

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.71	Page 1 of 11
	Effective Date: August 15, 2020	
	Distribution: A	
	Supersedes: 113.71 (9/1/17) PCN 18-10 (2/1/18)	
Approved by: Tony Parker		
Subject: ADMINISTRATION/DISTRIBUTION OF MEDICATION		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To promote the safe management of pharmaceuticals consistent with legal and professional standards of care.
- III. APPLICATION: Wardens/Superintendents, Deputy Superintendents, Associate Wardens of Treatment (AWT), Health Services Administrators, all clinical services staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Administer: The direct provision of a drug to an inmate by injection, inhalation, ingestion, topical application or any other means.
 - B. Controlled Substance: A drug, substance, or immediate precursor, included in Schedules I - VI of the Tennessee Code Title 39-17-Part 4 - Drugs.
 - C. Critical Medications: For purposes of this policy, medications that have the potential to cause harm when administration is delayed or omitted including but not limited to Hepatitis C (HCV), Human Immune-deficiency Virus (HIV), antibiotics, anticoagulation/anti-platelet therapy, insulin, anti-diabetic medications, immunosuppressants, pain medications, psychotropics, or Isonicotinic acid Hydrazide/Isoniazid (INH), etc.
 - D. Crushed/Whole under Water: A method of medication administration which ~~may~~ involves placing the medication in a small cup of water for several seconds prior to administration. This procedure is used to minimize the possibility of diversion of the medication for hoarding, selling, or any act of non-compliance.
 - E. Directly Observed Therapy (DOT): Face-to-face observation of the administration of a drug to an inmate and monitoring by a qualified health professional.
 - F. Dispensing Medication: For purposes of this policy, preparing, packaging, compounding or labeling for delivery and actual delivery of a prescription drug, nonprescription drug or device in the course of professional practice to a inmate or the inmate's agent to include a licensed health care practitioner or a health care facility providing services or treatment to the inmate(s) by or pursuant to the lawful order of a prescriber.
 - G. Distribution of Medication: The transfer of prepackaged or labeled medications to an individual for self-administration according to directions provided by the prescribing practitioner.

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- H. Full Signature: For purposes of this policy, the legal signature of an individual that includes their first and last name.
 - I. Keep on Person (KOP): Medication approved to be kept in an inmate’s possession for the purpose of self-administration.
 - J. Medication Administration Record (MAR): A form used by a qualified health care professional to document the administration of prescribed medications.
 - K. Non-compliance: When an inmate fails to follow administration direction to obtain his/her prescribed medication or fails to report to a scheduled appointment/assessment.
 - L. Non-critical medications: For purposes of this policy, medications that do not have the potential to cause harm when administration is delayed or omitted such as those outside of but not limited to the medications indicated Section IV. (C) of this policy.
 - M. Over-the-Counter Medications (OTC): Medications readily available to inmates for self-administration which can be legally obtained without a prescription order and packaged in compliance with applicable state or federal law.
 - N. Parenteral Administration: Administration of medication by a route other than by mouth (e.g., by injection).
 - O. Qualified Health Professional: For the purpose of this policy, clinical staff who are authorized by licensure, registration, or certification to perform health care services. Examples of qualified health professionals may include but not be limited to physicians, dentists, physician assistants, pharmacists, nurse practitioners, nurses, psychiatrists, psychological examiners, psychologists, clinical social workers, etc.
 - P. Refusal of Medication: When an inmate asserts that they will not take a prescribed medication.
- V. POLICY: Medications shall be administered or distributed in a timely manner according to the orders of the prescribing practitioner and in accordance with applicable state and federal laws.
- VI. PROCEDURES:
- A. Dispensing Medications: Except for licensed physicians, osteopaths, optometrists, or dentists who follow proper record keeping procedures, the act of dispensing is limited strictly to licensed pharmacists and persons working under their immediate supervision.
 - B. Institutional Unit Procedures: Each institution shall maintain in the health services unit manual a written procedure for the administration/distribution of medications within the facility. The procedure shall be approved by the Warden/Superintendent, and Health Services Administrator and include the following:
 1. Times and location of medication administration/distribution.
 2. Provisions for furnishing medications to inmates on administrative, punitive, or protective custody; to those inmates participating in work or education programs; and to others who cannot attend the regularly scheduled medication distribution.

