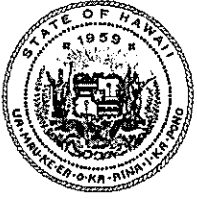


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|  | <b>DEPARTMENT OF CORRECTIONS<br/>AND REHABILITATION</b>     | <b>EFFECTIVE DATE:</b><br>January 01, 2024                                                                                    | <b>POLICY NO.:</b><br>COR.10.D.02 |
|                                                                                   | <b>CORRECTIONS ADMINISTRATION<br/>POLICY AND PROCEDURES</b> | <b>SUPERSEDES (Policy No. &amp; Date):</b><br>COR.10.1D.02 (12/10/14);<br>COR.10.1D.06 (10/03/14);<br>COR.10.1F.06 (10/03/14) |                                   |
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## 1.0 PURPOSE

The purpose of this policy is to ensure that medications are provided in a timely, safe, and sufficient manner.

## 2.0 SCOPE

This policy and procedure applies to all correctional facilities, their assigned personnel, and contract staff.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1D.01, Pharmaceutical Operations.
- b. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- c. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- d. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- e. Performance-based Standards and Expected Practices for Adult Correctional Institutions. The American Correctional Association. Standards: 5-ACI-6A-43, 5-ACI-6A-44 (2021).

### .2 Definitions

- a. **Directly Observed Treatment:** A method of drug administration in which a nurse watches an incarcerated individual take each dose of a medication to ensure the person receives and takes all medications as prescribed and to monitor response to treatment.

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- b. **Formulary:** A written list of prescription and non-prescription medications that are ordinarily available to authorized prescribers, including consultants, working for the facility.
- c. **Non-Formulary Medication:** Medication not listed in the approved agency formulary.
- d. **Personal Medication:** Medication prescribed for an individual by a licensed provider and dispensed by a pharmacy outside the correctional facility.
- e. **Prescriber:** A physician, physician assistant, nurse practitioner, dentist, or optometrist.
- f. **Self-Medication Program (also known as Keep-On-Person Program):** A program that permits responsible incarcerated individuals to carry and administer their own medications.
- g. **Responsible Health Authority:** The Clinical Services Administrator is the designated individual tasked with ensuring the organization and delivery of all medical and clinical services care in the facility.
- h. **Weekender:** An incarcerated individual who is sentenced to intermittent periods of detention.

**.3 Forms**

- a. DCR 0449, Medical Needs Memo (attached)
- b. DCR 0459, Medication Self-Administration Guidelines (attached)
- c. DCR 0464, Request for Restricted/Non-Formulary Drug (attached)

**4.0 POLICY**

- .1 Medications shall be prescribed only when clinically indicated.
- .2 Prescribing practices shall be determined by the Medical Director in collaboration with the physician manager, psychiatrist manager, and responsible physician.
- .3 Medications shall be administered or delivered to incarcerated individuals in a timely and safe manner.

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- .4 Prescription medications are given only by order of a physician, dentist, nurse practitioner, or other legally authorized individual.

## 5.0 PROCEDURES

### .1 Prescriptive Practices

#### a. Formulary

1. The Medical Director shall chair the Pharmacy and Therapeutics Committee, which includes the Physician Manager, Psychiatrist Manager, Chief Nursing Officer, contracted pharmacists, and providers of the Health Care Division.
2. The Pharmacy and Therapeutics Committee shall maintain, review, and revise the formulary.
3. The formulary shall be available to prescribers in facility medical clinics.

#### b. Non-Formulary Requests

1. Prescribers may request the use of non-formulary medication by completing and submitting DCR 0464 (Request for Restricted/Non-Formulary Drug) to the Medical Director or designee.
2. The Medical Director or designee shall review DCR 0464, discuss the request with the prescriber when necessary, and determine whether to approve or deny the request, refer the request to the Special Utilization Review Panel (SURP), or refer the request to the Pharmacy and Therapeutics Committee for further review.

