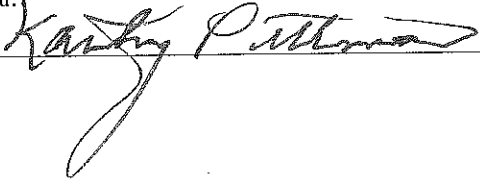


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures		Policy Number: 30
Number of Pages: 12		Section: XI
Attachments	Related Standards & References	
Medication Administration Record XI.30.A Medication Error Report Form XI.30.B Medication/Treatment Refusal Form XI.30.C	ACA Juvenile Health Care Performance based Standards: 4-JCF-4C-27	
Effective Date: 06/09/06 Revised Date: 07/01/07, 04/25/08, 05/01/11	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to outline documentation requirements for prescribing of prescription and nonprescription pharmaceuticals and for pharmaceutical procurement. The Health Services Coordinator and Health Services Supervisor shall also establish guidelines to ensure medication administration. Medication administration time shall be scheduled as necessary to ensure timely administration according to physician orders. (4-JCF-4C-27)

MDYS shall adhere to the current Contract Pharmacy Services, Pharmacy Policy and Procedure Manual's instructions delineating specific medication prescribing, documentation and procurement guidelines. Procedural guidelines to cover medication administration involving a facility emergency or medical disaster, these guidelines will include evacuation of the facility.

From admission through discharge, regardless of the circumstance every effort will be made to avoid discontinuity of medications.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Automatic Stop Order – A practice that predetermines when a prescribed drug order is discontinued unless reordered by the physician.

Contingency (backup) medications – A predetermined stock of dispensed prescription medications that are accessible to medical staff. A written or telephone physician order is necessary to initiate therapy with these medications.

Disaster- Can be man made such as bomb threat or explosion or natural such as severe weather, or a fire that causes students to have to be contained or evacuated

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Facility Emergency- Any situation that causes the facility to enter into a period in which facility control is in question and the students have to be contained or evacuated. Examples would be attempted or successful escape, riot or hostage situation

Medical disaster- Can be a communicable disease process that puts the facility at risk for an epidemic, or injuries suffered by youth that due to the sheer quantity of students involved or quality of injuries sustained the medical staff are not equipped or manned adequately to give timely care.

Pre-scriber – Any health care personnel who is authorized by his/her respective licensure to prescribe medications.

Telephone Orders - A verbally communicated order received from the physician via telephone, which is given to the facility nurse for initiation of a prescribed medication and/or treatment.

B.I.D. (Twice Daily): two daily medication pass times that usually coincide with the facility's a.m. (breakfast) and afternoon (supper) meal time frames.

Q.D. (Once Daily): a morning-only medication pass that usually coincides with the facility's a.m. (breakfast) meal time frame.

Q.H.S. (At bedtime): an evening-only medication pass that usually coincides with the facility's scheduled medication pass prior to bedtime.

Q.I.D. (Four Times Daily): four daily medication pass times that usually coincide with the facility's three meal (breakfast, lunch, and dinner) time frames and a later evening time frame prior to bedtime.

T.I.D. (Three Times Daily): three daily medication pass times that usually coincide with the facility's three meals (breakfast, lunch, and dinner) time frames.

II. PROCEDURE

A. Only a physician or other health care practitioner licensed pursuant to federal and state law shall prescribe medications. Medications shall be prescribed only when clinically indicated as one facet of a program of therapy and a prescribing provider reevaluates a prescription prior to its renewal. (4-JCF-4C-27)

1. Prescription pharmaceuticals shall be written on the Doctor's Order Form XI.14.A, within the youth's health record. All doctors' orders shall contain the following information and shall be signed by the physician:
 - Youth's name, living unit, date of birth, facility name, and allergies
 - Date and time the order is written
 - Name, strength, and dosage of the medication and/or treatment
 - Dosage regimen (directions to include frequency and times, and route of administration)

