DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 1
MEDICATION ADMINISTRATION (Basics)

(Also see Chapter 3 Section H of this Manual)

I. Policy: Medications provided to inmates in the Department of Public Safety and Correctional Services will be administered utilizing the Department's established procedures and in accordance with applicable law(s) and regulation(s).

Medication Administration Records (MAR) will be maintained for each inmate who has prescribed medications. This record will be maintained on a monthly basis and updated as medication orders are adjusted to meet the health care needs of the inmate.

II. Procedure:

A. General administration of Medications

1. Medications will be administered only by:
   a. Physicians,
   b. Dentists,
   c. Pharmacists,
   d. Physician assistants,
   e. Nurse practitioners,
   f. Registered nurses, (RN)
   g. Licensed practical nurses (LPN), or
   h. Certified medication assistants (CMA) who are appropriately credentialed.
2. The administration of a "first dose" by an LPN or CMA shall be supervised by an RN or higher.

3. No more than a 30 day supply of each prescribed medication will be provided for patients at any one time.
4. Routine medication orders shall be transcribed prior to the end of the shift.
5. Stat and Emergency medications shall be transcribed and administered within 2 hours of their being ordered.
6. Medications ordered and supplied for one patient shall not be administered to another patient.
7. Medication not administered to the inmate for whom it was prescribed shall be discarded consistent with law, regulations and policy, and not returned to its original container.
8. All medications administered to inmates on segregation shall be administered in unit dosages under watch take direct observation
9. The inmate shall be asked daily if they are experiencing any adverse reactions to the medications they are taking. Any adverse reactions reported by the inmate shall be noted on the MAR (Medication Administration Record)

B. The Medication Administration Record (MAR)
   1. Medication Administration Records shall be maintained on the electronic medical record (EMR) and if EMR is not available, on the hard copy Medical Record.
   2. Use of highlighters on the MAR is not permitted
   3. Medications administered for a patient shall be recorded on the individual patient's MAR for particular month.
      a. The month of administration shall be noted on the MAR and
      b. Only one month shall be recorded on a MAR
   4. Whenever medication is administered, the MAR shall be present to assure that documentation is made directly on the MAR at the time of administration.
      a. Pre or post charting is not permitted.
      b. All missed meds will be accounted for in writing on the MAR.
   5. The administration of prescribed medications will be recorded on the MAR at the time of drug administration and will include the following documentation (some of this information is "pre-printed or written on the MAR but initials are

entered only once medications is administered or contradictory documentation is recorded):

a. Patient name,
b. Name and dosage of the medication,
c. Date, and time,
d. Route of administration,
e. Name of prescriber,
f. Reason for the medication
g. Name of the person administering the medication, their title and their initials, and
h. Patient allergies.

6. All injectable medications shall be documented on the MAR.
7. If a medication has been ordered for a specific number of days, this shall be clearly documented on the MAR (e.g. Zithromax X 10 days).
8. The MAR will reflect each dose withheld, accepted or refused by the patient, using legible initials and signatures.
   a. All refusals and missed doses shall be documented by the nurse initialing and circling his/her initials in the appropriate box for the missed dose.
   b. Appropriate Documentation Codes for the missed dose shall be entered above or below the circled initials using the codes provided on the MAR. IF "Other" is selected as the code, an explanation shall be entered in the appropriate section of the MAR (or on the back, if using a paper record.)
   c. The inmate shall sign a refusal form if refusing medication.
   d. If the inmate refuses to sign the refusal form, such refusal will be witnessed by two medical staff and documented on the form (Release of Responsibility form DPSCS Form 130-250-1)
9. When a medication is to be given based on pulse and or blood pressure, the pulse and blood pressure must be recorded on the MAR under the record of administration for the specific medication to be given. If Pharmacy has used the block immediately following the medication requiring the additional

information, the next available block on the MAR will be used for that purpose.

10. If an order requires a medication to be increased or decreased, there must be documentation on the MAR citing the order and noting the change, clearly indicating a STOP on the original order and a START on the new order.
11. Any medication disposed of for a particular inmate per section III.A.7 of this Chapter shall be noted on the back of the MAR and shall note:
    a. The name and dosage of the medication
    b. The date that the medication was destroyed
    c. That the destruction was recorded on the Medication Destruction Log.

C. Missed Medication

1. If a patient does not receive the medication as prescribed for three consecutive doses or the patient does not receive 50% of the prescribed dosing for a one week period:
    a. Each missed dose will be documented on the MAR as indicated above;
    b. The nurse will notify the prescribing physician of patient noncompliance and schedule an appointment for the patient to be seen by the clinician;
    c. For psychotropic medications missed following the same guidelines, nurse will copy the lead psychologist for the facility on missed medications. (Note this is a cc to that professional and not a separate document).
    d. The patient will receive education regarding his/her disease state and medication therapy by medical staff.
    e. Documentation of the scheduled appointment with the appropriate discipline to discuss non compliance will occur within the next 5 business days.
2. The nurse administering the medication shall
    a. Notify the prescribing physician of patient non compliance, and
    b. Schedule an appointment and document the date and time of the appointment in the medical record.
3. The physician to whom the patient has been referred shall:

a. Provide the patient education regarding his/her disease state and medication therapy requirements as it relates to that disease state and
b. Document the session with him/her by a progress note in the medical record.

D. Keep on Person (KOP) Medications
   1. The management of KOP medication will be based on the guidelines established by facility, pharmacy and state regulations.
   2. Inmates assignment to home detention shall have their prescribed medications kept on person (KOP) for self administration.
   3. Any inmate placed on KOP medications will receive patient information (see "Keep on Person Medication Program – Patient Information" form).

E. PRN Medication
   1. PRN (as needed) medications shall be documented on the MAR, as would any other prescribed medication, but on the back of the MAR in the designated spaces for the PRN medication.
   2. At the time of subsequent administrations of PRN medication, the individual administering the medication shall inquire as to the effectiveness of the prior does and note the response on the MAR in the appropriate blank on the back of the MAR. If the patient reports that the prior dose was ineffective, the individual administering the medication shall
      a. Notify the prescribing physician of the patient's report
      b. Schedule an appointment and document the date and time of the appointment in the medical records.

F. Adverse Reactions: If an inmate reports an adverse drug reaction, the person administering the medications shall:
   1. Notify the on duty physician immediately and follow his/her orders.
   2. The physician shall document in a progress note in the medical record:
      a. The adverse drug reaction and its effects (e.g. rash, hives pain or allergic reactions)
      b. The clinical disposition, and
      c. Whatever notification was made to the pharmacy

3. Notify the pharmacy immediately by phone
4. Complete the adverse drug reaction report form, and
5. Document the adverse drug reaction in the medical record.

G. Direct Observation Therapy (DOT or watch take), also called Watch/Swallow.

1. Unless precluded for security or medical reasons, inmates prescribed insulin shall self-administer injectable insulin under direct observation of an LPN or higher and the nurse shall document the dose, site, and time on the MAR.
2. All inmates at "reception" (defined as Intake or Retake) in any facility who are prescribed medications shall be placed on "watch-take" status until evaluated by a mid-level or higher clinician who shall make the determination that the patient may or may not assume KOP (Keep On Person) status in keeping with KOP policies in the Pharmacy Manual.
3. Watch take direct observation shall be conducted as follows:
   a. The inmate will be handed the medication in an appropriate container,
   b. The inmate will be instructed to place the medication on the center of his/her mouth open until (s)he drinks the water to wash down the pill;
   c. The inmate will then be asked to open his/her mouth and roll their tongue.
   d. The person administering the medication will observe this entire process and will immediately notify the custody officer on duty if the inmate behaves in such a fashion as to prevent observation.
4. All scheduled drugs (see Medication Classification Listing – Chapter 2 of this Book), and other drugs as identified by Departmental policy as watch take medications will be administered in unit dosages by the medical personnel administering the medications. (see Section III.D.3 for exceptions)
5. Medication Error
   a. If a medication administration error occurs, the following steps should be implemented:
      i. The charge nurse shall be notified immediately, who will then coordinate patient care efforts for this situation.
      ii. Immediate assessment of the inmate,

iii. Prompt notification of the physician, who may consult with the Pharmacy, poison control etc.

iv. Report to the Pharmacy contractor so that the proper medication can be sent to the facility.

v. The administering nurse will complete an incident report and provide the sequence of events to the charge nurse before the end of the shift or as soon as the error is discovered.

vi. The charge nurse shall inform and submit the report to the Director of Nursing for the facility; that Director of Nursing shall inform the vendor State DON and Director of CQI; and the Area Contract Operations manager (ACOM). The vendor State Director of Nursing shall provide a monthly list of incidents to the DPSCS-OPS Director of Nursing, including any interventions, remedial training and outcomes and any individual reports to the State Board of Nursing.

III. References: Correct RX Policy & Procedures Manual for Correctional Facilities Updated 6/07
DPSCS Inmate Health Care Services Contract

IV. Rescissions: DPSCSSD 130-300-310 all issuances and versions

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 2
MEDICATION CLASSIFICATION

I. Policy: Medications provided to inmates in the Department of Public Safety and Correctional Services will be classified according to schedules as periodically published by the Federal Drug Enforcement Administration and if not so classified with be known as "non-scheduled" drugs or medications.

II. Procedure:

A. This list is provided for educational/informational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for DPSCS facilities.

CONTROLLED DRUGS LISTED BY SCHEDULES

Schedule II Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alfentanil	Alfenta	Opioid
Amobarbital	Amytal	Barbiturate
Amobarbital and secobarbital	Tuinal	Barbiturate
Amphetamine	Dexedrine	Amphetamine
Cocaine	Cocaine	Amphetamine
Codeine	Codeine	Opioid
Dexmethylphenidate	Focalin	Amphetamine
Dextroamphetamine	Dexedrine, DextroStat	Amphetamine
Fentanyl	Actiq, Sublimaze, Duragesic	Opioid
Glutethimide	Gluthethimide	Piperidine Derivatives
Hydromorphone	Dilaudid, Palladone	Opioid
Levorphanol	Levo-Dromoran	Opioid
Meperidine	Demerol	Opioid
Meperidine w/ atropine	Meperidine and Atropine	Opioid
Meperidine w/ promethazine	Mepergan	Opioid
Methadone	Dolophine, Methadose	Opioid

Methamphetamine	Desoxyn	Amphetamine
Methylphenidate	Ritalin, Concerta, Metadate, Methylin	Amphetamine
Morphine	MS Contin, Roxanol, Kadian, Duramorph, Oramorph, MSIR, Avinza,	Opioid
Morphine w/ atropine	Morphine and Atropine	Opioid
Opium Tincture	Opium Tincture	Opioid
Opium and Belladona Suppositories	B&O Supprettes	Opioid
Oxycodone	OxyContin, OxyIR	Opioid
Oxycodone combinations	Percocet, Roxicet, Tylox, Roxilox, Percodan	Opioid
Oxymorphone	Numorphan	Opioid
Pentobarbital	Nembutal	Barbiturate
Remifentanil	Ultiva	Opioid
Secobarbital	Seconal	Barbiturate
Sufentanil	Sufenta	Opioid

Schedule III Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Aprobarbital	Alurate	Barbiturate
Benzphetamine	Didrex	Anorexiant
Buprenorphine	Buprenex, Subutex	Narcotic agonist-antagonist
Butabarbital	Butisol	Barbiturate
Butalbital compound	Fiorinal	NonNarcotic Analgesic with Barbiturate
Codeine combination product 90 mg/du	Tylenol #2, Tylenol #3, Tylenol #4, Fioricet with Codeine, Guaifenesin (tablets), Carisoprodol, Codeprex, pseudoephedrine, Cycofed, Nucofed, chlorpheniramine	Opioid
Dihydrocodeine combination product 90 mg/du	Pancof, Tricof, DHC Plus, Synalgos DC	Opioid
Dihydrotestosterone	Androgen	Androgen Steroid
Dronabinol	Marinol	Miscellaneous
Fluoxymesterone	Fluoxymesterone	Androgen Steroid
Hydrocodone combination product 15 mg/du	Vicodin, Chlorpheniramine,	Opioid