### .2 Medication Order

#### a. New or Revised Medication Order

1. When a prescriber orders new medication or modifies an existing medication order, the expected time frame from ordering the medication from the contracted pharmacy to administration or delivery of the medication to the incarcerated individual shall be within seventy-two (72) hours.

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2. When a new or revised medication order is not expected to be administered to the incarcerated individual within seventy-two (72) hours due to operational or other matters (e.g., national medication shortage, shipping delay, holiday hours), a nurse shall obtain the prescribed medication from the stock medication supply or the local backup pharmacy.
3. When an urgent medication has been ordered by a prescriber for an acute medical condition (e.g., antibiotics, psychotropic medication, anticoagulants, HIV medication), a nurse shall obtain the prescribed medication from the stock medication supply or the local backup pharmacy to avoid missed or delayed doses.
4. The stock medication supply may be used for short-term treatment (14 days) or medication dosage adjustments with a provider order. If the stock medication supply is not sufficient to complete treatment as ordered, a nurse shall fill the prescribed medication from the local backup pharmacy.

b. Continuity of Prescribed Medication

1. Medication Reconciliation

- a) Upon a transition of care (e.g., new admission; return from hospital or specialty care appointment, community programs, or work furlough; re-admission of weekender), a nurse shall attempt to obtain and verify, or update, the prescribed medication history.
- b) Prescribed medication history may be obtained from the incarcerated individual's self-report during the receiving screening, presentation of a prescription by the incarcerated individual, security staff submitting a confiscated pharmacy vial with a valid prescription label, and/or review of the incarcerated individual's health records available from the Hawaii Health Information Exchange (HHIE).
- c) A nurse shall attempt to verify the prescribed medication history by contacting the community prescriber, contacting the pharmacy that reportedly filled the prescription, and/or reviewing the incarcerated individual's health records available from the HHIE for a current prescription.

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- d) A nurse shall document the obtained and verified, or updated, prescribed medication history in the health record.
- e) A nurse shall provide report to the on-site or on-call provider about the obtained and verified, or updated, prescribed medication history.

2. Bridge Order

- a) Upon receipt of report of the obtained and verified, or updated, prescribed medication history, a provider shall determine whether to continue, modify, and/or discontinue the prescribed medication.
- b) When an incarcerated individual returns from a hospital or specialty care community provider visit, a provider shall evaluate the recommended prescription or personal medication for acute medical conditions within four (4) hours of arrival at the facility and for non-acute medical conditions within twenty-four (24) hours of arrival at the facility.
- c) A provider may prescribe a written or verbal bridge order to allow the incarcerated individual to continue their current prescribed medication or start a comparable formulary medication until examined by a provider.
- d) A provider shall conduct a medication evaluation within two (2) weeks to determine the need for continuation of the bridge order.
- e) A nurse shall obtain the prescribed medication from the stock medication supply until the prescribed medication arrives from the contracted pharmacy.
- f) If the prescribed medication is not available from the stock medication supply, a nurse shall request the medication from the local backup pharmacy.
- g) If the prescribed medication is not available in a timely manner from the local backup pharmacy, a nurse shall notify a provider, who shall determine whether to prescribe an available alternative medication.

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h) A nurse shall create a medication administration record when indicated.

3. Personal Medication

a) When prescribed medication is not available in the stock medication supply, is not immediately available from the local backup pharmacy, and a provider determines that there is no available alternative medication, a provider may allow an incarcerated individual to self-administer personal medication until a facility supply is obtained from the pharmacy under the following guidelines:

- i) The personal medication must be in an unaltered prescription vial with a valid label that includes the name of the incarcerated individual, as well as the medication name, dosage, frequency, and route of administration.
- ii) The pharmacy vial must only contain the personal medication. The pharmacy vial must not contain any other medication.
- iii) Nursing staff must be able to verify the personal medication using a drug identification program.

b) When the self-administration of personal medication is ordered by a provider, the personal medication shall be securely stored by nursing staff. The incarcerated individual shall not be permitted to retain the personal medication on their person.

c) Under the direct supervision of a nurse, the incarcerated individual may self-administer the personal medication as ordered by a provider.

d) When the provider ordered medication has been received from the pharmacy to replace the personal medication, the personal medication shall be returned to the incarcerated individual's property.

e) When personal medication is not required or the personal medication guidelines are not met, incarcerated individuals shall

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not be permitted to self-administer the personal medication. The personal medication (including prescribed scheduled drugs) shall be returned to the incarcerated individual's property. Nurses shall not dispose of any personal medication (including prescribed scheduled drugs).