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- Duration of the order
 - Physician signature
2. A Physician shall renew all long-term pharmaceuticals at least every 30 days.
 - a. The nursing staff shall ensure that printed orders are forwarded to the appropriate Contract Physician, Dentist and/or Psychiatrist for review and signature.
 - b. The nursing staff shall ensure that the original signed order is maintained in the youth's health record. A copy of the signed order shall be forwarded to, the contract pharmacy services provider.
 - c. Any change from the original physician order shall be rewritten on the Doctor's Order Form.
 3. Telephone Orders: the nurse may accept telephone orders from a Physician, Dentist, and Psychiatrist or within their scope of practice.
 - a. The nurse receiving the telephone order shall write the order on the Doctor's order form XI.14.A, within the health record. The order shall be read back to the Physician for confirmation. The telephone order shall be written legibly and include the following:
 - Youth's name, DYS number, date of birth, facility name, and allergies;
 - Date and time the order is received;
 - Name, strength, and dosage of the medication and/or treatment;
 - Dosage regimen (directions to include frequency and times, and route of administration);
 - Duration of the order;
 - Name of the physician with co-signature of the nurse receiving the order.
 - b. All telephone orders shall be counter-signed by the prescribing practitioner on his/her next visit to the facility.
 4. Automatic Stop Orders: should be included within the Pharmacy Services Inpatient Policy and Procedure Manual and shall be posted in the clinical setting in clear view for all health care professionals. The following automatic stop orders for medication shall be adhered to:

Medications	Duration
<i>Schedule II drugs except those for ADHD</i>	7days
Schedule III analgesics	5days
Anti-emetics	2 days
Cough and cold preparations	7 days
<i>Antihistamines</i>	7 days
Hypnotic agents	7 days

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Medications	Duration
Non-steroidal anti-inflammatory agents	7 days
Anti-infective agents	30 days
Anti-Tubercular agents (Preventative)	9 months
Active anti-Tubercular agents	Physician Order
All other medications	30 days

Life-sustaining medications shall not be automatically stopped. The physician shall be contacted for such medications as cardiovascular, hypertensive, insulin, anti-convulsants or any other medication in question.

- B. During the Intake Nursing Assessment if a youth states that he/she is currently on medication, and does not have the properly labeled bottle or a paper prescription, the nursing staff will call the parent/guardian and verify the medication, dosage and prescribing physician. Then the nurse shall:
1. Call the facility physician, psychiatrist or dentist to obtain continuation or stop order,
 2. If appropriate follow the procedure to procure the medication.
- C. Transcription (noting) of medical orders (4-JCF-4C-27).
1. The nurse transcribing an order from the Doctor's Order Form XI.14.A shall bracket the entire order to the left side and enter "noted." The nurse shall also enter their signature, title, and the date /time the order was noted.
 2. Each youth receiving medication shall have a Medication Administration Record (MAR) XI.30.A.
 3. The nurse shall initiate or utilize the current Medication Administration Record (MAR) XI.30.A when a youth is prescribed a new medication regimen. The nurse shall transcribe the doctor's order on to the MAR and include the following information:
 - Medication name (legible);
 - Medication dosage;
 - Route of medication administration;
 - Medication administration times;
 - Nurse's signature and the date the order is written;
 - If the medication ordered is on hand, or readily available, enter the start and stop dates in the appropriate MAR blocks. If the ordered medication is not readily available, the start and stop dates shall be completed upon receipt of the medication.

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D. Prescription medication recommendations by Consulting Physicians:

1. If the youth returns from the Consultant with medication or treatment recommendations, the nurse shall contact the facility's contract Physician for approval, prior to initiation of the recommendations.
2. The Contract Physician may contact the Consulting Physician directly if there is significant variance in medication and/or treatment orders.
3. All sample pharmaceuticals received from a consultant shall be destroyed appropriately as defined in Policy XI.31, Pharmaceutical Receipt, Storage, Inventory, and Disposal Management.