	Guaifenesin, Vicoprofen, Lortab, Hydrocodone with ASA,	
Ketamine	Ketalar	General Anesthetic
Methyltestosterone	Android, Methitest, Testred, Virilon	Androgen Steroid
Nandrolone	Nandrolone	Anabolic Steroid
Opium	Paregoric	Opiod
Oxandrolone	Oxandrin	Anabolic Steroid
Oxymetholone	Anadrol-50	Anabolic Steroid
Pentobarbital suppository	Nembutal	Barbiturate
Phendimetrazine	Prelu-2, Bontril, Melfiat	anorexiant
Testolactone	Teslac	Androgen Steroid
Testosterone	Testopel, Depotestosterone, Delatestryl, Testoderm, Androderm, AndroGel, Testim,	Androgen Steroid
Thiopental	Pentothal	Barbiturate

Schedule IV Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alprazolam	Niravam, Xanax	Benzodiazepines
Butorphanol	Stadol, Stadol NS,	Narcotic agonist-antagonist
Chloral hydrate	Somnote, Aquachloral	Sedative Hypnotic
Chlordiazepoxide	Librium	Benzodiazepines
Clobazam	Urbadan, Urbanyl	Benzodiazepines
Clonazepam	Klonopin	Benzodiazepines
Clorazepate	Tranxene	Benzodiazepines
Diazepam	Valium	Benzodiazepines
Dichloralphenazone combination	Midrin	Migraine analgesic
Diethylpropion	Tenuate	Anorexiant
Difenoxin with Atropine	Motofen	Antidiarrheals
Estazolam	ProSom	Benzodiazepines
Eszopiclone	Lunesta	Sedative Hypnotic
Ethchlorvynol	Placidyl	Tertiary Acetylenic Alcohols
Flurazepam	Dalmane	Benzodiazepines
Halazepam	Paxipam	Benzodiazepines
Lorazepam	Ativan	Benzodiazepines
Mazindol	Sanorex, Mazanor	Anorexiant
Mephobarbital	Mebaral	Barbiturate

Meprobamate	Miltown, Equanil	Antianxiolytic
Methohexital	Brevital	Barbiturate
Midazolam	Versed	Benzodiazepines
Modafinil	Provigil	Analeptics
Nitrazepam	Mogadon	Benzodiazepines
Oxazepam	Serax, Serenid-D	Benzodiazepines
Paraldehyde	Paral	Sedative Hypnotic
Pentazocine	Tawlin, Talwin NX, Talacen	Narcotic agonist-antagonist
Phenobarbital	Luminal, Sulfoton, Bellatal	Barbiturate
Phentermine	Ionamin, Fastin, Adipex-O, ProFast	Anorexiant
Propxyphene	Darvon	Opioid
Propoxyphene combinations	Darvocet	Opioid
Quazepam	Doral	Benzodiazepines
Sibutramine	Meridia	anorexiant
Temazepam	Restoril	Benzodiazepines
Triazolam	Halcion	Benzodiazepines
Zaleplon	Sonata	Pyrazolopyrimidine
Zolpidem	Ambien	Imidazopyridines

Schedule V Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Codeine preparations-200gm/100ml or 100gm	Tylenol with Codeine liquid, Guaifenesin with Codeine, Promethazine with codeine, Tussirex, Dihistine, Decohistine Codimal PH, Triacin-C,	Opioid
Dihydrocodeine preparations 10mg/100ml or 100gm	Cophene-S	Opioid
Diphenoxylate with Aptropine	Lomotil, Lonox, Logen	Antidiarrheal

III. References: Correct Rx Policy & Procedures Manual for Correctional Facilities Updated 6/11 DPSCS Inmate Health Care Services Contract

IV. Rescissions: DPSCSD 130-300-310 all issuances and versions.

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/ INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section A
DRUG PROCUREMENT

I. Policy: To ensure that inmates receive all necessary medications and that all persons ordering pharmaceuticals will adhere to a prescribed format and methodology for obtaining those supplies.

II. Procedure:

A. Only licensed nursing personnel or a pharmacist may receive and transcribe medication orders from a licensed medication practitioner. A physician's medication order may be:

1. By telephone, and then immediately written onto a telephone order form, or any other form the facility may require; or
2. In the physician's own handwriting in the patient's chart on any form (i.e. physician's order sheet) designated by the facility. The physician must sign and date this order.

B Orders entered into EMR by the established cut off time, Monday through Saturday, will normally be delivered the same day. Only designated facilities will receive Sunday deliveries. Orders may be entered into the EMR at any time, seven days a week.

1. All EMR orders received will have a fill date and start date correlating to the date the medication is dispensed. If the order is not sent to the Pharmacy Contractor on the same day

(by the established cut-off time) that the order is entered into EMR, there may be a discrepancy between the start date in EMR and what is identified on the label. Additionally, all non-formulary orders will have a start date corresponding to the approval date and when the order is faxed to the Pharmacy Contractor, which may not be accurately reflected in the EMR if there is a delay in non-formulary approval.

2. Further, the dispensed stop date, especially for full course short term therapy (i.e., antibiotics), may not match the stop date in the EMR. When a medication therapy is specified in the directions (i.e., take for 10 days), the Pharmacy Contractor will dispense the quantity needed to match the full course of medication therapy.

C. Orders for controlled substances must include a provider's signature and a DEA number. The DEA numbers of each institutional provider must be on file at the pharmacy. Please refer to Chapter 3, Pharmacy Vendor Services, and Section 14 – Controlled Substance Ordering.

D. Patient medications shall be obtained from the Pharmacy Contractor unless exceptional conditions exist as outlined in Chapter 3 Section S of this manual. Medications shall be supplied (whenever possible) in "blister" card packaging on an individual patient prescription basis, in a maximum quantity of a thirty (30) day supply, unless otherwise specified by contract. Some medications will be dispensed in bulk bottles when repackaging is limited by stability.

E. All medication orders entered into the EMR will be automatically transmitted to the Pharmacy Contractor via the EMR-Pharmacy Interface.

1. Medication orders for stable, chronic conditions may be written for 120 days. The 120 day order length is to provide an extra 30 days

of medication coverage for patients in the event that their 90 day chronic care visit medication renewal is delayed.

2. A print-out of the EMR "batch" report, original orders, and transcriptions of the original orders signed by the physician will be accepted by the pharmacy provider if the EMR-Pharmacy Interface is not working.

F. Non-formulary drugs must be approved by the authorized medical, mental health, dental, and/or pharmacy provider and faxed to the Pharmacy Contractor using the EMR Non-Formulary Drug Request Form. Non-formulary drugs will be provided by the Pharmacy Contractor only when orders are accompanied by a completed non-formulary request form signed by the designated provider who has been authorized by the Department of Public Safety and Correctional Services.

G. Health Services staff ordering non-EMR medications (e.g., handwritten, Stock or controlled orders) will:

1. Separate orders by facility location and fax to the pharmacy using the approved Pharmacy Fax Cover Sheet.
2. Number all pages in bold, dark ink away from the edges.
3. Complete transmittal form indicating, date, time faxed, number of pages faxed, and your name.

H. Health Services staff should request medication refills electronically using the Pharmacy Contractor's web based program. This program allows the health services staff to request refills by simply scanning the bar code on refill sticker of the medication needed. If unable to scan the bar code, then the Pharmacy Contractor will accept a faxed copy of the refill sticker. When faxing refill orders with the refill stickers, staff will make a copy of those stickers and fax the copy. (If refill stickers are sent directly through the fax machine they can cause damage or even become stuck inside the

machine.) Staff should request refill orders using either the electronic or manual method, but should avoid using both systems simultaneously for the same refill request.

I. The Pharmacy Contractor will provide an automatic fax confirmation including a verification number and the number of pages that were received. If there is a problem, call the Pharmacy Contractor for resolution.

J. Staff will clean their fax machine daily with an alcohol wipe. To do this:
   1. Press the "open" button on the side of the machine.
   2. The front of the machine will pop open (toward the user).
   3. A glass window with a green strip running through it will be visible.
   4. This is where the machine reads orders. Keeping the fax machine clean is crucial to accurate transmission.

K. Keep pages together with the transmittal form and verification numbers until orders arrive from the Pharmacy Contractor.

L. Medications will be delivered to designated locations (as agreed to by the Department of Public Safety and Correctional Services) inside of each facility.

M. Upon receipt of the medication delivery by the Pharmacy Contractor, the Health Care Staff should:
   1. Sign the medication delivery receipt provided by the medication courier, indicating the number of packages received.
   2. Receipt of medication should be verified by the Health Services Staff using the Pharmacy Contractor's web based electronic check-in system (refer to the Pharmacy

Contractor's Barcode Scanning Check-In System for specific scan in procedures).

a. If an item was not listed on the packing list, look for an explanation on the discrepancy log (i.e., reorder too soon, non-formulary, etc.).

b. If an item is listed, but not received without explanation, such as backordered (B/O) or sent yesterday, etc.: (i) write down the patient's location, name, ID number, or prescription number; (ii) call the pharmacy and speak to a pharmacist for an explanation of any missing or unfilled prescriptions.

3. Controlled substances will immediately be transferred to the double locked storage area and a controlled substance inventory record shall be completed.

M. Call the Pharmacy Contractor for any other STAT medication orders or drug questions.

N. The Pharmacy Contractor will utilize FDA approved manufacturers for all medications. Generic medications rated "AB" or greater will be used whenever generic drugs are dispensed. The Pharmacy Contractor will automatically utilize generic medications when available unless the provider specifically requests brand name medications.

O. Medications will be delivered to designated locations (approved by the Department of Public Safety and Correctional Services) inside of each facility.

P. All pharmacy records of receipt and disbursement shall be maintained on site for twelve (12) months. Controlled substance records must be kept in accordance with State and federal regulations.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICE/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section B
DRUG PROCUREMENT – EARLY REFILLS

I. Policy: To ensure that inmates receive all necessary medications and all persons ordering pharmaceuticals will adhere to a prescribed format and methodology for obtaining those supplies, particularly when inmates are transferred from one facility to another.

II. Procedure:

A. All General procedures as noted in Chapter 3, Section 1A of this Manual will be followed.

B. For inmates/arrestees/detainees transferring to facilities within the Maryland system (which includes Baltimore Pretrial), all medications will be prepared for transfer with the inmate so that no doses are missed as a result of the transfer.

C. In the event that a medication or medications are not transferred with the inmate, the nurse receiving the inmate shall follow the procedures directed by the Department of Public Safety and Correctional Services to include:

1. The nurse will call the sending facility nursing staff to determine if the medications were sent and will note the sending facility's nurse's name, title, and time/date contacted on the attached early refill form.
2. Nurse will follow chain of command of the vendor and will use that chain to call the Warden of the receiving facility and notify the Warden that there are missing medications and request that a search of the property room and of the transport vehicle be made.

3. The nurse will also follow up the phone call to the Warden with an email to the Warden and Chief of Security, notifying them of the missing medications and requesting that a search of the property room and transport vehicle be made.
4. If that does not produce the medications, the nurse will call the Warden of the sending facility to request a search of the property room and of the transport vehicle.
5. The nurse will also follow up the phone call to the Warden with an email to the Warden and Chief of Security, notifying them of the missing medications and requesting that a search of the property room and transport vehicle be made.
6. If the medications still are not produced, the nurse will complete a form (attached) stating what steps have been followed and what persons were contacted.
7. The form will be faxed to the Pharmacy Vendor with a request for the medications.
8. The Pharmacy Vendor will not fill an "early refill" request resulting from missing medications without the completed form indicating that the procedure has been followed.

D. For early refill requests for any other reason, nursing staff will complete the attached form providing all information requested.
    1. The name and number of a transferring facility will not be applicable unless the inmate is transferring to a facility, in which case the process described above will be followed.
    2. The form will be faxed to the Pharmacy Vendor with a request for the medications.
    3. The Pharmacy Vendor will not fill an "early refill" request resulting The Pharmacy Vendor will tally the forms received monthly and notify the DPSCS Director of Nurses and/or the DPSCS Director of Medical Contracts of the numbers of "early refills". From missing medications without the completed form.

E. The Pharmacy Vendor will tally the forms received monthly and notify the DPSCS Director of Nurses and/or the DPSCS Director of Medical Contracts of the numbers of "early refills".