.3 Medication Administration or Delivery

a. Prescription Medication: Direct Observation Therapy (DOT)

1. Verifying the Rights of Medication Administration

a) Right Patient

i) A nurse shall verify the right patient using at least two identifiers.

(1) Acceptable identifiers include, but are not limited to, the incarcerated individual's full name, identification number assigned by the facility (SID), or date of birth.

(2) A nurse shall confirm identifiers by using the incarcerated individual's wristband or identification card, the incarcerated individual's statement (when possible), or other means such as the incarcerated individual's picture included on the MAR or health record.

ii) A nurse shall confirm the incarcerated individual's identification matches the medication administration record (MAR) and medication label prior to administration to ensure that the medication is being given to the correct individual.

iii) If barcode scanning is used, the scanning is not intended to take the place of confirming two patient identifiers, but it is intended to add another layer of safety to the medication administration process.

b) Right Drug

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- i) A nurse shall verify the name of the medication on the MAR is the same as the name of the medication on the unit dose package, blister pack, or pill bag.
- ii) A nurse shall ensure the medication to be administered matches the medication on the provider order or the medication administration record (MAR).
- iii) A nurse shall ensure that the medication is not expired.
- iv) A nurse shall ensure that the incarcerated individual does not have a documented allergy to the prescribed medication.
- v) A nurse shall verify which medication can be crushed and those that cannot be crushed.
  - (1) Scheduled oral drugs, selected psychotropic medications, and other provider designated medications shall be crushed and floated prior to administration, unless otherwise ordered by the provider.
  - (2) Medications designated as extended release or as non-crushable on the pharmacy label shall not be crushed and shall require the nurse to conduct an oral check for ingestion compliance after medication administration.
- c) Right Dose
  - i) A nurse shall verify the dosage of the medication on the MAR is the same as the dosage of the medication on the unit dose package, blister pack, or pill bag.
  - ii) A nurse shall verify the correct dosage range for the age and medical status of the incarcerated individual.
  - iii) A nurse shall confirm that the prescribed dose is within the known dose range (i.e., a dose that is too high or too low).
- d) Right Time and Frequency

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- ii) A nurse shall verify adherence to the prescribed frequency and scheduled time of administration of the medication.
- iii) The time for medication administration should correspond to the scheduled time for passing medication at the facility.
- iv) When multiple incarcerated individuals are scheduled to receive multiple medications at the same time, the goal of timeliness can be challenging. Nurses shall use the following general guidelines for the timing of scheduled medication administration:
  - (1) Time-critical scheduled medication shall be administered at the exact time indicated when necessary or within thirty (30) minutes before or thirty (30) minutes after the scheduled medication administration time.
  - (2) Non-time-critical scheduled daily/weekly/monthly medication shall be administered within two (2) hours before or two (2) hours after the scheduled medication administration time.
  - (3) Non-time-critical scheduled medication more frequently than daily but not more frequently than every four (4) hours shall be administered within one (1) hour before or one (1) hour after the scheduled medication administration time.
- v) When PRN medications are administered, a nurse shall verify the time of the previous dose and compare it to the ordered frequency.
- e) Right Route
  - i) A nurse shall ensure the route of administration is appropriate for the specific medication and for the incarcerated individual.
  - ii) A nurse shall verify the route of the medication on the MAR is the same as the route indicated in the provider order.