E. Pharmaceutical Procurement (4-JCF-4C-27).

1. When a doctor's order has been reviewed/verified by the nurse, any prescribed medication shall be obtained from the Contract Pharmacy or an outside pharmacy if appropriate.
2. No pharmaceutical may be purchased from a retail pharmacy without first contacting the Contract Pharmacy. Exceptions would include: when a youth is ordered a medication STAT and/or on a weekend, evening, or holiday and the ordered medication is not available in the contingency (backup) supply or when notice is received from Contract Pharmacy that the pharmaceutical(s) is not available.

When notice is received from the Contract Pharmacy of the non-availability of an ordered pharmaceutical the Health Services Supervisor or nurse shall order the pharmaceutical through the local retail pharmacy.

- a. The Health Services Supervisor or nurse shall obtain no more than a three (3) to seven (7) day supply from the retail pharmacy on stat orders or for those emergent pharmaceutical orders to allow the Contract Pharmacy time for delivery.
- b. Additional medication may be ordered from the retail pharmacy when a Contract Pharmacy has indicated a delay in dispensing the ordered pharmaceutical due to their procurement unavailability.

F. Accepted medication administration times:

1. Per professionally accepted practice medication times will be set by the facility medical staff and will be completed within +/- (plus or minus) one (1) hour;
 - a. Morning, or AM medication pass is at 7:00 AM and shall be started no earlier than 6:00AM and end no later than 8:00AM.
 - b. Noon, or mid-day medication pass is a 12:00 and shall be started no earlier than 11:00 AM and end no later than 1:00 PM.

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- c. Evening medication pass is at 7:00PM and shall be started no earlier than 6:00PM and end no later than 8:00PM.
 - d. The only exception to the above is if the physician/dentist writes and order that dictates the time that the medication shall be given or due to extenuating circumstances the nurse phones the physician for approval to give a medication at a time it was not originally prescribed.
- G. All medication shall be administered to youth in accordance with accepted nursing practice. This procedure shall not be a substitute for professional nursing judgment. (4-JCF-4C-27) Nursing staff administering medications shall adhere to the following guidelines:
1. Medication times are set and shall not vary day to day.
 2. Nurses shall not start a medication administration until the youths are orderly, preferably in alphabetical order by unit.
 3. Nurses shall verify the identification, by photo and DOB, of the youth as needed. Youth photos adjacent to the MAR's are encouraged for positive identification.
 4. Nurses shall always check the following prior to administering medication:
 - Correct Medication
 - Correct Date
 - Correct Time
 - Correct Medication
 - Correct Route of Administration
 - Correct Youth, as verified by student stating name and birth date (nurse will verify with picture on MAR)
 5. Nurses shall ensure the youth remains directly in front of them while receiving medication. The youth's hands shall be kept visible above the waist at all times.
 6. Nurses shall place oral medication in a paper soufflé cup, plastic medicine cup, envelope, or oral syringe. The nurse shall provide water or other appropriate liquid to the youth and shall also watch the youth swallow the oral medication.
 7. Nurses shall perform a standard "mouth check" and check the youth's hands prior to the youth leaving the designated facility medication area.
 8. If the nurse is not satisfied that a youth has swallowed the medication, the youth shall not be permitted to leave that area and the Juvenile Care Worker (JCW) or Security Officer, shall perform a search of the youth.

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9. All medication shall be documented at the time of administration.
 - a. The nurse shall utilize the current monthly Medication Administration Record (MAR) Form XI.30.B.
 - b. The nurse shall initial the record for the specific date and time the medication and/or treatment was given. The nurse's signature shall also be in the designated signature area of the record.
 - c. The nurse shall chart the medication administration using the following:
 - "H" - Medication held
 - "R" – Refuses the medication
 - Nurse initials – When medication given

When charting "H" or "R" the nurse must document the reason and any contacts made on the MAR, narrative and/or the Interdisciplinary Progress Notes Form XI.8.A.
 - d. The nurse shall notify the physician during the course of treatment if the youth does not respond to the treatment and/or symptoms worsen. Document justification in the youth's health record, Interdisciplinary Progress Notes Form XI.8.A.