III. References: DPCSC Clinical Services, Correct Rx Pharmacy
IV. Rescissions: None
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

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Chapter 3
PHARMACY VENDOR SERVICES

Section C
MEDICATION LABELING REQUIREMENTS

I. Policy: All DPCSC staff, contractors and inmates will be assured of correct labeling of all medications.

II. Procedure:

A. All prescription drugs shall be properly labeled by the pharmacy vendor with the following information:

1. Patient's Name.
2. Licensed Prescriber's Name.
3. Prescription Number.
4. Name, strength, and quantity of drug.
5. Directions for use including route, frequency, and any specific directions such as a need for refrigeration or the need to avoid sunlight while taking the drug.
6. Date of prescription.
7. Expiration date, where applicable.
8. Auxiliary labels, where applicable.
9. Drug manufacturer and lot number (where applicable).
10. Date dispensed.
11. Quantity dispensed.

B. Exceptions to the above include:

1. Prescription house stock medications
2. Emergency Kit medications
3. Starter Dose Kit medications (MD/PA items)

4. Over the Counter (O.T.C.) medications

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
V. Date Issued: July 15, 2007,
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

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Chapter 3
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Section D
MEDICATION STORAGE

I. Policy: All medications kept in DPCSC facilities will be stored appropriately and in a safe manner in keeping with community standards.

II. Procedure:

A. All drugs in the Nursing Station/Medication Room/On-site Pharmacy shall be stored under the following conditions:

1) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.

2) Drugs to be taken by mouth will be stored separately from other dosage forms such as eye drops, lotions or other external medications.

3) Drugs shall be stored at appropriate temperatures.

4) Drugs requiring room temperature will be stored at 59° to 86°F.

5) Drugs requiring refrigeration will be stored at 38° to 46°F.

B. Drugs shall be stored in an orderly manner in cabinets, drawers, or carts of sufficient size to prevent crowding. All medications and other drugs, including treatment items, shall be stored in a locked cabinet or room, inaccessible to patients and visitors.

C. Dose preparation and administration areas shall have adequate lighting.

D. All expired, contaminated, or deteriorated drugs will be disposed of or returned to the pharmacy for proper disposal.

E. Discontinued drug containers (stored in a separate area of the station or other secure, specific area) shall be marked to indicate that the drug has been discontinued and shall be disposed of within thirty (30) days, or less, as of the date the drug order was discontinued (unless the drug is re-ordered within that time).

F. Patient drug storage boxes shall not contain non-drug items.

G. Drugs requiring special containers for stability will be dispensed and stored in accordance with the specifications (e.g., Lasix in amber containers, original manufacturer packages, etc.)

H. The drug of each patient shall be kept and stored in their originally received containers. No drugs shall be transferred from one container to another.

I. Internal medications must be stored apart from medications that are to be used externally.

J. Ingredients in containers are not to be changed in any manner.

K. There will be no re-labeling of any drug or drug peripherals at any time by anyone other than a licensed pharmacist.

L. All drugs and non-prescription medication stock are stored in a locked room with artificial light and power ventilation, or in a locked cabinet, or locked drug cart. Drugs not provided by the Contractor, including non-prescription medication stock are stored separately in the locked room, cabinet, or drug cart; poisons are stored in a separate distinct area.

M. Unused, discontinued, outdated or recalled drugs shall be separated from other medications and returned to the pharmacy provider.

   1) All medication returned to the pharmacy vendor will be accompanied by a completed Medication Return Inventory Log listing the medications being returned.
   2) The form allows for up to 8 medications to be listed at a time and must include quantity returned.
   3) The completed form shall be wrapped around the respective medications, attached by a rubber band and returned to the Pharmacy Contractor via the medication courier or Federal Express (when using Fed Ex the facility shall

contact the contracted pharmacy vendor first and they will provide a mailing label).

4) A copy of the Medication Return Inventory Log will be retained at the facility.
5) No controlled substances may be returned to the pharmacy provider.
6) Controlled substances shall be destroyed per State regulatory and facility policies.

N. Separate sign-out sheets shall be maintained for controlled substances indicating the following information:
   1) Date.
   2) Time doses administered.
   3) Patient name.
   4) Dose.
   5) Physician's name.
   6) Signature of person administering the dose.

O. All drugs and non-prescription medication stock are stored in a locked room with artificial light.

P. Controlled substances shall be inventoried at the beginning and end of each shift change by nursing staff and monthly to quarterly by the consultant pharmacist. If the count is incorrect, the discrepancy must be reconciled before the off-going nurse may leave the facility. Unexplained losses shall be reported to the Health Services Administrator, the Director of Nursing, Agency Contract Operations Manager, and the pharmacy provider as soon as possible.

III. References: None
IV. Rescissions: None
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Section E
DRUG FORMULARY

I. Policy: There is a drug formulary that will be used by the Department of Public Safety and Correctional Services's pharmacy vendor.

II. Procedure:

A. The list of drugs approved for use in the facility is considered the official Maryland DPSCS formulary and shall be approved by the Pharmacy and Therapeutics Committee and the Chief Medical Officer. Other FDA approved medications may be ordered by a licensed practitioner by following the non-formulary drug request process which requires approval from the designated medical director before such drugs are dispensed.

B. A copy of the approved formulary will be maintained on site.

C. A list of therapeutic substitutions may be approved in writing by the chief medical officer.

D. The use of sample drugs is not permitted.

III. References: References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007,
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Section F
STARTER STOCK MEDICATION

I. Policy: DPSCS medical and mental health vendors will have stock medications on hand to facilitate continuity of care for newly incarcerated individuals and for use in providing medications until the pharmacy vender is able to deliver the medications to the inmate.

II. Procedure:

A. An approved stock list of medications has been developed and approved by the Pharmacy and Therapeutics Committee; under the provisions of the laws of the state for the facility's permit license, for prescription medications to be available for immediate administration; provided the medication is not otherwise obtainable within an adequate period of time to provide appropriate therapy.

B. The reason for a stock card is to begin a drug order as soon as possible, while waiting for the patient specific blister card. A full course of therapy should not be dispensed from stock, Inmates are not provided with stock cards as a "keep on person" medication at any time.

C. A list of stock medications is provided by the contracted pharmacy vendor to the facility. There are separate lists for the following categories and is designed to be used as the actual order form for these medications (Schedule II stock medications require a separate form-DEA 222). Lists include"

1. Infirmary Stock Medications
2. Infirmary Controlled Medication (Schedule III-V)
   (Requires physician signature and DEA number)
3. Infirmary Controlled Medication (Schedule II)
   (Must be ordered on DEA 222 Form)
4. Pre-Trial Facility (BCDC, BCBIC) – Dispensary Stock List
5. Pre-Trial Facility (BCDC, BCBIC) – Dispensary Controlled Medication (Schedule III-V) (Requires physician signature and DEA number)
6. Sentenced Facility – Dispensary Stock List
7. Sentenced Facility – Dispensary Controlled Medication (Schedule III-V) (Requires physician signature and DEA number)
8. Sentenced Facility – Dispensary Controlled Medication (Schedule II) (Must be ordered on DEA 222 Form)
9. Mental Health Stock Medication
   a.) Mental Health Controlled Medication (Schedule III-V) (Requires physician signature and DEA number)
10. Dental Medication Treatment Packs

D. Stock levels shall be established for each house stock medication. While the stock list provides a maximum quantity of stock that a facility can have on site, it is not necessary to carry all stock medications on the list or to carry the maximum quantity of all medications.

E. All stock orders will have a yellow stock sign out sheet stapled to the back of the blister card. Staff will record the date, time, and patient name; nurse administering, quantity used and quantity remaining on this card. Schedule II medications must be recorded using the MD DPSCS approved format.

F. Stock medications must be stored appropriately. Expired medications must be removed from stock (Refer to POLICY #3).

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007,
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Section G
P.R.N. MEDICATIONS

I. Policy: DPSCS contract clinicians will have access to and be able to order medications that are not given routinely but are ordered on an "as needed" basis. P.R.N. medications in the correctional setting present a multitude of logistical problems. Such orders should be limited to infirmary patients, if possible. If prescribed for a general population patient, frequency of administration greater than twice a day is discouraged.

II. Procedure:

A. P.R.N. medications are ordered by the provider.

1. The nurse receiving the order for a P.R.N. medication should obtain specific orders from the physician or provider delineating the condition or conditions for which the medication should be given. This, along with the route, frequency, and dosage should be stated clearly in the order.
2. To reduce the amount of medication that could be wasted, the Pharmacist should be informed regarding the length of time the medication is expected to be used.
3. When a P.R.N. medication is administered, the nurse should properly document in the chart the following:
   a. The complaint or the symptom for which the drug was given.
   b. The dose, time, route of administration, and, if appropriate, the site of the injection.

c. The nurse's signature.
d. The outcome of the medication. (i.e. if effectiveness, side effects or adverse reaction)

B. Certain approved (Over the Counter) O.T.C. house stock medications may be requested by the patient without a doctor's order and administered within the approved guidelines of the nursing protocols for the facility.

1. When the medication is administered, the nurse or designee should promptly document the:
   a. Patient's name
   b. Drug given
   c. Dose, time and route of administration
   d. Complaint or symptom for which the drug was given
   e. Signature of the person administering the drug.
   f. The outcome of the medication.(i.e. effectiveness, side effects, or adverse reactions)

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
V. Date Issued: July 15, 2007
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Section H
MEDICATION ADMINISTRATION

I. Policy: To ensure that prescription medications are properly administered to patients. DPSCS and correctional staff as well as inmates shall be assured that all medications are provided in a safe and therapeutic manner to:

1. enhance patient care and assure the safety of inmates receiving pharmaceutical services
2. promote consistency and continuity
3. communicate important policies
4. aid in personnel training
5. increase legal protection
6. aid in evaluating performance

II. Procedure:

A. General procedures for administering medications include:

1. All medication administered to patients shall be by the direct order of a physician or other licensed practitioner.
2. Psychotropic or behavior-modifying medications will be used only when prescribed by a physician for psychiatric or other therapeutically indicated therapy. These medications will not be used for disciplinary reasons.
3. No investigational drugs will be used in this facility unless approved by the Chief Medical Officer and the State officials charged with administration of the facility.

4. Only licensed personnel are assigned responsibility for preparing, administering, and recording of medications or permitted access to drug storage areas.
5. Medications shall always be prepared, administered, and recorded by the same licensed person.
6. Charting of medications shall be completed at the time of administration of the drug. If recorded at a later time, entry will be labeled "late entry".
7. The nurse responsible for medication shall not report off-duty without first completing the charting of the administered medications.
8. Medications supplied for one patient shall be administered only to that patient.
9. Self-administration of medications will be based on guidelines established by the facility and local government.
10. Personnel administering drugs shall refer to an appropriate drug reference when unfamiliar with the pharmacology of a drug, its potential toxic effects, or contraindications (e.g., Nursing Handbook, U.S.P.D.I., and P.D.R.).
11. Each dose of medication administered shall be documented on the MD DPSCS approved Medication Administration Record (MAR). On each patient's MAR, the following shall be documented: the patient's name, physician's name, month of use, and any patient allergies.
12. Each MAR must be signed by all nurses whose initials appear on the MAR as documentation of medication administration.
13. Injection sites must be charted legibly on the MAR for all injectable medications.
14. If an order says to increase or decrease a medication if a certain symptom occurs, there must be documentation on the MAR that staff has observed the symptom required in order to initiate that medication, followed by a later entry regarding the outcome of the medication on that symptom.
15. When a medication is given based on pulse and/or blood pressure (BP), the pulse or BP shall be recorded on the MAR under the record of administration for the medication.