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- iii) A nurse shall administer medications by the route prescribed. If a nurse discovers an error in the order or believes the route is unsafe for a particular incarcerated individual, the nurse shall clarify the ordered route with the prescribing provider before administration of the medication.
  - f) Right Documentation
    - i) The nurse administering the medication shall review the medication administration record (MAR) for each incarcerated individual who is scheduled to receive medication during the scheduled medication pass.
    - ii) After administering medication, a nurse shall immediately document the administration of the medication on the MAR.
    - iii) Medication that is not given at their scheduled time shall be designated as "not given" on the MAR with the corresponding reason for non-administration selected.
    - iv) When a medication is placed on hold, the medication shall be designated as "hold" on the MAR and the reason for the hold shall be indicated.
    - v) A one-time dosage or STAT medication order shall be recorded on the MAR with a frequency of STAT AM, Noon, PM, or HS and a duration of one (1) dose.
    - vi) A nurse shall record the site of an injection on the MAR.
    - vii) Immunization administration shall be recorded under the immunizations heading on the health record.
- 2. Process of Medication Administration

A nurse shall verify the six (6) rights of medication administration at least three (3) times before administering a medication to an incarcerated individual in the following order:

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- a) A nurse shall perform the first check, including observing the expiration date of the medication, as the unit dose package, blister pack, or pill bag is removed from the dispensing machine or medication cart.
- b) A nurse shall perform the second check after the medication is removed from the dispensing machine or medication cart and prior to pouring or removing the medication from a multidose container. A second nurse may perform a medication check for high-alert medications, (e.g., insulin, opiates and narcotics, injectable potassium chloride (or phosphate) concentrate, intravenous anticoagulants (heparin), and sodium chloride solutions above 0.9%), when possible.
- c) A nurse shall perform the third check immediately before administering the medication to the incarcerated individual or when replacing the multidose container back into the medication cart drawer.

3. Protocol for Dispensing and Administering Medication

- a) Medications shall be administered only in a safe environment. An adult corrections officer must be present and observing the incarcerated individual during medication pass.
- b) Medications shall be administered to one incarcerated individual at a time. Only one incarcerated individual at a time shall be permitted to stand at a pill pass window or medication cart. Incarcerated individuals shall wait in an orderly manner in the pill pass line, which must be located at a minimum of six (6) feet away from the area of medication administration.
- c) The same nurse shall dispense the medication, administer the medication, and document the result of the medication administration on the MAR and/or health record.
- d) Medications shall be dispensed into a souffle medicine cup or appropriate equivalent, NOT into the incarcerated individual's hand.
- e) The nurse shall observe the incarcerated individual putting the medication into their mouth and swallowing the medication.

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- f) The nurse shall perform a mouth check by requesting the incarcerated individual open their mouth and raise their tongue.
- g) The incarcerated individual shall return the medicine cup to the nurse or dispose of the medicine cup in front of the nurse before the incarcerated individual leaves the medication area.

4. Injectable Medication

- a) All incarcerated individuals receiving injections must be seated, lying down, or leaning over a supportive surface.
- b) A nurse shall administer a non-emergency injection to the buttock of an incarcerated individual in a location that ensures privacy.
- c) The maximum volume for a single intramuscular (IM) injection is 5 mL, with lower maximums proposed for adult patients with less developed or small muscle mass. Intramuscular injection consisting of larger volumes must be administered in divided doses.
- d) Maximum volumes have been proposed across the various IM sites for adult patients: deltoid, ventrogluteal, and vastus lateralis.
- e) A nurse shall select the appropriate syringe, needle, and injection site based on the amount and viscosity of the medication, the patient's weight, and amount of adipose tissue and muscle mass.

b. Over-the-Counter Medication (Non-Prescription Medication)

- 1. The Medical Director shall approve the list of over-the-counter (OTC), non-prescription, medications that are available to incarcerated individuals outside of health services from the facility commissary.
- 2. A nurse shall administer OTC medication to incarcerated individuals only under the direction of a nursing protocol or provider order.

