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Section-14 Medical Services Resource Manual	**MSRM 140143-03**	**Page: 1**	**Effective Date: 1/14/2021**
Medication Administration	**ACA Standards: 5-ACI-6A-43, 5-ACI-6A-44, 5-ACI-6B-03, 4-ACRS-4C-17**		
Bruce Meyer, MD, Acting Chief Medical Officer Oklahoma Department of Corrections	**Signature on File**		

MEDICATION ADMINISTRATION

I. Medication Administration (5-ACI-6A-43)

A. Guidelines

Compliance with the following guidelines will ensure safe and accurate administration of medications by all nursing staff, to include RN's, LPN's and CMA's:

1. Medications are administered to inmates by nursing staff qualified to do so by licensure or certification. A score of 90% or above will be required on medication administration learning assessment before administering medications.

2. Medications that may be issued by non-medical staff at community corrections centers or transit detention units (TDU) will be documented on DOC 140130J entitled "Community Corrections – Supervised Medication/Syringe Count Log or Supervised TDU Medication Log." This form is to be scanned into the EHR upon completion.

3. At community work centers and halfway houses, medications that may be issued by non-medical facility staff will be documented per the electronic healthcare record (EHR) on the electronic medication administration record (e-MAR) by nursing staff at the host facility.

4. Detailed procedures for officer issued or observed self-administered medications are found in MSRM 140143-02 entitled "Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure." (4-ACRS-4C-13)

5. Nursing staff whose regularly assigned duties include administration of medications will be oriented to all pharmacy/medication room procedures and will demonstrate proficiency in these medication administration procedures during orientation. This training will be documented on the initial and annual competency review.

6. Training

   Nursing staff licensed or certified to administer medications will be trained under the guidance of a nurse preceptor and supervision of the CHSA, regarding:

   a. Security matters related to medications;

   b. Accountability for providing medication to inmates in a timely manner in accordance with the medical provider's orders;

   c. Documenting the administration of medications on the inmate's electronic medication administration record (e-MAR) or TB MAR;

   d. Common side effects of medications;

   e. Medication administration error reporting; and

   f. Responsibility of employee to maintain continuing education requirements necessary to maintain current licensing and/or certification.

   g. Training records are maintained in the supervisory file.

B. Medication Delivery

1. The four main ways medications are provided to inmates within ODOC facilities are:

   a. Pill Line administration by a QHCP (direct observation of inmate ingesting medication)

   b. Self-administration by the inmate (Keep on Person medication (KOP)

c. Administration of Pre-Set medication by a QHCP (administered at the inmates cell due to lock down, cells on tiers not accessible to medication carts, construction of the building, segregation).

d. Medications issued and observed by correctional officers for inmate self-administration in accordance with MSRM 140143-02 entitled "Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure."

2. Administering medication prepared in advance (pre-set) should only take place in unavoidable situations where medication cannot be administered directly from the labeled supply. Medications prepared prior to administration will be placed in small labeled and sealed envelopes for direct transport by the nurse who will administer them. During a pre-set situation, the following safeguards must be in place:

a. All medications must be set up according to the eMAR.

b. Preset medications will be administered as soon as possible after completion of the preset but should not exceed 1 hour after the preparation is complete. These mediations will remain in sight of the nurse who prepared the medications until administration is complete.

c. The same nurse who pre-set the medication must prepare, transport and administer the medication.

d. Medication envelopes will include a separate envelope for AM, Noon, and PM administration.

e. Each envelope will have at least 2 inmate identifiers (name and DOC #) and include the name of the medication, dosage and time of administration for each medication in the envelope.

f. All medication rights will be checked at the time of medication preparation.

g. Inmate's name and DOC number will be verified at the time of administration.

h. Documentation of administration will take place at the time of administration or directly after returning to the unit.

3. Medications not administered to the inmate will be documented in the EHR and will be disposed upon returning to the medical unit in accordance with OP-140130 entitled "Pharmacy Operations" and MSRM 140130-03 entitled "Controlled Drug Procedures."

C. Electronic Medication Administration Record (e-MAR) and Hardcopy TB Medication Administration Record (MAR)

1. Electronic Medication Administration Records (e-MAR) or hardcopy TB MAR will be maintained for each inmate who is receiving prescribed medications.

   a. Documentation of administration of TB medications will be on DOC 140301G entitled "RMP/EMB/PZA Tuberculosis Medication Charting" or DOC 140301H entitled "INH/B6 Tuberculosis Medication Charting." All hardcopy MAR's will be scanned into the EHR after it is completed.

   b. An e-MAR color legend is used to customize the colors that display the six medication types viewable on the e-MAR.