16. When a medication has been ordered for a required number of days, the stop date shall be clearly indicated on the MAR.
17. When a medication is refused, withheld, or regurgitated, the nurse shall enter his/her initials in the appropriate square on the MAR and circle them. The nurse will then document the reason that the medication was not given in the appropriate blocks on the MAR.
18. If a patient does not receive the medication as prescribed for three consecutive doses or the patient does not receive 50% of the prescribed dosing for a one week period:
    a. Each missed dose will be documented on the MAR as indicated above.
    b. The nurse will notify the prescribing physician of patient noncompliance and schedule an appointment for the patient to be seen by the clinician.
    c. The patient will receive education regarding his/her disease state and medication therapy by medical staff, and said education shall be documented.
    d. The scheduled appointment to discuss non-compliance will occur within the next five business days.
19. For medications ordered to be administered on a PRN (as needed) basis, the PRN drug order shall specify the condition(s) for which the drug is to be given and how often the drug may be given.
20. Medications given on an as-needed basis (PRN) shall be recorded on the back of the MAR, in addition to other information required by the normal charting procedure including:
    a. The inmate's subjective symptom or complaints
    b. The date, time, drug, strength, and route of administration
    c. The results of the medication given
    d. The nurse's signature
    e. The outcome of the medication
21. In the distribution of medications, if an unusual incident occurs, which may cause real or potential hazard to the inmate, it shall be immediately reported

and recorded in writing on a problem resolution form before the end of the shift during which the event occurred.

22. If an incident occurs in the administration of medication, the physician and the Director of Nursing should be informed immediately. Staff will complete the error report and forward it to the office of the Director of Nursing before the end of the shift in which the incident was discovered.
23. In the case of an adverse drug reaction, staff will notify the physician and follow his orders.
24. All reports should be forwarded to the Agency Contract Operations Manager, the respective vendor's Medical Director, and all administrators for review, comments, and signature. A summary of these reports should be presented at the Pharmacy and Therapeutics Committee meeting.

B. Procedures for administering oral medications include:
   1. The medication's name, dosage, and interval shall be read from the Medication Administration Record.
   2. The label on each medication bottle shall be read three times.
      a. When taking it from the shelf or drawer;
      b. Before pouring it; and
      c. When putting it back onto the shelf or into the drawer.
   3. The patient's identification will be checked both verbally and by sight before any medication is administered to that patient, each time that patient arrives for medication.
   4. If the nurse has questions about calculating a dose, assistance should be sought from the Nursing Supervisor and a pharmacist to double-check the calculation.
   5. To ensure administration accuracy, the nurse shall cross check the following reference points on a daily and monthly basis:
      a. Physician's order to Medication Administration Record.
      b. Medication Administration Record to label on drug container.
      c. Label on drug container to Physician's order.

6. If the medication is a liquid suspension or emulsion, the bottle shall be shaken well before measurement of a dose.
7. To pour a liquid medication dose, the bottle shall be held with the label in the palm of the hand in order to avoid spilling on the label.
8. When measuring liquid medication, the medicine cup shall be held at eye level and the desired volume shall be marked with the thumb; the volume shall be read at the LOW LEVEL OF THE MENISCUS.
9. Tablets and capsules shall be handled so that the fingers do not touch them. The cap of the container or the pill "card" shall be used to transfer them to the medicine cup.
10. Medications are given at the time ordered, or within sixty (60) minutes before or after the time designated for BID, TID, or QID passes. The nurse administering the medication shall remain with the patient until the medication is swallowed.
11. If a crushing device, such as mortar and pestle, is required, then this device will be kept free of medication remains (this will prevent possible allergic reactions, drug interactions, or other adverse drug reaction from occurring in other patients).
12. Oral Tetracycline shall be given to the patient one hour before or one hour after the administration of any foods or oral medications. The Tetracycline shall only be given with water. The physician shall be consulted if this rule cannot be followed.

C. Procedures for administering injectable medications:

1. Ampules for injection:
   a. The nurse will disinfect the ampule with an alcohol swab.
   b. Using the sterile technique, the nurse will break the ampule so that no glass falls into the medication solution and no fingers will be cut by the glass.
   c. The nurse will withdraw the injection from the ampule with an appropriate syringe, using the sterile technique.

d. If sterile technique is broken, this dose is not to be administered. The ampule, syringe, and medication will be discarded in an appropriate container.

2. Vials for injection:
   a. The nurse will disinfect the entire vial with an alcohol swab.
   b. Using the sterile technique, the nurse will withdraw the appropriate dose from the vial with an appropriate syringe.
   c. If the sterile technique is broken, this dose is not to be administered. The vial (if it's a single dose vial), syringe, and medication will be discarded in an appropriate container.
   d. Mark any multi-dose vials with the date originally used and discard when appropriate, usually after 30 days, but this may differ with certain drugs. The nurse will familiarize him/her self with the specifics of medications for which he or she is responsible.
   e. All drugs requiring reconstituting shall be prepared by the vendor pharmacy prior to delivery to the facility, if feasible.
3. If it is necessary to have the nurse prepare a drug, that nurse will review the package insert, PDR, or information from the pharmacy to determine the proper methods of reconstitution.
4. If possible, the nurse will prepare only enough medication for use during his or her shift.
5. Nurse will attach the date of mixing, the initials of the person mixing, and any special information and precautions to the label.
6. Insulin is measured in units and is available in one strength; 100 units per cc Insulin is given subcutaneously rotating the site of injection (i.e., arms-deltoid area, thighs-anterior, abdomen) and the site, as well as the dose and the route (Sub-q), will be documented on the MAR.

D. Procedures for administering sterile irrigations:
   1. The nurse will open the bottle using the sterile technique. If the sterile technique is broken, the solution will not be used and it will be discarded.

2. If any remaining solution in the bottle is to be retained for later use, the nurse will record the date the bottle was opened on its label.
3. The nurse will store the unfinished, opened bottle in a clean area. The bottle may be stored for 24 to 48 hours after opening it. After 48 hours, the nurse will discard the bottle and its contents.

E. Procedures for administering intravenous medications:
1. The nurse will use sterile technique in preparing I.V. formulations. If the sterile technique is broken, the preparation will not be used and must be discarded.
2. The nurse will assure that all dosages are calculated properly.
3. If there are any problems with the calculations or formulations, the nurse will call the Pharmacy.

F. Procedures for administering ophthalmic preparations & topical agents:
1. If the medication is to be used in the eye, the nurse will ensure that the tips of dropper, droptainer, ophthalmic ointment tubes, and such do not touch the inmate's eye tissue during administration and that they will be kept in their closed containers when not being used.
2. If a medication is packaged for external use, in tubes, jars, bottles, and/or dropper bottles, the nurse will use the proper infection control technique in applying medication. The nurse will ensure that the contents of these containers are kept from contamination:
   a. The nurse will prevent infectious material from the patient from entering these medicated containers.
   b. Nurse will keep these containers tightly closed when storing them.

G. The following is a list of the facility's official medication passing times as approved by the Pharmacy & Therapeutics Committee:
1. QD - Every Day
2. PRN - As needed with proper documentation
3. BID - Twice a Day
4. TID - Three times a day
5. QID - Four times a day
6. Q6 - Every six hours

7. Q8 - Every eight hours
8. Q12 - Every 12 hours
9. Before meals - approximately 30 minutes to one hour before meals
10. After meals - approximately 30 minutes to one hour after meals
11. Around the clock medications should be given according to instructions at evenly distributed times throughout the twenty-four hour period

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

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Section I
EMERGENCY DRUG KIT

I. Policy: DPSCS pharmacy vendor will assure that there is an emergency drug kit available in all medical facilities for ready access to all medical staff.

II. Procedure:

A. A limited number of doses of drugs will be kept at each facility for use in emergencies when medications are not obtainable at the required time through regular procurement procedures.

B. These emergency drugs shall be stored in a separate select cabinet or container, with a list of the contents, including expiration date, secured to the outside.

C. A record shall be kept accounting for the use of these emergency medications. This record is separate and apart from the individual patient's MAR and shall contain the following information for each item used:

1. Drug name, strength and amount used.
2. Date and time drug used.
3. Inmate's name.
4. Prescriber's name.

5. Name of nurse administering drug.
6. Nature of emergency.

D. The pharmacy shall be notified when a drug is used from the kit and the pharmacy will replace used drugs within 48 hours.

E. A health services staff member shall make a notation in the pharmacy record of the date that medications are replaced (on the same line containing sign-out information). The name of the person replacing the medication shall also be recorded.

F. The contents of the emergency drug supply shall be determined by the DPSCS Chief Medical Officer, physician-in-charge, the pharmacist and director of nursing. If new drugs are to be added to the supply, the DPSCS Chief Medical Officer will be consulted.

G. A member of the staff will perform at least a daily inspection of the emergency (crash) cart.

H. Any drug or supply that will expire within thirty (30) days will be reordered.

I. The individual performing the inspection will date, sign and make any relevant notation on an emergency (crash) cart inspection record.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

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Section J
AUTOMATIC STOP ORDERS

I. Policy: DPSCS pharmacy vendor will assure that there is an emergency drug kit available in all medical facilities for ready access to all medical staff.

II. Procedure:

A. All staff physicians shall be informed of the facility's stop-order policies.

B. All drugs shall be stopped once the maximum amount of time permitted by institutional policy or State and Federal law is reached, whichever is least.

C. All drugs which have run the course of a specific dosage regimen, when so ordered by the clinician, shall be stopped. Upon request, the vendor will notify the medical provider (clinician) of medications due to stop within ten (10) days via a 10-day stop reorder report.

D. Specific stop orders shall be listed and maintained through a cooperative effort of the medical staff, administration, and consultant pharmacist.

E. A copy of approved stop orders shall be posted in each medicine room of each facility.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007
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Section K
MEDICATION RECALLS

I. Policy: DPSCS vendors will have a procedure to follow in the event of manufacturer drug recalls.

II. Procedure:

A. In the event that a medication is recalled by the manufacturer, the pharmacy vendor will notify the Site Medical Director, Director of Nursing and the Administrator. Such medications will be removed from all drug storage areas and replaced, if feasible.

B. If replacement is not possible, the Site Medical Director will be provided suggested therapeutic alternatives.

C. The OPS Director of Clinical Services and OPS Director of Nurses will be notified as well as the respective Agency Contract Operations Manager.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

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Section L
REPORTING AND CONTINUOUS QUALITY IMPROVEMENT

I. Policy: DPSCS will require the pharmacy vendor to perform certain quality assurance endeavors and to report on discrepancies found, as well as providing a regular report of findings with trending seen in the course of its endeavors.

II. Procedure:

A. Operations:

1. The Pharmacy Contractor receives and logs all medication orders, ensuring that all pages have been received and are legible.
2. The orders are entered into the computer system and then checked by a pharmacist. The computer has built in safeguards to include drug interactions, allergies, etc.
3. Orders are then filled by a technician, and every order is checked by another pharmacist.
4. Delivery Manifests are generated and all orders are packed by the delivery location. Every order is checked with the delivery manifest before being delivered to a facility.

B. Discrepancy Reporting:

1. As soon as a medication discrepancy is identified, it must be reported to the Pharmacy Contractor so that the proper medication can be sent to the facility.
2. If a patient has received and taken wrong medication(s), he should be evaluated by a physician. A pharmacist should be consulted to provide

information about the potential deleterious impact of taking the specific medication involved. The administering nurse will complete an incident report and provide the sequence of events to the charge nurse before the end of the shift or as soon as the error is discovered.

3. A discrepancy report shall be completed and returned to the Pharmacy Contractor to allow for implementation of continuous quality improvement processes (CQI) and follow up. A photocopy of the front and back of the medication blister card should also be sent to the Pharmacy Contractor with the discrepancy report.
4. The Pharmacy Contractor will provide statistical data regarding all pharmacy discrepancies with the monthly MAC reports and Monthly Incident Review Report. Additionally, discrepancies are reported and discussed at CQI and Pharmacy & Therapeutics Meetings.
5. Medications ordered, but not delivered, and noted as "Backorder" shall be tracked by the pharmacy vendor for inclusion in the monthly report by the name of the medication, frequency of backorder for that medication, and the number of days till filled. Pharmacy shall be responsible for tracking and filling all "Backordered" medications.

C. Internal CQI:

1. The General Manager of Operations tracks all discrepancies for patterns in employee performance, drug differentiation, dosing, etc. and employs interventions, training, and system changes as needed.