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- a) Incarcerated individuals requesting OTC medication outside of nursing protocol guidelines shall be directed to obtain the OTC medication through the commissary.
  - b) OTC medications that require a provider order must have the order obtained, except in the instance of a life-threatening emergency, prior to the medication being administered to the incarcerated individual.
3. Incarcerated individuals receiving medications through the application of a nursing protocol shall have these medications dispensed by a nurse with a frequency of no more than three (3) times for each episode of illness. Requests for refills beyond the three (3) refill limit require a provider evaluation.
  4. A nurse shall not dispense any holistic, home, or other remedies (e.g., teas, lotions, salt, honey, ginger, poultices), that are ingested, applied to the skin, gargled, or otherwise used to treat medical conditions without a provider order or under direction of a nursing protocol.
- c. Keep-on-Person (KOP) Program
1. The Medical Director, Physician Manager, Psychiatrist Manager, Chief Nursing Officer, responsible physician, and Facility Warden shall approve the facility Keep-on-Person (KOP) program for the self-administration of medication by incarcerated individuals.
  2. Incarcerated individuals shall be permitted by the KOP program to carry medications necessary for the emergency management of a health condition when ordered by a prescriber.
  3. Scheduled drugs, psychotropic medications, and all parenteral medications (except Insulin, Intron A, and EpiPen) shall not be prescribed as KOP medication. EpiPen may not be distributed for KOP in the facility, but EpiPen may be distributed to the incarcerated individual to self-administer when assigned to community or field work.
  4. A nurse shall issue a Medical Needs Memo [DCR 0449] to incarcerated individuals who are required to take KOP medication while on work assignment or during other activities that take place away from the housing unit.

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5. The prescriber shall instruct incarcerated individuals participating in the KOP program about their medication, including the proper dosage, frequency, expected therapeutic effects, and potential adverse effects.
6. A nurse shall review DCR 0459 B (Medication Self-Administration Guidelines) with the incarcerated individual prior to participation in the KOP program. DCR 0459 B shall be filed in the health record and the incarcerated individual shall be provided a copy.
7. A nurse shall record the provider ordered self-administered medication as KOP medication with the date of delivery to the incarcerated individual on the MAR.
8. The prescription label on the blister pack shall indicate the incarcerated individual's name, dose, frequency, and expiration date of the KOP prescription.
9. Incarcerated individuals receiving self-administered medication shall be provided no more than one (1) blister pack of a specified KOP medication at a time. The blister pack shall contain no more than a thirty (30) day supply of any one medication.
10. When a one (1) month supply of a specific KOP medication requires the use of multiple blister packs, the incarcerated individual shall be given one (1) blister pack at a time. The blister pack shall be replaced through a one-for-one exchange when expended. Incarcerated individuals shall not receive or be in possession of multiple blister packs of the same medication. A nurse shall store additional blister packs in a locked cabinet, medication cart, or medication room.
11. Medication removed from the blister pack and stored or diverted by the incarcerated individual shall be considered contraband. Non-compliance with the Medication Self-Administration Guidelines [DCR 0459 B] shall be documented in the health record and reported to the provider for KOP program discontinuation orders.
12. Stock medication may be given to an incarcerated individual as KOP only if a provider personally writes the patient's name and administration instructions on the blister pack or the prescription label is placed on the blister pack and initialed by a provider.

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13. During sick call or medication pass, an incarcerated individual shall present a refill sticker or blister pack containing no more than a one (1) week supply of the medication remaining to a nurse when requesting a refill. A nurse shall obtain a renewal order from the provider for the KOP medication, when appropriate.
14. An incarcerated individual admitted to the infirmary shall have their KOP medication discontinued and the medication ordered as nurse administered (DOT). When incarcerated individuals are discharged from the infirmary, the provider must discontinue the nurse administered (DOT) medication in order to start a new order for KOP medication, if indicted.

