

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-02.5

SUBJECT: ORDERING/DELIVERY OF MEDICATIONS

POLICY: Ordering/delivery of medications will be as prescribed, in a safe and efficient manner, and meet all state and federal drug laws and regulations.

REFERENCE: NCCHC Standard P-D-01, Pharmaceutical Operations
NCCHC Standard P-D-02, Medication Services
OAR 855-041-0160
OAR 855-041-0177
OAR 855-041-0173

PROCEDURE:

A. Medication Orders

1. By ODOC Staff

- a. An order may be written by a prescribing practitioner on the Physician Order form in the patient's health record.
- b. A licensed nurse may take a verbal order from a practitioner. The order must be written onto the Physician Order Form in the patient's health record and signed by the licensed person taking the order. This order must be reviewed and countersigned by a practitioner on the next regular business day.
- c. An order may be written directly onto the Physician's Order Form from an approved nursing protocol.
- d. Signatures of all personnel writing orders will be kept on file in a central signature log.
- e. The medication order will include:
 - 1) Patient's Name
 - 2) SID Number
 - 3) Physician's name and the name of the nurse or pharmacist - if the order is from a protocol, transcribed or a verbal order.
 - 4) Date/Time
 - 5) Drug and Strength
 - 6) Dosage
 - 7) Stop Date or Number of Doses
 - 8) Directions for Usage

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2. By Outside Agency Consultant Orders
 - a. Outside prescriber orders may be phoned into the receiving facility (not the pharmacy) or written on any official patient document.
 - b. The receiving nurse will transcribe the order to the Physician's Order Form. The nurse will date, time and initial the transcription of the order on the patient's health record. The transcribed order should contain all information as listed in section 1.e.
 - c. A copy of the consultant's written prescription and the transcribed order will be faxed to the pharmacist.
 3. Refill Orders
 - a. Medication refills will be reordered in a timely fashion. When a five to seven day supply of the prescription remains, the label or information will be removed and sent to the Pharmacy.
 - b. When a refill request is received, the pharmacist will review the prescription and the patient's medication profile for compliance with the prescriber's directions for use. The reviewing pharmacist will communicate concerns to the prescribing practitioner.
- B. Submitting Medication Orders to the Pharmacy
1. Orders that can be received in a routine delivery from the Pharmacy will be faxed or sent to the Pharmacy.
 2. Urgent orders that must be received before the next regularly scheduled Pharmacy delivery see Urgent/Emergency Medication Needs #P-D-02.3.
- C. Receiving Filled Medication Orders from the Pharmacy
1. The nurse or medication room technician will check the medications received against the pharmacy delivery report. After the medications are checked, the nurse or medication room technician will sign and date the delivery report on the front page.
 2. Shortages or other problems with the order will be documented on the delivery report. Errors will be noted on the delivery report and pharmacy contacted for resolution. Errors will be resolved the same day identified, or if identified after hours, the immediate following normal work day.
 3. The record of medications received (delivery report) will be retained for three (3) years by the receiving facility.

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4. The record of medication ordered and shipped will be retained for three (3) years by the Pharmacy.

D. Scheduled Drugs

1. In addition to A, B, and C, the following Section D applies to schedule medications.
2. Schedule II, III, IV and V drugs will normally be dispensed as controlled stock. Records for each dose administered will be kept on a declining inventory balance sheet.
3. A reconciliation will be performed by persons legally authorized to administer medications at the beginning and end of each shift.
4. Discrepancies in the inventory will be reported to the responsible supervisor immediately. The supervisor or designee will investigate the cause of the discrepancy. The corrected entry will be signed and dated by the supervisor and the person discovering the discrepancy after conducting the count and investigation. If the cause of the discrepancy is not identified, the pharmacist will be notified immediately.
5. All orally administered scheduled drugs will be crushed and administered in water except enteric coated and sustained release. In those institutions without 24 hour nursing service, these medications will be administered as specified in P-C-05, Medication Administration Training.
6. Schedule II drugs shall be ordered on DEA222 form and DOC Request for Purchase form CD 206.
7. Schedule III, IV and V shall be ordered on DOC Request for Purchase form CD 206.
8. All controlled medications shall be stored under secure conditions.
9. Discontinued or outdated Schedule II, III, IV and V medications can no longer be returned to the Pharmacy and must be destroyed in the facility.
10. The declining balance sheet will be kept in a location determined by the Health Service Manager, in cooperation with the Consultant Pharmacist that will be convenient to use and be readily available for inspection.
11. Completed declining balance sheets must be stored onsite for three years.

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E. Medication Returns

1. Returned medications will be kept in a secure location until returned to the Pharmacy.
2. The medication will be in a secure container for transport to the Pharmacy as approved by the Pharmacists.
3. Discontinued medications, outdated medications or individual prescription medications left in the facility will be returned to the Pharmacy, except as stated in D.8 on page 3.

F. Incoming Patient Medications

1. Medications from a non-DOC pharmacy, used in the facility, will be provided or approved by the pharmacy and dispensed according to the procedures described in P&P P-D-02.4 Medication Distribution System E.1 and E.2 and P&P P-D-02.5 Ordering/Delivery of Medications section A.
2. Inmates newly received through CCCF who are taking a Non-Formulary drug may have their order continued for up to thirty (30) days.
3. Medications that come in with newly admitted inmates are counted and entered on a sign out sheet by the R&D nurse and may continue to be administered to the patient upon provider signature. Any unused medication will be sent to the Pharmacy. When inmate leaves CCCF Intake, the remaining medications will be sent to Pharmacy.