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3. Administration/distribution procedures for OTC medications in accordance with nursing and clinical treatment protocols.
4. A list of OTC medications available in the commissary reviewed and approved by the State Pharmacy and Therapeutics Committee at least annually. The approved OTC commissary list shall be signed by the Chief Medical Officer and forwarded to each facility. The approved OTC list shall then be reviewed and signed by the Warden/Superintendent, Deputy Superintendent/AWT, and institutional health services administrator. Each *Health Services Unit Manual* shall contain a current approved list of OTC medications.
5. Other medication procedures unique to the setting.

C. Principles of Medication Administration/Distribution: It is essential that medications be accurately administered in order that the desired therapeutic effect is achieved. Nursing personnel involved in the administration/distribution of medications shall verify the following before administering/distributing a drug or medication:

1. Right Inmate: Verify the full name and TDOC identification number of the inmate receiving the medication. Inmates shall show their ID card.
2. Right Drug: Medications which cannot be properly identified shall never be administered or prepared for distribution.
3. Right Dose: It is important that all medications be administered in the proper dosage as prescribed by the practitioner.
4. Right Time of Administration: It is essential that all medications be given as close to the prescribed time(s) or intervals as possible.
5. Right Route of Administration: It is essential that the medication be administered to the inmate by the route (e.g., oral, intravenous, topically) prescribed or indicated by the provider.

D. Administration of Medications:

1. All medications shall be administered by licensed nursing personnel.
2. All psychotropic drugs, Controlled medications, TB prophylaxis/treatment medication, shall be administered only on a dose by dose basis crushed, and under water, unless contraindicated.
3. Medications ordered to treat mental health disorders shall be prescribed only as DOT by a psychiatrist or a psychiatric clinical nurse specialist.
4. TB treatment medication for persons with the active or latent disease shall be administered using directly observed therapy (DOT).
5. The institutional physician may order a month's supply of HIV/AIDS medications to be distributed to the inmate for self-administration after evaluation of regimen and compliance. If there is any evidence the inmate is non-compliant with medications, they should immediately be returned to dose-by-dose administration.

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6. The institutional physician may order a month's supply of Hepatitis C medications. Once non-formulary approval (if applicable) has been granted for the treatment regimen, re-application is not required for the duration of the treatment regimen.
 7. Hepatitis C medications shall be administered using direct observation therapy (DOT).
 8. Non-controlled substances which are not subject to abuse and non-psychotropic medications may be distributed as KOP in a one month's supply at the provider's discretion.
 9. Old/previously issued cards/bottle/inhalers shall be exchanged prior to the issue of the next month's medication. When old/previously issued cards are presented for exchange and have remaining medication the nurse shall count the amount of medication remaining in the old card. If the amount remaining does not indicate compliance the inmate shall be counselled. The nurse will then add the amount remaining to the number of new medication being issued, document the total on the MAR, and return the medication to the inmate from the old/previously issued card and issue the new medication while instructing the inmate to take the medication from the old/previously issued card first. See current *TDOC Central Pharmacy Facility Operating Guidelines*.
 10. Insulin may be self-administered by the inmate only when a licensed nurse has verified the units and dosage in the insulin syringe and is present to observe and document the inmate's self-administration, and observes the inmate's disposal of the used syringe into the sharps/needle container.
 11. All medications for inmates in inpatient treatment facilities shall be administered on a dose by dose basis only.
 12. Under no circumstances shall a stimulant, tranquilizer, or psychotropic drug be prescribed or administered to an inmate for the purpose of programmatic control, security and management, or for experimentation or research.
 13. If medication is not administered (based on nursing judgement or a physician's order), the nurse shall enter the appropriate code in accordance with the legend indicated on the approved TDOC MAR(s). The nurse shall document the reason for holding the medication on the inmate's Problem Oriented Progress Record, CR-1884, and notify the prescribing provider if the medication was held due to the nurse's judgement.
- E. Documentation: The MAR shall be provided by the pharmacy vendor, as approved by the TDOC Chief Medical Officer (or designee) and used as a permanent record of medication administered/distributed to an inmate. Upon administration or distribution of a prescribed medication, all pertinent information shall be recorded on the MAR.
1. The inmate's name, TDOC ID number, and any known drug allergies shall be entered in the appropriate space, along with the current month and year.
 2. For each medication order, the following information shall be entered in the appropriate block:

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- a. Date of order and start/stop date
 - b. Name of drug, dose or strength, and dosage form
 - c. Route of administration
 - d. Time interval or frequency of administration
 - e. Duration of order
 - f. Attending provider (physician, dentist, etc.)
 - a. Initials of the nurse who transcribed the order
 - h. Clinical indication
3. The hour(s) of medication administration shall be entered beside the medication order.
 4. The nurse shall initial the appropriate block as each dose is subsequently administered. When distributing multiple doses of medication, the nurse shall initial and write the number of doses distributed beside the medication order.
 5. All licensed nursing personnel initialing the MAR shall sign their full signature, professional title, and initials in the designated area. For facilities utilizing an electronic MAR the nurse initials, name, and title shall be listed on the printed MAR.
 6. A new MAR shall be initiated the first day of each month for every inmate on medication. All MARs from the previous month shall be filed in the inmate health record by the 20th of the current month.
 7. The MAR shall be used to record one-time medication and/or PRN medications.
 8. All diabetic medication, including insulin, shall be recorded on the MAR and with blood glucose monitoring, will also be documented on the Diabetic Record, CR-2006.
 9. Blood Glucose results shall be recorded on the Diabetic Record, CR-2006. A review of this document during chronic care visits shall be indicated with the provider signature and date noted in the "Remarks" section of the CR-2006. The CR-2006 shall be filed in the health record under Section Two - Diagnostic Reports.
 10. All hypertensive medication shall be recorded on the MAR and with blood pressure monitoring, will also be documented on the Blood Pressure Record, CR-4181.

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11. Blood Pressure results shall be recorded on the Blood Pressure Record, CR-4181. A review of the CR-4181 shall occur during chronic care visits. The provider shall document this review by signature and date noted in the “Remarks” section of the CR-4181. The CR-4181 shall be filed in the health record under Section Two – Diagnostic Reports.
12. All KOP medication distribution shall be signed by both the nurse and the inmate on the MAR.

F. Non-Compliance/Absent for Medication/Refusal of Medication:

1. Non-adherence with medication will be monitored by the nursing staff. If an inmate either refuses or is non-compliant to receive their medications, the qualified health professional administering the medications shall enter the designated code in accordance with the legend indicated on the approved TDOC MAR(s).
2. Medication Administration Records (MARs) will be reviewed by the provider during chronic care clinics. Any non-compliance will be reviewed with the inmate and documented in the inmate’s health record. If a pattern of noncompliance is evident, the provider shall consider modification of medication administration to “dose by dose”.
3. Medications administered keep on person (KOP) will be monitored primarily using the MAR as a guide on a monthly basis.
4. Staff administering “dose by dose medications” will report noncompliance of critical medications to the charge nurse after the medication pass has completed. The charge nurse will counsel the inmate after three missed doses in a seven-day period. For non-critical medications (e.g. antihistamines, NSAID, etc.), the nurse shall report the noncompliance excluding medications that are ordered as needed to the charge nurse after three consecutive missed doses in a seven-day period.
5. If it is determined that an inmate is noncompliant, a counseling session will be scheduled.
 - a. A nurse will identify and address reasons for noncompliance.
 - b. If the noncompliance is related to medication side effects or lack of agreement with the plan of care, the inmate should be referred to a provider via Institutional Health Services Referral, CR-3431.
 - c. The nurse will provide counseling and education to the inmate regarding the rationale for the medication and the possible risks of noncompliance as indicated below. The counseling session will be documented (including the number of missed doses) on the Progress Note, CR-1884, and placed in the inmate’s health record.
 1. For critical medications as non-compliance continues the charge nurse will counsel the inmate once a week and the inmate shall be referred to the provider once a month.