.4 Medication Refusal

- a. When an incarcerated individual refuses a prescribed medication, the incarcerated individual shall be informed by a qualified health care professional or qualified mental health professional of the adverse health consequences of such a refusal and shall be asked to sign the Refusal to Consent to Medical/Surgical/Dental Treatment/Medication form [DCR 0417]. The qualified health care professional or qualified mental health professional shall document the refusal of the health care service by signing DCR 0417 as a witness.
- b. A qualified health care professional or qualified mental health professional shall notify and refer the incarcerated individual to a provider for review when any of the following criteria have been met:
  1. An incarcerated individual refuses a prescribed medication for three (3) consecutive doses.
  2. The incarcerated individual takes less than 50% of prescribed medication per week regardless of the reason.
  3. The medication non-adherence results in the incarcerated individual exhibiting clinically significant symptoms of illness.
  4. The medication refusal may have adverse effects on a serious health condition.
- c. The provider shall review and sign DCR 0417, indicating the refusal was reviewed. If appropriate, the provider shall further counsel the incarcerated

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individual regarding the risk of any adverse health consequences for refusing the prescribed medication.

- d. When an incarcerated individual refuses prescribed medication, and declines to sign DCR 0417, the refusal form [DCR 0417] shall be signed by the qualified health care professional and a second health or custody staff witness.
- e. Incarcerated individuals who refuse prescribed medication shall continue to have the medication offered at the scheduled administration time until the medication order is discontinued or modified by the provider.

**.5 Expiring Medication**

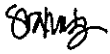
- a. A nurse shall notify the ordering prescriber seven (7) days in advance of the impending expiration of an order so that the prescriber can determine whether the medication order is to be continued, adjusted, or discontinued.
- b. Labeling Expiration Dates
  - 1. All injectable medication, whether requiring reconstitution or not, that is administered from a multi-dose vial shall be dated with the expiration date when opened in the following manner: "EXP. XX/XX/20XX" (Month/Day/Year) followed by the initials of the nurse opening the medication. All multi-dose vials should be dated and discarded within twenty-eight (28) days from the date of opening the vial unless the manufacturer specifies a different date for the opened vial.
  - 2. After opening a bottle of Nitroglycerin (NTG), the opened bottle shall be dated six (6) months from the date of opening on the drug label. The date shall clearly be identified as the expiration date as follows: "EXP. XX/XX/20XX" (Month/Day/Year) followed by the initials of the nurse dating the bottle.

APPROVAL RECOMMENDED:

**NOT CONFIDENTIAL**




|                |                                                   |                                            |
|----------------|---------------------------------------------------|--------------------------------------------|
| COR<br>P & P M | <b>SUBJECT:</b><br><br><b>MEDICATION SERVICES</b> | <b>POLICY NO.:</b><br>COR.10.D.02          |
|                |                                                   | <b>EFFECTIVE DATE:</b><br>January 01, 2024 |
|                |                                                   | Page 17 of 17                              |

  
\_\_\_\_\_  
Deputy Director for Corrections

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

**NOT CONFIDENTIAL**

**MEDICAL NEEDS MEMO**

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Signature/Title of Provider)

Inmate \_\_\_\_\_  
(Print Inmate's Name)

Housed in \_\_\_\_\_

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DURATION: \_\_\_\_\_ Days; \_\_\_\_\_ Weeks; \_\_\_\_\_ Months; \_\_\_\_\_ Indefinitely

\*Health Status Classification Report required if there is a significant change in health status.

Original: UTM/ACO/Work Supervisor

Canary: Medical Record

Pink: Inmate

PSD 0449 (05/05)

CONFIDENTIAL

**MEDICATION SELF-ADMINISTRATION GUIDELINES**

The following guidelines have been prepared for you on the self-administration of medication. This means that medication will be issued to you to treat your medical condition(s). After receiving initial instruction regarding the medication from the provider or nurse you will become responsible for taking the medication according to the directions on the prescription. It is your responsibility to know what the medication is: why you are taking it and the medication's relationship to your condition. Any questions regarding medications can be discussed with the nurse or provider.