- H. If there is an emergency or disaster or at any time the nurse/s on duty have reason to suspect that control of the facility is in question. The nurse/s on duty shall :
 1. Suspend medication administration.
 2. Have any students in the clinical area removed and lock the outer clinic doors.
 3. Ensure that the medication cart is locked and secure.
 4. Ensure that the medication room is locked and secure,
 5. Ensure that all rooms, cabinets or drawers that contain items that could be used as weapons are locked and secure,
 6. Document these occurrences, exactly as they happened with a time line given on the Medical Department Shift Report Form (XI.10.A) and finally;
 7. Notify the Health Services Supervisor.
 8. During this time, the nurse/s shall prepare a list of students who did not receive their medications before the medication administration had to be suspended.

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- a. This list will not only contain the students name but also the list of medications, the dosages and the diagnosis/es.
 - i. The Facility Administrator/designee shall be notified verbally and shall be given a list of students that are receiving life sustaining or critical medications.
 - ii. The Administrator/designee shall be informed that these students must receive their medications on time since their omission could result in untoward side effects or sequelae.
- b. The nurse/s shall break this list down to include which clinician ordered the medication in question.
- c. When the nurse is given the “all clear” from the Facility Administrator/designee, the following actions will occur;
 - i. First, the nurse shall attempt to phone each clinician regarding any students under their care that did not receive life sustaining or critical medications in a timely manner. The nurse shall request orders regarding the administering of these medications outside of normal medication time and the possible need for evaluation outside of the facility or transport to a local hospital for monitoring then;
 - ii. The nurse shall attempt to phone each clinician to receive orders regarding the administering of any other medication outside of normal medication time.
 - If a psychiatrist can not be reached the contract physician will be contacted and asked to make a decision as to whether one dose of the medications can be held with out causing untoward effects or sequelae to the students.
 - If a dentist can not be reached the contract physician will be contacted and asked to make a decision as to whether the medications can be held with out causing untoward effects or sequelae to the students.
 - iii. The nurse shall document on each student’s health record the new order received from the physician/dentist/psychiatrist regarding each individual student on the physician order form (Form XI.14.A), the Interdisciplinary Progress Note (Form XI.8.A) and the MAR (Form XI.30.A).
 - The nurse/s shall then notify the Facility Administrator/designee and provide a list of the students that need their medications.
 - The facility Administrator/designee shall advise the nurse of where each of the students on the list is located.

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- The students in Unit II shall be brought to the medical clinic for their medications via the normal process for medication administration.
 - After the completing medication administration on the above mentioned students the nurse shall prepare medications to be given to the students who are housed in the OMU or BMU units.
- I. If there is reason to evacuate all students from Oakley.
The nurse/s on duty shall:
1. Suspend medication administration;
 2. Have any students in the clinical area removed and lock the outer clinic doors.
 3. Ensure that the medication cart is locked and secure.
 4. Ensure that the medication room is locked and secure, then;
 5. Ensure that all room, cabinets or drawers that contain items that could be used as weapons are locked and secure, then;
 6. Notify by telephone the Health Services Supervisor, who shall then notify the Health Services Coordinator.
 7. Gather all active health records in an appropriate transporting conveyance.
 8. Ensure that medication carts are stocked with an appropriate supply of all over-the-counter and contingency medications and medical supplies (i.e. bandage scissors, syringes and needles, medication cups)
 9. Ensure that all students' prescribed medications are contained within the appropriate medication cart and ensure that the medications carts are locked and secure. Perform an accounting of controlled substances and medical instruments and sharps count.
 10. Ensure that the emergency (first responder) bags are appropriately stocked and secure for transport.
 11. Prepare the AED for transport ;
 12. Ensure that medical records, equipment, medication carts and contents are always under line of sight by the nurse/s during transport and delivery.
 13. When the nurses have arrived at the evacuation destination. The nurse/s

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shall secure the medication cart and perform an accounting of controlled substances and medical instruments and sharps count.