      (1) Grey – No Show (No Activity/e-MAR was not accessed)

      (2) Green – Accepted

      (3) Red – Refused

      (4) Green with K – Keep on Person (KOP)

      (5) Blue – Not Given for Other Reason (Blood sugar low, medication not available, etc.)

      (6) Yellow - Accepted/Refused or Refused/Accepted

   c. Nursing staff are responsible for checking the accuracy of the e-MARs/ TB MARs per the written orders.

   d. The e-MARs/ TB MAR's will be modified as medication orders are adjusted to meet the health care needs of the inmate.

2. The following information will be documented on the hardcopy TB MAR:

   a. Inmate's name;

   b. DOC number;

c. Drug and strength; and

d. Start date and end date

3. Nursing staff will indicate administration of medications by initialing the appropriate box on the TB MAR. All staff who initial on the TB MAR must have their legible signature at the bottom of the front page of the TB MAR.

4. Medication administration will be documented accurately and clearly on the TB MAR at the time of administration. Pre or post charting is not permitted.

5. Discontinued medications will be documented on the TB MAR by entering the date of the last dose on the “medication end date” line.

6. If the medication order is changed, the current order will be discontinued and a new medication order will be sent to the contract pharmacy.

7. Use of highlighters on the TB MAR is prohibited.

8. Keep on Person (KOP) medications will be issued by the nursing staff member who will document their issuance on the e-MAR.

9. Some medications should not be crushed. Medications not suitable for crushing include: enteric coated, time released, and medication designated to be absorbed in the mouth such as Nitroglycerin. When medications are crushed for administration and mixed with another vehicle, consultation by the CMA, RN or LPN with the contract pharmacist will be obtained to verify that the mixing will not lead to inactivation of the medication. Medical providers must write an order for each medication to be crushed.

10. Medications (controlled and non-controlled) that are refused, contaminated or partial doses not administered will be destroyed by running water (sink or toilet only). Placement in sharps containers or trash bins is NOT permitted.

D. Expiration Dates and Beyond Use Date

All QHCP will ensure that no medication is used or administered after its expiration or beyond use date. All medications will meet the state and federal requirements and community standards of practice.

1. Definitions

   a. Beyond-Use Dates: The date beyond which dispensed/repackaged medication may not be used when different from expiration date. Beyond-use dates are nearer than expiration dates to account for the fact that the manufacturer's original container has been opened in the repackaging process, thereby exposing the pharmaceutical article to ambient atmospheric conditions.

   b. Expiration Dates: Drug manufacturers place expiration dates on the containers/labels of each drug product. Expiration dates are determined by stability assessments that follow scientifically based technical procedures and are approved by the Food and Drug Administration (FDA). Expiration dates apply only when the drug is stored in the manufacturer's original unopened container under defined conditions.

2. Procedure

   Medications that are non-injectable, supplied in the manufacturer's original packaging, and stored appropriately will be useable until the expiration date (considered to be midnight of the last day of the month and year indicated, unless otherwise stated) on the package. Non-injectable medications will include but not be limited to:

   a. Topical preparations(creams, gels, ointment, sprays);

   b. Oral Solids (tablets, capsules);

   c. Oral Liquids (solutions, suspensions);

   d. Antiseptics (betadine, hibiclens, alcohol, iodine, hydrogen peroxide); and

   e. Testing Supplies (UA strips, hemoccult testing solution, glucose testing strips).

3. Repackaged and dispensed medications will comply with the FDA requirements and United States Pharmacopeia guidelines for determining beyond-use dates. "Beyond Use Medication" date will be provided by the director of Pharmacy Services and/or pharmacy vendor.

4. United States Pharmacopeia (USP) General Chapter 797 [16] recommends the following for multi-dose vials of sterile pharmaceuticals:

a. When a multi-dose vial is opened or accessed (e.g., needle-punctured), the vial should be dated immediately and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.

b. Vaccines are exempt from the 28 day rule. The CDC Advisory Committee on Immunization Practices states, "Doses that remain after withdrawal of a dose can be administered until the expiration date printed on the vial or vaccine package."

5. Single dose vials are to be used one time only and discarded immediately after its use.

E. Reporting Adverse Reactions and Medication Errors

1. All adverse drug reactions will be reported to the supervising nurse, CHSA and medical provider. The "Suspected Adverse Drug Reaction (ADR) Reporting Form" (DOC 140130K) will be completed by the medical staff member who discovers the error and faxed to the director of Pharmacy within 72 hours of discovery.