1. The nurse at sick call, or the provider in clinic will instruct you on the type of medication being prescribed to you, and why, including the proper dosage and frequency.
2. Your medication may be in a tube or a "blister pack". The blister pack is a card with either a thirty-day supply or the exact amount of medication needed for your condition. This means if the prescription requires you to take one tablet, twice a day, for fourteen days, your blister pack will contain 28 tablets.
3. You will be responsible to take the medication prescribed for as long as required by the prescription and at the proper time during the day. **YOU MUST RETURN YOUR BLISTER PACK TO THE NURSE TO PICK- UP REFILLS OR RENEWALS.**
4. The blister pack contains an identifying label. **DO NOT TAMPER WITH THE BLISTER PACK. DO NOT TAMPER WITH OR REMOVE THE LABEL.** Blister packs found in your possession that have been tampered with or that do not have an identifying label will be considered contraband under Corrections Administrative Policy, COR.13.03, 0.4 (4) Misuse of Medication.
5. Medications must remain in your cell at all times with two exceptions. You may be prescribed medication that must be taken during the workday. Work line inmates will be issued a copy of the Medical Needs Memo DOC 0449, and the correct amount of medication for the hours the inmate will be working. The second exception is for prescriptions that need to be re-filled. **IT IS YOUR RESPONSIBILITY TO BRING YOUR MEDICATION TO SICK CALL ONE WEEK BEFORE THE EXPIRATION DATE SO THE NURSE CAN INITIATE A RENEWED PRESCRIPTION.**
6. Medication belonging to other inmates found in your possession is contraband.
7. Medication found in your possession beyond the expiration date of the prescription is contraband. Sometimes you may forget to take a dose. If you forget to take a dose, do not "double" up the next time you need to take the medication. All left over medication at the expiration date must be returned to the medical unit.
8. Do not share your medication with other inmates even if the other inmate is on the same prescription.
9. If you have followed your prescription properly, the blister pack will be empty at the expiration date. Do not throw away empty blister packs they must be returned to the clinic.



HEALTH CARE DIVISION

REQUEST FOR RESTRICTED/ NON-FORMULARY DRUG

|                      |       |             |               |
|----------------------|-------|-------------|---------------|
| PATIENT'S LAST NAME: |       | FIRST NAME: |               |
| SID No:              | DATE: | FACILITY:   | HOUSING AREA: |

PART 1 (TO BE COMPLETED BY PRESCRIBER)

|                                                       |                                                                                       |            |
|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------|
| 1. GENERIC BRAND NAME                                 | Seroquel                                                                              | DOSE:      |
| 2. PRESCRIBING DIRECTIONS                             |                                                                                       |            |
| 3. DIAGNOSIS                                          | Others                                                                                |            |
| 4. ADVANTAGE OF THIS DRUG OVER A FORMULARY DRUG       |                                                                                       |            |
| 5. WAS PATIENT ON THIS MEDICATION AT HOME?            | <input type="checkbox"/> YES <input type="checkbox"/> NO                              |            |
| 6. IS THIS A RECOMMENDATION FROM THE HOSPITAL/CLINIC? | <input type="checkbox"/> YES <input type="checkbox"/> NO                              |            |
| 7. DRUGS BEING REQUESTED:                             | <input checked="" type="checkbox"/> NON-FORMULARY <input type="checkbox"/> RESTRICTED |            |
| 8. REQUESTED BY SPECIALIST:                           |                                                                                       | DATE/TIME: |
| 9. STATE PHYSICIAN SIGNATURE                          |                                                                                       | DATE/TIME: |

PART II (TO BE COMPLETED BY MEDICAL DIRECTOR/SURP)

- A. FORMULARY ALTERNATIVES DISCUSSED WITH PRESCRIBER?  YES  NO
- B. FORMULARY APPROVAL PROCESS COMPLETED?  YES  NO
- C. MEDICATION REVIEW:

MEDICAL DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Medication review should document any result of chart review including risk of prescribed therapy or suggested alternative and any discussion with the prescriber regarding the medications choice. Review should also include whether non-formulary or alternative medications was dispensed and whether medications was available or required special order.

REFERRED TO PHARMACY & THERAPEUTICS COMMITTEE: \_\_\_\_\_

DATE: \_\_\_\_\_