

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-02.12

SUBJECT: DISCHARGE MEDICATIONS

POLICY: Discharge medications and medical supplies for continuity of care are considered important. They may be provided through proper coordination with the ODOC pharmacy, the medical transition case manager, or coordination of care may be worked out with a receiving facility or community resource. Practitioners must write proper discharge prescriptions for ODOC Pharmacy to dispense supply.

REFERENCE: NCCHC Standard P-D-02, Medication Services

PROCEDURE:

- A. Patients may receive up to a 30-day supply of current and active medication and medical/supplies as needed for continuity of care at the time of discharge. Discharge orders stating "discharge medication" or "parole order" along with the duration of the order shall be written by a practitioner for patients who are being released and require medication for continuing treatment of chronic conditions. No OTC medication will be supplied due to easy access in the community.
- B. Scheduled and injectable medications will be reviewed by the prescribing practitioner and coordinated with the transition nurse to determine the appropriate discharge supply.
- C. Some patients may receive a written prescription for a participating agency where the patient's therapy can be administered and monitored, e.g., antabuse therapy, psychotropic medications, monitored TB treatment, etc.
- D. If an inmate paroled without essential prescribed medications, the inmate will be instructed that they may return to the institution of release to pick up their discharge medications once they have been made available within three (3) days of release or with proper documentation, medications may be sent to the appropriate parole office. The DOC will not mail out discharge medications unless the inmate qualifies for a transitional leave program that has specific accommodation for shipping medications to the patient through a designated parole office agent by the Pharmacy.
- E. Pharmacy will notify the institution if a detainer is present on the AS400 screen. Affirmative confirmation will be required from the institution for the pharmacy to fill the prescription.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

Re: _____
Name and SID

To Whom It May Concern:

The above-named patient received mental health services and medication as listed below for the noted condition(s):

DIAGNOSES: _____

MEDICATION(S): _____

DATES OF SERVICE: _____

Mental Health Provider Signature

Date

Additional notes/comments: _____

Note to patient:

Support and educational services are available to you, family members and friends through NAMI. Phone 1-800-343-6264.

Oregon NAMI- www.nami.org/sites/NAMIOregon; email- namioregon@qwest.net

Multnomah County NAMI – phone (503) 228-5692

Washington County NAMI – phone (503) 356-68345

Clackamas County NAMI – phone (503) 656-4367

_____ County NAMI – phone _____

MEDICAL/MENTAL HEALTH CARE may be available at a county clinic nearest you.

Mental Health record requests should be sent to:

Counseling and Treatment Services

2575 Center St NE

Salem, OR 97310

Fax: 503-378-5118