healthcare provider will be notified when the inmate medication adherence is less than 70%.

Certified medication aides can use the “Notification of Medication Adherence” nursing protocol. The “Notification of Medication Adherence” is used to document non-compliance of medications. Medication adherence is based off the prescription order and is automatically calculated through the eMAR adherence report.

Date: \_\_\_\_\_ Timeframe of Review: \_\_\_\_\_ to \_\_\_\_\_

Health Care Provider/Psychiatrist: \_\_\_\_\_

Identification of continuous non-adherence with medication regimen over one month period, as defined below:

Pill Line Compliance: Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

KOP Compliance: Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

Medication (name) \_\_\_\_\_ Compliance \_\_\_\_%

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Inmate Name  
(Last, First)

DOC #

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