G. Transfer of Prescribed Medication(s)

1. When an inmate is transferred from one facility to another, the transferring facility will ensure the inmate's prescribed medication(s) is transferred with the inmate's property and/or health care record.
2. The inmate will pack all of their prescribed self-administered medication(s) in their property.
3. The receiving facility will remove the inmate's self-medication(s) from their property and deliver it to the Health Services department within 24 hours.
4. The receiving facility medical staff will verify the prescribed medication(s) against the MAR and reissue the medication(s) to the inmate.

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5. The transferring facility medical staff will assure that all of the inmate's administered medication(s) is removed from the medication cart and secured with the inmate's health care record.
6. The receiving facility will remove the medication(s) from the health care record, verify the medication(s) against the MAR and place the medication(s) in the medication cart.

H. Drug Recall

1. Upon receipt of a drug recall notice by a manufacturer, the pharmacist or designee shall screen the bulk pharmacy inventory. Drugs identified as recalled shall be removed from inventory immediately and returned or disposed of according to the manufacturer's instructions.
2. The card prepack inventory kept in the pharmacy shall be inspected and any drug identified as recall shall be removed and dealt with according to the manufacturers instructions.
3. For all level 2 recalls, each satellite drug room and each medication cart in each facility shall be inspected by the nurse or designee. Drugs identified as being recalled shall be removed from inventory and returned to the pharmacy for proper disposition, except schedule II, III and IV, which must be destroyed on-site.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

OSCI Addendum to P&P P-D-02.5

SUBJECT: RECEIPT OF MEDICATIONS

PURPOSE: To assure that medications received from central pharmacy or other outside pharmacy are accounted for in a manner that meets all state and federal drug laws and regulations.

PROCEDURE:

A. Checking in Medications from Central Pharmacy

1. Compare medication cards with drug report, name of drug, strength, quantity, and place check mark on space if correct.
2. Separate medication cards by “control by staff” or “OK in cell” as you go.
3. Controlled med cards are to be labeled as appropriate,
 - a. Morning, Noon, and Evening stickers need to be placed on cards.
 - b. If there is more than one card, in top left hand corner, (using a black Sharpie) write, e.g., 1 of 2, 2 of 2, etc.
 - c. If there is a taper, use a red Sharpie and write 1st, 2nd and so on in the top left hand corner of each medication card.
 - d. If a taper is all-in one card, highlight each direction with different colors.
4. Place medications into appropriate medication carts. If a card is already in the cart place the remainder in the over-flow bins.
5. DEA scheduled drugs must be signed in by two staff (nurses).
 - a. Assure that # of pills in card is equal to number located in the lower right hand corner of the medication label.
 - b. Record the number of pills in the box labeled amount received on the sign out sheet both nurses are to initial.
 - c. All scheduled drugs are to be locked in a secure location in the medication carts or in a locked narcotic cabinet. Patient specific drugs are to be in the appropriate cart. All stock cards are to be located in the A-K cart.
 - d. Sign-out sheets for patient specific are to be filed behind the patients current MAR. Sign out sheets for stock are to be attached to the front cover of the A-K MAR book.

B. Medication Passes/Medline Info Sheets

1. Separate patient information sheet/med passes into OK in cell and controlled.
2. For Ok in cell, tear off med pass and staple info sheet to medication card.
 - a. Only need one med pass per person, shred extra medication passes.
 - b. May receive more than one info sheet for one drug (2 med cards = 2 info sheets), just shred extras.
 - c. Sign and separate passes by unit.
 - d. Confirm housing units by using DOC 400 offender information screen.
 - e. Place med cards with other mail in the hanging file holder for delivery to housing units.
3. Information sheets for controlled medications.
 - a. Tear off the med passes and shred.
 - b. May receive more than one info sheet for one drug (2 med cards = 2 info sheets), just shred extras.
 - c. Fold sheet, place name sticker on front, send to units.

Addendum: Health Services Division Policy and Procedure
#P-D-02.5 Ordering/Delivery of Medication

OSP: Section D-Scheduled Drugs

OSP Health Services will maintain an accurate record and reconciliation of Schedule II, III, IV and V drugs in a manner that assures accountability and control.

Scheduled Drugs:

- 1) All of the listed elements in the body of P-D-03 will apply to schedule medications.
- 2) Schedule II, III, IV, and V drugs will be dispensed as controlled stock. Records for each dose administered will be kept on a declining inventory balance sheet. Reconciliation will be performed by two persons legally authorized to administer medication at the beginning and end of each shift. Inventory responsibilities of specific areas are as follows:

Post	Area of Responsibility
Medication Room	Medication room; institution stock medication located in room 314; mainline medication carts.
Infirmary	Infirmary medication cart
DSU	DSU stock medication
IMU	IMU stock medication

- 3) Discrepancies in the inventory will be reported to the responsible supervisor immediately. Appropriate documentation shall be written by the persons discovering the discrepancy and deliver the documentation to their supervisor. The supervisor or designee will investigate the cause of the discrepancy. The corrected entry will be signed and dated by the supervisor and the persons discovering the discrepancy after conducting the count investigation. If the cause of the discrepancy is not identified, the pharmacist will be notified.
- 4) All orally administered scheduled drugs will be crushed and administered in water except enteric coated and sustained release medications.
- 5) Scheduled II drugs shall be ordered on DEA222 form, this will be coordinated by the OSP Pharmacy Technician.
- 6) Scheduled III, IV and V shall be ordered on a stock medication request or regular prescription form.
- 7) All controlled medication shall be stored under secure conditions.
- 8) Discontinued or outdated Schedule II, III and IV medications can no longer be returned to the Pharmacy and must be destroyed in the facility.