14. The nurses shall prepare a list of students who did not receive their medications before the medication administration had to be suspended.
 - a. This list will not only contain the students name but also the list of medications, the dosages and the diagnosis/es.
 - b. The Facility Administrator/designee shall be notified verbally as an emergency and shall be given a list of students that are receiving life sustaining or critical medications.

15. Medication administration post evacuation. The Facility Administrator/designee shall inform the nurse/s on duty when the students are secure;
 - a. First, the nurse shall attempt to phone each clinician regarding any students under their care that did not receive life sustaining or critical medications in a timely manner. The nurse shall request orders regarding the administering of these medications outside of normal medication time and the possible need for evaluation outside of the facility or transport to a local hospital for monitoring then;
 - b. The nurse shall attempt to phone each clinician to receive orders regarding the administering of any other medication outside of normal medication time.
 - i. If a psychiatrist can not be reached the contract physician will be contacted and asked to make a decision as to whether one dose of the medications can be held with out causing untoward effects or sequelae to the students.
 - ii. If a dentist can not be reached the contract physician will be contacted and asked to make a decision as to whether the medications can be held with out causing untoward effects or sequelae to the students.
 - iii. The nurse shall document on each student's health record the new order received from the physician/dentist/psychiatrist regarding each individual student on the physician order form (Form XI.14.A), the Interdisciplinary Progress Note (Form XI.8.A) and the MAR (Form XI.30.A).
 - The nurse/s shall then notify the Facility Administrator/designee and provide a list of the students that need their medications
 - The facility Administrator/designee shall advise the nurse of where each of the students on the list are located.
 - The students in Unit II and III shall be given their medications first.
 - After the completing medication administration on the above students. The students who were in the (before the evacuation)

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OMU or BMU units shall receive their medications when and where they are secured.

- iv. The nurse shall document on each student's health record the new order received from the physician/dentist/psychiatrist regarding each individual student on the physician order form (Form XI.14.A), the Interdisciplinary Progress Note (Form XI.8.A) and the MAR (Form XI.30.A.).

J. The living units shall receive a written notice of youth's medication times on a daily basis.

- 1. Medication administration times shall not be used as a substitute for health call.
- 2. Youth missing "medication time" shall be called back at the end of that particular unit's line. The nurse shall have the Juvenile Correctional Worker (JCW) or Security Officer call the youth back to the medication line.
- 3. A youth refusing a call back shall be document as a refusal. The youth must refuse to the nurse.
- 4. Any time a youth refuses medication a Medication/Treatment Refusal Form (XI.30.C) shall be completed and signed by the nurse and the youth.
 - a. The youth must refuse to the nurse.
 - b. If the youth refuses to sign the Medication/Treatment Refusal Form, the nurse and the JCW or security staff shall sign noting the youth's refusal.

K. Medication refusal

- 1. If a youth's refusal of a medication reflects a health risk, the nurse shall notify the prescribing physician, psychiatrist, or dentist as well as the Health Services Supervisor. Documentation of the notification shall be written in the youth's health record, Interdisciplinary Progress Notes Form XI.8.A.
- 2. If a youth exhibits a pattern of refusal with any prescribed medication, the nurse shall notify the prescribing physician, psychiatrist, or dentist, as well as the Health Services Supervisor. The nurse shall document the notification in the youth's health record, Interdisciplinary Progress Notes.

L. Medication Errors

- 1. A nurse shall accurately and timely report to the appropriate practitioner errors in or deviation from the prescribed regimen of care.
- 2. Medication errors shall be reported immediately to the Health Services

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Supervisor.

3. The nurse discovering a medication error shall complete the Medication Error Report Form XI.30.B.
 - a. The Medication Error Report shall be reviewed and signed by the facility Physician, who shall note any adverse reactions that may have resulted.
 - b. Following review by the facility Physician the Health Services Supervisor shall discuss the incident with the respective nurse(s).
 - c. A copy of the report shall be sent to the Contract Pharmacy and Health Services Coordinator.
 - d. The Health Services Supervisor shall maintain the original copy in the Medical Department files.
- M. The Health Services Coordinator shall review this policy annually and update as necessary.