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
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Section M
DISPOSITION OF MEDICATIONS

I. Policy: DPSCS medical vendors will have a procedure for disposal of medications on a routine basis.

II. Procedure:

A. All unused, discontinued, outdated or recalled, and non-controlled drugs shall be returned to the pharmacy vendor.

B. The Pharmacy Contractor shall provide credit in compliance with the Maryland Board of Pharmacy COMAR 10.34.10.07. Medications must be in their original container as supplied by the Pharmacy Contractor. Non-Resident pharmacies must comply with the same regulations.

C. Inmates can be provided with a limited amount of medications at the time of their discharge if there is a physician's order for discharge medications. An inventory (to include drug name, strength, number of pills) of the drugs provided is completed, dated and signed by both the person releasing the drugs and the person receiving the drugs, and is placed in the inmate's record.

D. The medications and the medication record (MAR) shall be transferred with the inmate when moved to another facility.

E. Licensed personnel shall document any wastage of controlled drugs with two signatures.

F. All Class II DEA drugs should be returned to the local DEA office or disposed per DEA direction in accordance with Federal law.

G. No controlled substances may be returned to the pharmacy provider.

H. A record of disposition for all controlled substances will be maintained on site for three years regardless of the company that has pharmacy control for DPSCS.

I. All records and reports are property of the State of Maryland.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

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Section N
CONTROLLED DRUG PACKAGING

I. Policy: All DPSCS vendors will recognize the delivery packaging of controlled substances and will have a procedure for accepting such medications at each facility.

II. Procedure:

A. All controlled drugs will be packed and sealed in a red and white UPS bag.

B. All multiple cards of controlled substances will be printed with the number of cards on each label. For example, 2 cards of 30 tablets of Clonazepam for an inmate must be labeled 1 of 2 and 2 of 2.

C. The UPS bag will have the facility number placed on the outside.

D. A red letter "C" will be drawn on the outside of the UPS bag indicating controlled drugs inside.

E. The UPS bag will be packed inside the box containing the regular medication order.

F. The sign-off sheet (packing list) for controlled drugs will be packed and shipped in the same bag as the controlled drugs.

G. Nurse will contact the pharmacy manager immediately if this procedure is not followed exactly.

III. References: Correct Rx, Pharmacy Vendor

IV. IV. Rescissions: None

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Section O
CONTROLLED SUBSTANCE ORDERING

I. Policy: DPSCS vendor staff will have a procedure for ordering controlled substances.

II. Procedure:

A. Nursing staff shall order Schedule II Medications

1. Stock:
   a. All orders must be written on a DEA 222 order form
   b. This form can be obtained from the DEA by facilities that have a DEA Clinic License.
   c. A maximum of 1 blister card of 30 tablets/ capsules will be sent at 1 time.
2. Inmate Specific:
   a. All orders must be written by a DEA licensed prescriber.
   b. The order should be written on a separate order form. It should include the prescriber's signature and DEA #. The exact quantity and directions for administration should be specified.
   c. No refills are allowed on Schedule II drugs without a new written order by the DEA licensed prescriber.
   d. DEA regulations require the pharmacy to receive the original prescription prior to filling the order. The original order can be placed in an envelope clearly marked "Schedule II Medication Order" and handed to the medication delivery personnel or the facility can mail the original script

immediately to the pharmacy vendor using the address provided by the vendor.

B. Nursing staff shall order Schedule III – IV Medications

1. Stock:
   a. All orders should be written on the MD DPSCS stock order forms. This should include the prescriber's signature and DEA #.
   b. Clinician will order quantities in multiples of 30 only.
   c. When additional medications are needed for existing orders, nurse will not pull reorder stickers. A new written order is required each time.
   d. A maximum of 2 blister cards (dispensary) or 3 blister cards (infirmary) will be sent at 1 time.
2. Inmate Specific:
   a. All orders must contain prescriber's signature and DEA # as well as directions for administration of the medications.
   b. The order may be written on Physician order form or transcribed order sheet
   c. Length of an order cannot exceed 6 months or 5 refills per DEA regulations.

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
V. Date Issued: July 15, 2007;
Reviewed/Revised: November 30, 2010,
December 2011
October 3, 2012
July 11, 2013
December 2014.
December 2015

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section P
POISONING

I. Policy: DPSCS vendor staff will have a procedure to follow in the event of a poisoning at a DPSCS medical facility.

II. Procedure:

A. In the event of an ingested poisoning, the following procedures shall be followed:

1. Following immediate notification to the clinician on duty, Nurse will observe the patient continuously and maintain a log of the patient's vital signs (every fifteen minutes for one hour, then every half hour for one hour, then every hour until discontinued by the clinician).
2. Nurse will save all containers and labels that describe the suspected poisoning agent, and will save any vomitus. Knowing the source of the poison is essential for treatment purposes.
3. Nurse will call the National Poison Control Center immediately at 1-800-222-1222 for additional directions on care. If no Poison Control Center is available, then nurse will call "911" (or local emergency assistance).
4. Nurse will, with clinician's agreement, follow the Poison Control Center or 911's directions.

B. In the event of inhaled poison, nurse will immediately:

1. Take the victim to fresh air
2. Avoid breathing fumes
3. Start artificial respiration if needed
4. Call 911

5. Inform the physician

C. In the event of poison on the skin, nurse will immediately:
   1. Notify the clinician on duty.
   2. Remove contaminated clothing and flood skin with water for ten (10) minutes. Then wash gently with soap and water, rinse. Use care not to expose yourself to toxic or corrosive substances.
   3. Contact Poison Control Center at 1-800-222-1222 for additional directions on care.

D. In the event of poison in the eye, nurse will immediately:
   1. Notify the clinician on duty
   2. Flood the eye with lukewarm water poured from a large glass 2 or 3 inches from the eye. Repeat every 15 minutes. While flooding the eye, ask patient to blink as much as possible and to avoid rubbing the eye. Do not force the eyelid open.
   3. Contact Poison Control Center at 1-800-222-1222 for additional directions on care.

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
V. Date July 15, 2007
Reviewed/Revised: September 17, 2009
November 08, 2010
December 2011
October 3, 2012
July 2013
November 7, 2014
December 2015 (no change)

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

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Chapter 3
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Section Q
CONSULTANT PHARMACY SERVICES

I. Policy: DPSCS will have the services of a consultant pharmacist through its contract with the pharmacy vendor to perform certain quality assurance functions and to make recommendations for bettering pharmacy services.

II. Procedure:

A. A pharmacist shall visit each facility quarterly, or more frequently as dictated by the contract or if there is found to be need (such as in the event of a poor performance review of that facility) to perform inspections of medication storage areas, record keeping, etc. The consultant pharmacist shall monitor compliance with the pharmacy policies and procedures. A record shall be kept at the facility documenting pharmacist visits.

B. A pharmacist will inspect each medication area.

C. Each of the following will be reviewed or inspected to assure that the policies described in this manual are adhered to:

1. Emergency Kit
2. Controlled Substances
3. Medication Administration Records
4. Medication storage areas including refrigerators and double locked cabinets for controlled drugs.
5. Labeling and Expiration Dates

D. The completed inspection form will be provided to the health services administrator.

E. A pharmacist or other qualified speaker will provide, per contractual agreement, in-service programs to nursing personnel on topics including, but not limited to:
   1. Drug distribution system policy and procedure
   2. Pathophysiology and treatment of various diseases
   3. Pharmacology of drug classes
   4. Policies and procedures
   5. Documentation as to the subject matter and participation in programs shall be maintained with the Agency Contract Operations Manager and Health Services Administrator or Director of Nursing.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: July 15, 2007,
Reviewed/Revised September 15, 2009
November 08, 2010
December 2011
Reviewed October 2012
July 2013
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section R
CONTROLLED DRUGS BY SCHEDULES

I. Policy: DPSCS medical vendor staff will have a list of scheduled drugs for reference use.

II. Staff will reference the lists below if there is any question about where a drug may fall on the scheduled lists. CONTROLLED DRUGS LISTED BY SCHEDULES

Schedule II Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alfentanil	Alfenta	Opioid
Amobarbital	Amytal	Barbiturate
Amobarbital and secobarbital	Tuinal	Barbiturate
Amphetamine	Dexedrine	Amphetamine
Cocaine	Cocaine	Amphetamine
Codeine	Codeine	Opioid
Dexmethylphenidate	Focalin	Amphetamine
Dextroamphetamine	Dexedrine, DextroStat	Amphetamine
Fentanyl	Actiq, Sublimaze, Duragesic	Opioid
Glutethimide	Gluthethimide	Piperidine Derivatives
Hydromorphone	Dilaudid, Palladone	Opioid
Levorphanol	Levo-Dromoran	Opioid
Meperidine	Demerol	Opioid
Meperidine w/ atropine	Meperidine and Atropine	Opioid
Meperidine w/ promethazine	Mepergan	Opioid
Methadone	Dolophine,	Opioid

	Methadose	
Methamphetamine	Desoxyn	Amphetamine
Methylphenidate	Ritalin, Concerta, Metadate, Methylin	Amphetamine
Morphine	MS Contin, Roxanol, Kadian, Duramorph, Oramorph, MSIR, Avinza,	Opioid
Morphine w/ atropine	Morphine and Atropine	Opioid
Opium Tincture	Opium Tincture	Opioid
Opium and Belladona Suppositories	B&O Supprettes	Opioid
Oxycodone	OxyContin, OxyIR	Opioid
Oxycodone combinations	Percocet, Roxicet, Tylox, Roxilox, Percodan	Opioid
Oxymorphone	Numorphan	Opioid
Pentobarbital	Nembutal	Barbiturate
Remifentanil	Ultiva	Opioid
Secobarbital	Seconal	Barbiturate
Sufentanil	Sufenta	Opioid

"This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for MD DPSCS facilities."

** FACILITY MUST BE LICENSED FOR METHADONE TREATMENT

CONTROLLED DRUGS LISTED BY SCHEDULES

Schedule III Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Aprobarbital	Alurate	Barbiturate
Benzphetamine	Didrex	Anorexiant
Buprenorphine	Buprenex, Subutex	Narcotic agonist-antagonist
Butabarbital	Butisol	Barbiturate
Butalbital compound	Fiorinal	NonNarcotic Analgesic with Barbiturate

Codeine combination product 90 mg/du	Tylenol #2, Tylenol #3, Tylenol #4, Fioricet with Codeine, Guaifenesin (tablets), Carisoprodol, Codeprex, pseudoephedrine, Cycofed, Nucofed, chlorpheniramine	Opioid
Dihydrocodeine combination product 90 mg/du	Pancof, Tricof, DHC Plus, Synalgos DC	Opioid
Dihydrotestosterone	Androgen	Androgen Steroid
Dronabinol	Marinol	Miscellaneous
Fluoxymesterone	Fluoxymesterone	Androgen Steroid
Hydrocodone combination product 15 mg/du	Vicodin, Chlorpheniramine, Guaifenesin, Vicoprofen, Lortab, Hydrocodone with ASA,	Opioid
Ketamine	Ketalar	General Anesthetic
Methyltestosterone	Android, Methitest, Testred, Virilon	Androgen Steroid
Nandrolone	Nandrolone	Anabolic Steroid
Opium	Paregoric	Opiod
Oxandrolone	Oxandrin	Anabolic Steroid
Oxymetholone	Anadrol-50	Anabolic Steroid
Pentobarbital suppository	Nembutal	Barbiturate
Phendimetrazine	Prelu-2, Bontril, Melfiat	anorexiant
Testolactone	Teslac	Androgen Steroid
Testosterone	Testopel, Depotestosterone, Delatestryl, Testoderm, Androderm, AndroGel, Testim,	Androgen Steroid
Thiopental	Pentothal	Barbiturate

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Schedule IV Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alprazolam	Niravam, Xanax	Benzodiazepines
Butorphanol	Stadol, Stadol NS,	Narcotic agonist-antagonist
Chloral hydrate	Somnote, Aquachloral	Sedative Hypnotic
Chlordiazepoxide	Librium	Benzodiazepines
Clobazam	Urbadan, Urbanyl	Benzodiazepines
Clonazepam	Klonopin	Benzodiazepines
Clorazepate	Tranxene	Benzodiazepines
Diazepam	Valium	Benzodiazepines
Dichloralphenazone combination	Midrin	Migraine analgesic
Diethylpropion	Tenuate	Anorexiant
Difenoxin with Atropine	Motofen	Antidiarrheals
Estazolam	ProSom	Benzodiazepines
Eszopiclone	Lunesta	Sedative Hypnotic
Ethchlorvynol	Placidyl	Tertiary Acetylenic Alcohols
Flurazepam	Dalmane	Benzodiazepines
Halazepam	Paxipam	Benzodiazepines
Lorazepam	Ativan	Benzodiazepines
Mazindol	Sanorex, Mazanor	Anorexiant
Mephobarbital	Mebaral	Barbiturate
Meprobamate	Miltown, Equanil	Antianxiolytic
Methohexital	Brevital	Barbiturate
Midazolam	Versed	Benzodiazepines
Modafinil	Provigil	Analeptics
Nitrazepam	Mogadon	Benzodiazepines
Oxazepam	Serax, Serenid-D	Benzodiazepines
Paraldehyde	Paral	Sedative Hypnotic
Pentazocine	Tawlin, Talwin NX, Talacen	Narcotic agonist-antagonist
Phenobarbital	Luminal, Sulfoton, Bellatal	Barbiturate
Phentermine	Ionamin, Fastin, Adipex-O, ProFast	Anorexiant
Propxyphene	Darvon	Opioid
Propoxyphene combinations	Darvocet	Opioid
Quazepam	Doral	Benzodiazepines
Sibutramine	Meridia	anorexiant
Temazepam	Restoril	Benzodiazepines

Triazolam	Halcion	Benzodiazepines
Zaleplon	Sonata	Pyrazolopyrimidine
Zolpidem	Ambien	Imidazopyridines

"This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for MD DPSCS facilities."