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2. For non-critical medications as non-compliance continues the charge nurse will counsel the inmate once a month and the inmate shall be referred to the provider every 90 days.
 3. If the inmate does not report to the clinic for counseling the counselling will be completed in the housing unit during time frames established by the Health Administrator.
 - d. The provider will document the counseling session on the Progress Notes, CR-1884, of the health record and include any physical assessment, education, and action taken.
 - e. With each follow-up visit to the provider, the noncompliance will be addressed and documented in the Progress Notes, CR-1884. Inmates with serious medical conditions, who are persistently noncompliant despite multiple counseling sessions, may be evaluated for discontinuation of medication. The provider will consider the risks of discontinuing the medication given the inmates history of noncompliance. If the risks of not taking the medication could result in health deterioration the medication should continue to be offered.
 - f. If the consequences of refusing the medication are serious or life threatening, a Refusal of Treatment, CR-1984, will be obtained by a provider after counseling the inmate regarding health risks. The encounter should be thoroughly documented in the health record. The inmate should be informed that the process to reinstate medication administration would be through sick call or a scheduled chronic care visit.
- G. MAR Review: The Charge Nurse shall review all current MARs daily at the end of each shift for completeness. The Health Services Administrator/Director of Nursing shall review all current MARs for blank spaces of administration, medication order/verification information (block), and nurse signatures monthly for completeness.
- H. Medication Orders: Orders for medication will be noted on a Physician's Orders, CR-1892, and include the date and time the order was written, duration of therapy, drug name, drug dosage, route of administration, frequency, clinical indication, and quantity limits as applicable. The order shall contain a legible ordering provider signature or signed name with a stamp. All verbal/telephone orders shall be countersigned, dated, and timed within 14 days. Transcription/notation of each medication order shall contain the date, time, full signature and title of the nurse transcribing the order.
- VII. ACA STANDARDS: 5-ACI-6C-09, 5-ACI-6A-43, and 5-ACI-6A-44
- VIII. EXPIRATION DATE: August 15, 2023.



TENNESSEE DEPARTMENT OF CORRECTION
DIABETIC RECORD (by Glucose Monitoring Device)

INSTITUTION

Patient: _____ TDOC ID: _____

Physician _____ Location _____

Current Weight: _____ Height: _____ Age: _____ Diet: _____

Current Medication Order: _____

DATE	TIME	BLOOD GLUCOSE READING	MEDICATION GIVEN	REMARKS	NURSE INITIALS
	HR				
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Provider Review: _____ Date: _____

DIABETIC RECORD (by Glucose Monitoring Device)

Patient: _____ TDOC ID _____

DATE	TIME	BLOOD GLUCOSE READING	MEDICATION GIVEN	REMARKS	NURSE INITIALS
	HR				
	HR				
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Provider Review: _____ Date: _____



**TENNESSEE DEPARTMENT OF CORRECTION
BLOOD PRESSURE RECORD**

INSTITUTION

Patient: _____ TDOC ID: _____

Current Weight: _____ Height: _____ Age: _____ Diet: _____

Current Order Frequency: _____

DATE	TIME	BLOOD PRESSURE		PULSE	MEDICATION GIVEN	REMARKS	NURSE INITIALS
		S:	D:				
		S:					
		D:					
		S:					
		D:					
		S:					
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**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

PHYSICIAN'S ORDERS

NAME

TDOC ID

ROOM No.

Drug Allergies

PHYSICIAN

Date & Time

DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS



1

Nurse's Initials

Date & Time		DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS  1	Nurse's Initials