2. All QHCPs will report any medication error(s) to the supervising nurse, CHSA and medical provider. The "Medication Error Reporting Form" (DOC 140130H) will be completed by the medical staff member who discovers the error and faxed to the director of Pharmacy within 72 hours of discovery.

3. For additional information regarding medication errors and adverse event reporting will be in accordance with OP-140130, entitled "Pharmacy Operations."

F. Chronic Illness and Psychotropic Medication Monitoring

A "Medication Administration Record" (MAR) and other chart forms which document chronic illness and psychotropic medication administration are monitored for the inmates adherence to the prescribed treatment plan.

1. Chronic illness medication adherence will be reviewed for the last 30 days prior to an inmate's chronic clinic visit by a QHCP. Chronic illness medications include:

a. Antihypertensive

b. Anticonvulsants

c. Anticoagulants/Thrombolytics

d. Antiasthmatics/Bronchodilators

e. Antiarrhythmic

f. Antivirals

g. Betablockers

h. Blood glucose regulators

i. Hyperlipidemia

j. Ace Inhibitors

k. Antimycobacterials

l. Other medications, designated at the provider's discretion as chronic illness medications, which are part of a healthcare medication order

2. Psychotropic medication adherence will be reviewed for the last 30 days prior to an inmate's psychiatrist visit by a QMHP or psychiatric provider. Psychotropic medications include:

a. Anxiolytics

b. Antidepressants

c. Antipsychotics/Antimanics

d. Other medications, designated at the provider's discretion as psychotropics, which are part of a healthcare medication order

G. Notification of Medication Adherence

1. Medical

The health care provider will be notified when the inmate demonstrates less than 70% adherence on chronic illness medications. A QHCP will complete the "Notification of Medication Adherence" form (DOC 140143A) and assign the form to the health care provider.

2. Mental Health

The QMHP and psychiatric provider will monitor medication adherence during routine scheduled appointments. When the QMHP becomes aware that the inmate is less than 70% adherent with psychotropic medication, the QMHP will review the inmate's record and determine if immediate consultation or an appointment with the psychiatric provider is necessary, or if the inmate may be seen at his or her next scheduled appointment with either the QMHP or psychiatric provider for continued education/counseling regarding medication adherence.

H. Counseling and Education

1. Medical

The medical health care provider will provide counseling/education regarding the medication(s) prescribed treatment plan during the inmate's chronic clinic visit. Documentation of the counseling/education will be recorded on the "Chronic Care and /or Routine Physical Examination."

2. Mental Health

A QMHP or psychiatric provider will provide and document counseling/education regarding prescribed psychotropic medication.

3. When an inmate who is prescribed psychotropic medication misses three appointments with the psychiatric provider, and this has been documented in the EHR, the provider may assess whether or not the prescribed medication should be discontinued.

4. If the inmate refuses the medication after counseling, the health care provider will be notified and a "Waiver of Treatment/Evaluation" (DOC 140117D) will be completed in accordance with OP-140117 entitled "Access to Care" (procedure of obtaining a waiver).

II. References

OP-140117 entitled “Access to Health Care”

OP-140130 entitled “Pharmacy Operations”

MSRM 140143-02 entitled “Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure”

Oklahoma Nurse Practice Act

O.S. 36 § 1-1950.4

OAC 310:677- Subchapter 11 & 13

United States Pharmacopeia (USP) General Chapter 797 [16]

US Code of Federal Regulations, Title 21 Part 610, Subpart C - Standard Preparations and Limits of Potency

Advisory Committee on Immunization Practices, Published January 28, 2011 (page 19)

Vaccine Storage and Handling Toolkit CDC, May 2014

III. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

New: MSRM 140143.03 entitled “Medication Administration” dated 1/14/2021

Distribution: Policy and Operations Manual
Agency Website

Referenced Forms	Title	Location
DOC 140117D	"Waiver of Treatment/Evaluation"	OP-140117
DOC 140130H	"Medication Error Reporting Form"	OP-140130
DOC 140130J	"Community Corrections – Supervised Medication /Syringe Count Log or Supervised TDU Medication Log"	OP-140130
DOC 140130K	"Suspected Adverse Reaction (ADR)"	OP-140130
DOC 140143A	"Notification of Medication Adherence"	Attached
DOC 140301G	"RMP/EMB/PZA Tuberculosis Medication Charting"	OP-140301
DOC 140301H	"INH/B6Tuberculosis Medication Charting"	OP-140301