Schedule V Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Codeine preparations-200gm/100ml or 100gm	Tylenol with Codeine liquid, Guaifenesin with Codeine, Promethazine with codeine, Tussirex, Dihistine, Decohistine Codimal PH, Triacin-C,	Opioid
Dihydrocodeine preparations 10mg/100ml or 100gm	Cophene-S	Opioid
Diphenoxylate with Aptropine	Lomotil, Lonox, Logen	Antidiarrheal

"This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary and stock lists to determine approved controlled substances for MD DPSCS facilities."

III. References: Correct Rx, Pharmacy Vendor
IV. Rescissions: None
V. Date Issued: July 15, 2007
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/ INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 3
PHARMACY VENDOR SERVICES

Section S
USE OF PATIENTS' OWN SUPPLY OF MEDICATIONS IN CORRECTIONAL FACILITIES

I. Policy: (a)To provide for patient safety, continuity of care, and medication administration in circumstances when the patient brings his or her own medications to a correction facility for use and (b) to ensure proper documentation of medication receipt and disposition.

II. Procedure:

A. Use of Medications Brought to the Correctional Facility by the patient or patient's family member:

1. Medications brought to a correctional facility from sources other than the contracted pharmacy vendor may be used in the event that the pharmacy is unable to procure the prescribed medication in a timely manner (e.g, certain specialty products requiring patient/physician registration), medication is nonformulary medication with no therapeutic substitution on the formulary that is used for a limited duration, or other extenuating circumstance.
2. The use of a patient's home supply of medication is at the discretion of the medical provider and clinical pharmacist.

B. Receipt of home supply medication for patient use

1. Medications received from a patient or their representative for the purposes of administration while patient is in a correctional facility must be properly documented upon receipt on Appendix A.
2. The medication name, strength, directions for use and quantity received must be confirmed and signed by a member of the medical staff and the patient or patient's representative prior to the medication being used.

C. Requirements of medications obtained from patient's home supply

1. Medications brought to a correctional facility for patient use must be examined by a pharmacist for positive identification, visual inspection of integrity, and proper labeling according to the current physician order. Any medication whose contents or integrity cannot be verified (e.g., opened oral liquids, ophthalmic solutions) will not be used. The following criteria are utilized for verification:
    a. The medication must be contained in an original prescription container with labeling that identifies the name, strength, dose, route and directions for use.
    b. Medications must not be expired, adulterated, or misbranded.
    c. Upon visual inspection, the product does not appear to be deteriorated, expired, or otherwise adulterated.
    d. The pharmacist will verify the product via online product identification systems.
    e. Whenever the integrity cannot be verified, the product is excluded from use.
    f. Compounded products are excluded from this protocol.
    g. Controlled substances are excluded from this protocol.

2. Medications that have been verified by the clinical pharmacist for patient administration should be documented by the pharmacist in EPHR as "verified".
3. The authorizing provider should enter the medication name and instructions in the patient's medication list in EPHR with a notation in the SIG that states "PATIENT MAY USE OWN SUPPLY".

D. In the event that a patient's home supply of medication is no longer needed (e.g., order discontinue, therapy completed), the medication should be inventoried and stored with the patient's personal property or disposed of per policy.

III. References: Correct Rx, Pharmacy Vendor

IV. Rescissions: None

V. Date Issued: December 1, 2015

MD DPSCS ACCOUNTABILITY LOG FOR PATIENT SUPPLIED MEDICATIONS

Patient Name:				**Inmate ID:**	
Medication Name:			**Strength:**	**Directions:**	
Date Received	Amount Received	Lot #	Expiration Date	# Boxes/Bottles	Comments
Patient Name:				**Inmate ID:**	
Medication Name:			**Strength:**	**Directions:**	
Date Received	Amount Received	Lot #	Expiration Date	# Boxes/Bottles	Comments
Patient Name:				**Inmate ID:**	
Medication Name:			**Strength:**	**Directions:**	
Date Received	Amount Received	Lot #	Expiration Date	# Boxes/Bottles	Comments

Signature of Medical Staff:_____ Date:_____

Signature of Patient/Representative:_____ Date:_____

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

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Chapter 4
KEEP ON PERSON and DIRECT OBSERVATION THERAPY (Watch Take/ Watch Swallow)

I. Policy: The MD DPSCS Chief Medical Officer, in consultation with the Pharmacy and Therapeutics Committee, will determine medications appropriate for Keep on Person (KOP) and Direct Observation Therapy (DOT), also called "Watch Take" or "Watch Swallow". At the provider's discretion, any medication (prescription and over-the-counter) may be ordered as DOT by the provider.

II. Procedure:

A. Patients will meet the following criteria for any written KOP order.

1. Medications which are excluded from the KOP program are listed in the Attachment I, II, III, and IV.

a. Medications in the Attachment I, III, or IV may be ordered as KOP, and clinician must specifically indicate "KOP" in the written directions of the seizure medication order. Such cases include:

i. Persons with seizure disorders that have not experienced a seizure in the four months preceding the order for the medications

ii. Persons who have been stable on selective serotonin reuptake inhibitors (SSRIs) for at least six months

iii. Persons with HIV that have an undetectable viral load (defined as a viral load of less than 400) and who have shown adherence to their medication regimen (defined as persons having at least six months of viral load suppression and no violations of the exclusionary criteria described in this policy)

iv. Meds will be given as Watch Take/DOTonly if, regardless of viral load status, medications require refrigeration or other storage requirements that cannot be met by an incarcerated individual.

v. If any of the HIV medications being used for an inmate require special storage requirements, all HIV meds for that person will be given as Watch Take/DOT.

vi. Refer to Attachment IV for special storage requirements for HIV medications.

b. Patients may also be excluded from the KOP program for the following reasons:

i. Failure to comply with the guidelines of the program

ii. Determined to be at-risk for abuse of the program

iii. Patient's inability to understand and comply with the KOP guidelines

iv. Transportation to the Jessup Transport Hub for Medical Transport will also negate KOP orders; in these cases, all KOP meds will be taken from the transported inmate and given to medical staff in the facility for administration as DOT

c. When a patient is excluded from participating in the KOP program, the clinician will document the exclusion in the EHR (electronic health record) including:

i. The rationale for the exclusion

ii. Any counseling provided

iii. A written order in the EHR stating that medication will be administered as Watch/Take

iv. Nursing will document the same on the MAR indicating the ordered "DOT/Watch Take Status"

2. The Attachments describing the possible drugs that may or may not be considered for KOP or Watch Take/DOT have some exceptions:

a. If a psychotropic drug is ordered for a somatic reason, such as those with an asterisk on Attachment I, the clinician will write an order that includes

the reason for the medication and specify that it is to be given as KOP in the directions field.

b. Without specific written orders from the clinician, pharmacy and nursing staff will dispense and administer these medications as DOT.

3. The following medications are always designated as KOP and will remain in the patient's possession (These medications may also be refilled from stock if going through the routine refill process would cause a delay in treatment):
   a. Nitroglycerin sublingual tablets
   b. Asthma inhalers
   c. Oral glucose tablets/gel as ordered for glucose irregularities

B. The clinician may order any medication that is listed as KOP eligible as a Watch Take/DOT medication, in which case the clinician will include "Watch Take/DOT" in the written medication order directions.

C. The institution will establish and post specific times for KOP Medications to be picked up or reordered by the patients.

D. The Site Medical Director has the authority to make a determination that KOP is unacceptable and disallow KOP for a given patient for reasons including but not limited to:
   1. Non-compliance with the KOP program
   2. Health care related issues
   3. Infraction of facility rules and regulations
   4. A patient is found to be hoarding medications
   5. A patient is found with prescription medication in his/her possession which is not labeled according to standards: with his/her name on the prescription label, including (but not limited to) any OTC medication not provided through OTS or facility's commissary, and verified by medical staff
   6. A patient fails to secure KOP medication in the approved living space
   7. A patient maintains medication past the expiration of the prescription order

E. A patient that has been removed from KOP status may be reconsidered if:
   1. He or she shows evidence of adherence to the original requirements noted for these privileges

2. He or she is in compliance without infractions noted in this policy (Section D) for no less than six months

F. KOP Medications will be provided to and signed for by the inmate.
   1. Nurse will provide the blister packs of medications to the inmate and record the drugs by name, dosage, and number of pills on the MAR using the KOP Stamp.
      a. All prescription medications issued to patients will be clearly labeled by the Pharmacy Vendor with the name, date, medication, method of administration, start date, stop date, and expiration date.
      b. A patient may possess no more than a 30-day supply of medication packaged in a blister card(s), and/or one (1) prescription container of a topical preparation, and/or one (1) tube of ophthalmic or optic drops, and/or one (1) asthma inhaler.
      c. Using the "KOP stamp", the MAR should be stamped next to the medication order box containing the KOP order, and the information blanks on the stamped image should be completed by the nurse releasing the medication.
         i. The inmate should sign in the appropriate space indicating that he or she has received the KOP medication.
         ii. There should be a stamped imprint properly completed for each individual KOP medication given to the inmate.
   2. The inmate will receive instruction from the nurse regarding all KOP medications including possible side effects, when the inmate is to take the drugs (with meals, not with certain foods, frequency, etc.), and how he/she will be able to obtain refills.
      a. The inmate will be advised to keep the medication in his or her cell for self-administration.
      b. A "Keep on Person (KOP) Medication Program-Patient Education" form (DPSCS Form OTS 124-480-2) approved by the State DPSCS will be made available to each inmate upon initial receipt of the medication and replaced upon request of an inmate. This form:

i. Must be signed by the providing staff and the patient after review
ii. Shall be copied and placed into the patient's medical records

G. The following medications may not be ordered or given as KOP and will be DOT:
1. Medications for the treatment of mental health disorders, except as described in A-1-a-ii above
2. Controlled Medications (Scheduled II-V) and Ultram (see Attachment II)
3. Seizure Medications for patients with uncontrolled seizures (see Attachment III)
4. Seizure medications, except as described in A-1-a-I above
5. HIV Medications, except as described in A-1-a-iii above
6. Bactrim® for the treatment of suspected MRSA (methicillin-resistant Staphylococcal aureus)
7. Gabapentin regardless of indication
8. Certain Muscle Relaxants
   a. Baclofen (Lioresal®)
   b. Methocarbamol (Robaxin®)
9. Injectable medications (IV,SubQ, IM)
10. Clonidine
11. Other Medications at the medical provider's discretion

H. Direct Observation Therapy (DOT or "watch take"), also called watch/swallow:
1. Unless precluded for security or medical reasons, inmates prescribed insulin shall self-administer injectable insulin under direct observation of an LPN or higher and the nurse shall document the dose, site, and time on the MAR.
   a. All inmates at "reception" (defined as "intake" or "retake"), in any facility, who are prescribed medications shall be placed on "watch take" status until evaluated by a mid-level or higher clinician who shall make the determination that the patient may or may not assume KOP (keep on person) status in keeping with KOP policies in the Pharmacy Manual.
   b. Watch take direct observation shall be conducted as follows:
      i. The inmate will be handed the medication in an appropriate container;

ii. The inmate will be instructed to place the medication on the center of his/her tongue and to keep his/her mouth open until he drinks the water to wash down the pill(s);

iii. The inmate will then be asked to open his/her mouth and roll their tongue;

iv. The person administering the medication will observe this entire process and will immediately notify the custody officer on duty if the inmate behaves in such a fashion as to prevent observation.

III. References: Correct Rx, Pharmacy Vendor Watch Take Standards, Pharmacy Services Manual

IV. Rescissions: None

V. Date Issued: September 15, 2007
Reviewed/Revised: August, 2010
November 8, 2011
October 2012
July 2013
December 2014
December 2015

Attachment I – Psychotropic Medications

GENERIC NAME	TRADE NAME(S)
Amitriptyline *	Elavil
Aripiprazole	Abilify
Bupropion	Wellbutrin
Buspirone	Buspar
Chlorpromazine	Thorazine
Citalopram¥	Celexa
Desipramine	Norpramin
Doxepin	Sinequan
Duloxetine *	Cymbalta
Escitalopram¥	Lexapro
Fluoxetine¥	Prozac
Fluvoxamine	Luvox
Fluphenazine	Fluphenazine
Haloperidol	Haldol
Hydroxyzine *	Atarax, Vistaril
Imipramine	Tofranil
Lithium Carbonate/ Lithium Citrate	Eskalith, Lithobid
Mirtazepine	Remeron
Nortriptyline	Pamelor
Olanzapine	Zyprexa
Paroxetine¥	Paxil
Perphenazine	Zonegran
Quetiapine	Seroquel
Risperidone	Risperdal
Sertraline¥	Zoloft
Trazodone	Desyrel
Ziprasidone	Geodon

Medications that have (¥) are selective Serotonin Reuptake Inhibitor and may be given KOP if the patient is controlled and the clinician prescribes as KOP in the directions. *Medications that have asterisk (*) may be prescribed for somatic reasons.* ***This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary.***

Attachment II – Controlled Substances

CLASS II Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alfentanil	Alfenta	Opioid
Amobarbital	Amytal	Barbiturate
Amobarbital and secobarbital	Tuinal	Barbiturate
Amphetamine	Dexedrine	Amphetamine
Codeine	Codeine	Opioid
Dexmethylphenidate	Focalin	Amphetamine
Dextroamphetamine	Dexedrine, DextroStat	Amphetamine
Fentanyl	Actiq, Sublimaze, Duragesic	Opioid
Hydrocodone combination product 15 mg/du	Vicodin, Vicoprofen, Lortab, Hydrocodone with ASA, Norco	Opioid
Hydromorphone	Dilaudid, Palladone	Opioid
Levorphanol	Levo-Dromoran	Opioid
Meperidine	Demerol	Opioid
Methadone	Dolophine, Methadose	Opioid
Methamphetamine	Desoxyn	Amphetamine
Methylphenidate	Ritalin, Concerta, Metadate, Methylin	Amphetamine
Morphine	MS Contin, Roxanol, Kadian, Duramorph, Oramorph, MSIR, Avinza,	Opioid
Opium and Belladona Suppositories	B&O Supprettes	Opioid
Oxycodone	OxyContin, OxyIR	Opioid
Oxycodone combinations	Percocet, Roxicet, Tylox, Roxilox, Percodan	Opioid
Oxymorphone	Numorphan	Opioid
Pentobarbital	Nembutal	Barbiturate
Secobarbital	Seconal	Barbiturate

This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary.

Attachment II – Controlled Substances

CLASS III Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Buprenorphine	Buprenex, Subutex	Narcotic agonist-antagonist
Butalbital compound	Fiorinal	NonNarcotic Analgesic with Barbiturate
Codeine combination product 90 mg/du	Tylenol #2, Tylenol #3, Tylenol #4, Fioricet with Codeine, Guaifenesin (tablets), Carisoprodol, Codeprex, pseudoephedrine, Cycofed, Nucofed, chlorpheniramine	Opioid
Dihydrotestosterone	Androgen	Androgen Steroid
Dronabinol	Marinol	Miscellaneous
Ketamine	Ketalar	General Anesthetic
Methyltestosterone	Android, Methitest, Testred, Virilon	Androgen Steroid
Nandrolone	Nandrolone	Anabolic Steroid
Opium	Paregoric	Opiod
Oxandrolone	Oxandrin	Anabolic Steroid
Oxymetholone	Anadrol-50	Anabolic Steroid
Pentobarbital suppository	Nembutal	Barbiturate
Testolactone	Teslac	Androgen Steroid
Testosterone	Testopel, Depotestosterone, Delatestryl, Testoderm, Androderm, AndroGel, Testim,	Androgen Steroid
Thiopental	Pentothal	Barbiturate

This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary.

Attachment II – Controlled Substances

CLASS IV Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Alprazolam	Niravam, Xanax	Benzodiazepines
Butorphanol	Stadol, Stadol NS,	Narcotic agonist-antagonist
Chloral hydrate	Somnote, Aquachloral	Sedative Hypnotic
Chlordiazepoxide	Librium	Benzodiazepines
Clonazepam	Klonopin	Benzodiazepines
Diazepam	Valium	Benzodiazepines
Dichloralphenazone combination	Midrin	Migraine analgesic
Diethylpropion	Tenuate	Anorexiant
Estazolam	ProSom	Benzodiazepines
Eszopiclone	Lunesta	Sedative Hypnotic
Flurazepam	Dalmane	Benzodiazepines
Halazepam	Paxipam	Benzodiazepines
Lorazepam	Ativan	Benzodiazepines
Midazolam	Versed	Benzodiazepines
Modafinil	Provigil	Analeptics
Nitrazepam	Mogadon	Benzodiazepines
Oxazepam	Serax, Serenid-D	Benzodiazepines
Pentazocine	Tawlin, Talwin NX, Talacen	Narcotic agonist-antagonist
Phenobarbital	Luminal, Sulfoton, Bellatal	Barbiturate
Phentermine	Ionamin, Fastin, Adipex-O, ProFast	Anorexiant
Propxyphene	Darvon	Opioid
Propoxyphene combinations	Darvocet	Opioid
Quazepam	Doral	Benzodiazepines
Sibutramine	Meridia	anorexiant
Temazepam	Restoril	Benzodiazepines
Tramadol	Ultram	Opioid
Triazolam	Halcion	Benzodiazepines
Zaleplon	Sonata	Pyrazolopyrimidine
Zolpidem	Ambien	Imidazopyridines

This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary

Attachment II – Controlled Substances

CLASS V Controlled Substances

GENERIC NAME	TRADE NAME(S)	PHARMACOLOGIC CLASS
Codeine preparations-200gm/100ml or 100gm	Tylenol with Codeine liquid, Guaifenesin with Codeine, Promethazine with codeine, Tussirex, Dihistine, Decohistine Codimal PH, Triacin-C,	Opioid
Dihydrocodeine preparations 10mg/100ml or 100gm	Cophene-S	Opioid
Diphenoxylate with Aptropine	Lomotil, Lonox, Logen	Antidiarrheal

This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary.

Attachment III – Seizure Medications

GENERIC NAME	TRADE NAME(S)
Carbamazepine *	Tegretol, Carbatol ER
Divalproex *	Depakote, Depakote ER
Gabapentin *	Neurontin
Lamotrigine	Lamictal
Levetiracetam	Keppra
Oxacarbazepine *	Trileptal
Phenytoin	Dilantin
Pregabalin	Lyrica
Primidone	Mysoline
Tiagabine	Gabitril
Topiramate *	Topamax
Valproic Acid *	Depakene, Stavzor
Zonisamide	Zonegran

This list is intended for educational purposes. Please refer to the MD DPSCS approved formulary.
Medications that have asterisk (*) may be prescribed for mental health reasons.

Attachment IV
HIV Medications

Brand	Generic	Abbreviation	Classification	Room Temp (59-86 degrees Fahrenheit)	Refrigeration (36-46 degrees Fahrenheit)
Aptivus	Tipranavir	TPV	PI	Yes	
Atripla	Efavirenz/ Emtricitabine/ Tenofovir	Combination	NNRTI/ NRTI/ NRTI	Yes	
Combivir	Lamivudine	IDV	NRTI	Yes	
Complera	Rilpivirine Emtricitabine/ Tenofovir	Combination	NNRTI/ NRTI/ NRTI	Yes	
Crixivan	Indinavir	IDV	PI	Yes	
Emtriva	Emtricitabine	FTC	NRTI	Yes	
Edurant	Rilpivirine		NNRTI	Yes	
Epivir	Lamivudine	3TC	NRTI	Yes	
Epizcom	Abacavir/Lamivudine	Combination	NRTI/NRTI	Yes	
Fuzeon	Enfuvirtide		Entry Inhibitor		
Intelence	Etravirine		Non-Nucleoside NNRTI	Yes	
Invirase	Saquinavir	SQV	PI	Yes	
Isentress	Raltegravir		Integrase Inhibitor	Yes	
Kaletra	Lopinavir/Ritinovir	LPV/RTV	PI	Tablets= Yes Solution= Yes once opened for up to 60 days	Yes for unopened solution
Lexiva	Fosamprenavir	FPV	PI	Caps=Yes if stored below 77 Degrees for up to 30 days Solution= Yes	Yes
Norvir	Ritinovir	RTV	PI	Yes	
Prezista	Darunavir	DRV	PI	Yes	

Attachment IV
HIV Medications (continued)

Brand	Generic	Abbreviation	Classification	Room Temp (59-86 degrees Fahrenheit)	Refrigeration (36-46 degrees Fahrenheit)
Rescriptor	Delaviradine	DLV	NNRTI	Yes	
Retrovir	Zidovudine	AZT	NRTI	Yes if stored at 59-77 degrees	
Reyataz	Atanzanavir	ATV	PI	Yes	
Selzentry	Maraviroc	MVC	Entry Inhibitor	Yes	
Stribild	Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir	Combination	Integrase Inhibitor/ NRTI/NRTI		
Sustiva	Efavirenz	EFV	NRTI	Yes	
Tivicay	Dolutegravir	S/GSK-572	Integrase Inhibitors	Yes	
Trizivir	Abacavir/Lamivudine/ Zidovudine	Combination	NRTI	Yes	
Truvada	Emtricitabine/Tenofovir	Combination	NRTI Combination	Yes	
Videx EC	Didanosine	ddI	NRTI	Yes	
Viracept	Nefinavir	NVP	PI	Yes	
Viramune	Nevirapine	NVP	NNRTI	Yes	
Viread	Tenofovir	TNV	NRTI	Yes	
Zerit	Stavudine	D4T	NRTI	Yes	
Ziagen	Abacavir	ABC	NRTI	Yes if stored at 68-77 degrees	

PI = Protease Inhibitor
NRTI = Nucleaside/Nucleotide Reverse Transcriptase Inhibitors
NNRTI = Non-Nucleoside Reverse Transcriptase Inhibitors
EI = Entry Inhibitors
II = Integrase Inhibitors

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 5

MEDICATION HANDLING DURING PATIENT TRANSPORTATION TO AND THROUGH HUBS AND TO AND FROM COURT

I. Policy: All prescribed medications to include KOP Medications and Watch Take Medications will be transported with the inmate to the designated DPSCS locations known as "hubs" used for detainee/inmate housing during medical and court trips.

II. Procedure:

A. The following definitions shall be employed for the purposes of this policy/procedure:

1. Hub: Specified locations throughout DPSCS used to house detainees/inmates en route to other locations.
2. KOP: A "Keep on Person" medication is a privilege provided to inmates that have shown responsible medication behaviors. A physician's order is required to permit the use of KOP as a medication administration method. Not all medications may be ordered as KOP (refer to Chapter 4 of this Manual for additional information on KOP and DOT Medication Administration). Once ordered, the inmate agrees to a written set of requirements that will permit him or her to keep this privilege.
3. DON: "Director of Nursing"
4. DOT: "Direct Observation Therapy" is the routine means of administering medications to a detainee/inmate. Terms of Watch-Take or Watch-Swallow can be used with the same meaning as DOT. Certain medications must be administered by this method (See Chapter 4 of this manual). All medications are administered in this way unless specifically ordered to be KOP.

5. MAR: The "Medical Administration Record" is the only official mechanism for recording medication administration including medications not taken for any reason.
6. Medical Records Bag: This is a plastic bag that medical units use to package medical record, medications, or other medical information that may be necessary for a detainee/inmate's travel to another location.

B. One week prior or as soon as practical but no less the 24 hours prior to transport the facility's scheduler shall provide a list of all inmates for transport to medical appointments requiring a stay at a transportation hub to the facility's Traffic Office
   1. A copy of that list shall be sent by the scheduler to the facility's DON/designee.
   2. The list will include, by date:
      a. The detainee/inmate's name.
      b. The detainee/inmate's identification number.
      c. Where the detainee/inmate is to go ultimately (medical appointment/hospital/special testing, etc.)
      d. A note (check-list) that the nursing staff has been notified of the movement.

C. Custody staff as assigned by the facility's Warden/designee shall provide similar information to the DON/designee in the same time frame (One week prior or as soon as practical but no less the 24 hours prior to transport requiring a stay at a transportation hub) for court trips.

D. Twenty-four (24) hours prior to an inmate's transportation for medical or court trips, the facility nurse assigned to the Dispensary will complete the medication inventory sheet.
   1. Within twelve (12) hours of transporting the inmate, nursing will give the facility Traffic office a completed medication inventory sheet and security staff designated by the institution will direct detainees/inmates to pack all of their meds into a designated container/envelope in preparation for travel the next day.

2. The inmate and security staff will sign the medication inventory sheet signifying the inventory listing.
3. Security staff will deliver the medications and the medication inventory sheet to the medical department.

E. The designated dispensary nurse will ensure that all the medications listed on the medication inventory sheet match the orders from the MAR and will sign the medication inventory sheet.
   1. It is the responsibility of the designated medical staff to determine if all prescribed medications are reflected in the inventory.
   2. Nursing staff will package the Inventory Sheet, the Watch Take medications, and the KOP medications in a brown sealed envelope with the detainee's/inmates name and DOC (or Detention) number written on the front.
   3. The brown sealed envelope will be placed into a clear plastic medical records bag used in the health care units to package medical information/medications with the chain of custody form.
   4. Medications such as, but not limited to, inhalers and nitroglycerin that must be in the patient's possession at all time to assure immediate access to avoid medical crises will remain in the possession of the inmate during transport and while at the hub.

F. Transportation officer(s) will retrieve the medications from the medical department (the brown sealed envelope described in E 3 above) at which time the nurse and transporting officer will then sign chain of custody form signifying receipt of same.

G. Upon arrival at a transportation hub:
   1. The Transportation Officer will provide a list of all transported inmates into the hub to the nurse in the dispensary.
      a. When the inmate arrives at the hub the transporting officer will deliver the clear plastic medical records bag containing all medications previously collected, the medication inventory sheet, and the chain of custody form to the dispensary nurse.

b. Before the Transportation Officer departs, the nurse and transporting officer will verify the medications on the medication inventory sheet are present.
    i. If any medication listed on the inventory sheet is missing the dispensary nurse will document such in the comments section and follow the Early Refill missing medication policy.
    ii. No stock medication will be transported.
    iii. Inhalers and nitroglycerin medications will remain in the inmate's possession.
    iv. The nurse will document this in the appropriate box on the inventory sheet.
c. The Transportation Officer and dispensary nurse will sign the chain of custody form.
d. If the dispensary nurse is not available, security/custody staff assigned to the medical area will sign the chain of custody form and place in the designated locked box.
    i. The locked box shall be supplied by the facility.
    ii. The locked box shall be used only if dispensary nurse cannot be located and that shall be noted and left with the medication in the locked box with a date, time, and attempts made to locate the nurse.
    iii. The key shall be kept in the possession of the security/custody staff assigned to the medical area and shall be accounted for at the end of shift counts for keys and controlled substances.
e. The nurse will take possession of both Watch Take and KOP medications and lock them in the appropriate location for immediate use at the first scheduled medication administration following receipt of the meds.

2. Nursing will administer all medications as Watch-Take inclusive of KOP medications regardless of any clinical order for KOP during the time detainee/inmate is in the hub in the location at that hub site cleared at the designated location for medication administration at routine (or as specially ordered) medication pass times for that location.

a. There may be variances in administration times from one facility to another, but the meds will be administered at the times scheduled for the hub site location.
b. Previously routine KOP meds will be documented as given by the nurse following the Basic Medication Administration Policies (Chapter 1 of this manual).

3. Twenty-four (24) hours prior to a detainee/inmate leaving a hub, the hub facility Traffic Office will provide a list of all detainee/inmates leaving to the DON/designee of the facility.
4. Within twelve (12) hours of transportation time (which shall be shared with the DON/designee), the Dispensary nurse will obtain the original medication inventory sheet, the chain of custody form, and all KOP and Watch Take medications and prepare them for transport in the same manner described above in section "E" of this document.

H. Upon leaving the hub:
1. Prior to transport the Transportation Officer will retrieve medications (the brown sealed envelope) from the Dispensary nurse to assure its delivery with the detainee/inmate to the next location.
2. Nurse and Transportation Officer will sign the chain of custody form and place in the clear plastic bag in the same manner as done upon receipt of the meds into the hub facility.

I. On return to home facility:
1. The transporting officer will transport the detainee/inmate and the clear plastic medical records bag containing all medications to the Dispensary nurse.
a. Dispensary nurse at the receiving facility and transporting officer will sign the chain of custody form.
b. The nurse and inmate will review the KOP meds requirements and the patient's responsibility in that process.
c. The detainee/inmate will be reissued the KOP if he or she has agreed to accept the restrictions of this privilege.

d. The return of the KOP meds will be recorded on the MAR as per KOP Policy (Chapter 4 of this manual)

e. If the dispensary is not available, security/custody staff assigned to the medical area will sign the chain of custody form and place in the designated locked box.

   i. The locked box shall be supplied by the facility.

   ii. The locked box shall be used only if dispensary nurse cannot be located and that shall be noted and left with the medication in the locked box with a date, time, and attempts made to locate the nurse.

f. The nurse will take possession of both Watch Take and KOP medications and lock them in the appropriate location for immediate use at the first scheduled medication administration following receipt of the meds; and the nurse will assure that the inmate has his or her KOP medications and remind him or her of the process for enabling continuation of that privilege.

2. Copies of the signed medication inventory sheet and of the chain of custody form will then be filed in the inmate's hard copy chart with the monthly MARs.

III. References: Pharmacy Services Manual Chapter 4 (KOP and DOT) Ad hoc committee meetings to resolve issues of transporting meds and agreement between medical, custody, and transportation.

IV. Rescissions: None

V. Date Issued: June 2011
Reviewed/Revised: February, 2012
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 6
Start and Stop Dates for Short Term Medications

I. Policy: Nursing will have a means to administer the correct number of doses of a prescribed medication and be able to override automated dating (including start and stop dates) produced by the Electronic Medical Record (EMR).

II. Procedure:

A. Medication orders may require a delay in receipt of the medication secondary to a requirement for approval for a given medication.

1. This generally happens in the case of non-formulary drugs, which may take 1 to 2 days to be approved, relayed to the Pharmacy vendor, and received at a facility.
2. These medications have a start and stop date issued by the electronic ordering system which may impact the number of days the medication needs to be administered, such as in the case of an antibiotic to be given for ten (10) days.

B. In these events, nursing may be permitted to override the automated dates provided by the pharmacy secondary to the dating by the EMR system.

1. Upon receipt of the drug, the nurse shall correct the Medication Administration Record (MAR), or transcribe to the MAR if the drug is not already printed on that form, to the date the drug was received.
2. Without adding medication administration times other than the norm for a given facility, the nurse will mark the MAR so that the dosing begins with the next regular medication administration time for the patient's facility.
3. The nurse completing the MAR will then count out the doses necessary to fulfill the clinician's order and cross out all open boxes on the MAR after that

exist beyond that completion for that drug to avoid any re-ordering or continuation beyond the completion of the prescribed dosing.

III. References: Maryland Statewide Pharmacy and Therapeutics Meeting, May, 2012.
IV. Rescissions: None
V. Date Issued: May 15, 2012
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December 2014
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

PHARMACY SERVICES MANUAL

Chapter 7
Self Administration of Injectable Medications

I. Policy: Inmate patients will be instructed in the safe care and use of medications necessary for self-care of their chronic or acute conditions. When considered to have mastered technique and an understanding of their medications, inmate patients will be enabled to self-administer those medications under the supervision of the dispensary nurse.

II. Procedure:

A. The physician responsible for the primary care of an inmate shall determine the inmate's readiness and ability to be enrolled in self administration of injectable medications.

1. A list of those inmates eligible for the program will be developed and shared with facility Security Chief who will advise medical if there is any reason the inmate should not be entrusted with his or her own self administration of injectable.
2. The dispensary nurse is tasked with assuring the list is kept up to date and that clinicians are kept informed of patient progress

B. A qualified nurse or clinician will provide education and instruction in the safe administration of insulin to those inmates with diabetes requiring insulin who are cleared to begin self administration of injectable.

1. Inmates will be taught the signs and symptoms of insulin reactions as well as hypoglycemia and to report those signs if they are seen to the nurse as soon as they are noticed.
2. Nurse or clinician will instruct the inmate in the process of pre-testing for blood glucose levels as a first step in the educational process.

a. Inmate will be taught to cleanse his or hands prior to beginning the process.
b. Inmate will be taught about the particular glucose device being used in the area where he is seen for medical including the types of gluco-sticks that are needed, the need for the finger-stick, alcohol swabs, and a drying cloth (such as a clean cotton ball or tissue), the time the device will take to provide a reading and recording of the readings and how (if in the case of sliding scale) the reading will impact the dose of medication.
c. Inmate will be taught that he or she should rotate finger sites for pricking the skin for this test.
d. Inmate will be taught to cleanse the selected finger for a particular test by swabbing with alcohol prep, followed by a swipe with a clean dry gauze pad.
e. Both alcohol pre and sharp for finger-stick will be accounted for by medical personnel doing the training. A notation shall be made on the MAR that this has been done.

3. Nurse or clinician will instruct the inmate on clean techniques for drawing medication from a vial
   a. Inmate will be taught to check the dose against the order as seen on the MAR whether it is a one a day dosing, twice a day dosing, or sliding scale.
   b. Inmate will be taught to cleanse his or her hands prior to touching any medication materials. He or she will be reminded that despite the quantity obtained from the finger-stick, that he or she has had blood contact and additional cleansing is a part of the process.
   c. Inmate will be instructed to insert syringe needle into vial and to withdraw just slightly more than the prescribed dose, so that he or she can press the syringe to the prescribed dose without chance of air in the barrel.
   d. Once dose is prepared, inmate shall be taught to inject. Instruction shall include but not be limited to:
      (i) The use of rotating injection sites.
      (ii) The meaning of subcutaneous injection.

(iii) Cleansing the site before injection.

(iv) Techniques for achieving subcutaneous injection (angled syringe so needle just penetrates skin).

(v) Holding the site upon removal of the syringe for at least ten seconds with a gauze pad to prevent leakage of the insulin.

(vi) The possibility of a welt at the sight that will recede within a short period of time (minutes) as the insulin is absorbed.

4. Education shall be recorded in the EMR and medication administration shall be recorded per protocol on the MAR.

C. Other injectable medications necessary for regular administration once the inmate is discharged to the community may also be considered for self-administration after discussion with the Regional Medical Director who will seek advice from the DPSCS medical Director/Chief medical Officer.

III. References: Maryland All Vendor Clinical Meeting, September, 2012
IV. Rescissions: None
V. Date Issued: April, 2013
Date Reviewed: December 2014
December 2015