

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-02.11**

SUBJECT: DISCHARGE MEDICATIONS

POLICY: Discharge medications and medical supplies for continuity of care are considered important. They may be provided through proper coordination with the ODOC pharmacy, the medical transition case manager, or coordination of care may be worked out with a receiving facility or community resource. Practitioners must write or electronically enter proper discharge prescriptions for ODOC Pharmacy to dispense supply.

REFERENCE: NCCHC Standard P-D-02, Medication Services  
P-E13 Discharge Planning

PROCEDURE:

- A. Patients may receive up to a 30-day supply of current and active medication and medical/supplies as needed for continuity of care at the time of discharge. Discharge orders stating “discharge medication” or “parole order” along with the duration of the order shall be written or electronically ordered by a practitioner for patients who are being released and require medication for continuing treatment of chronic conditions. No OTC medication will be supplied due to easy access in the community.
- B. Scheduled and injectable medications will be reviewed by the prescribing practitioner and coordinated with the transition nurse to determine the appropriate discharge supply.
- C. Patients may receive a written prescription for a participating agency where the patient’s therapy can be administered and monitored, e.g., antabuse therapy, psychotropic medications, monitored TB treatment, etc.
- D. If an inmate paroled and the essential prescribed medications are not available at release, the inmate will be asked to sign the attached “Authorization to Act as Agent”, Attachment 2. This form will then be sent to pharmacy in addition to the discharge/parole orders. At that time the pharmacy will fill the order and send it to the appropriate parole office to be delivered to the inmate at their first check in. If an inmate refuses to sign, the ODOC pharmacy does not have the permission to send the medication(s). The inmate may not return to the institution to pick up parole medications at a different date.

- E. Discharge/parole orders will be filled by the Pharmacy for inmates with or without detainers.
- F. AIP inmates are initially given a 30-day supply of prescription medications as well as any over-the-counter medications an ODOC prescriber has ordered. In addition, an inmate can receive up to three refills if they request them through their parole officer. This does not include Smart Start issued medications.

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

Review date: August 2014

Supersedes P&P dated: October 2013

Re: \_\_\_\_\_  
Name and SID

To Whom It May Concern:

The above-named patient received mental health services and medication as listed below for the noted condition(s):

**DIAGNOSES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION(S):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATES OF SERVICE:** \_\_\_\_\_

\_\_\_\_\_  
Mental Health Provider Signature

\_\_\_\_\_  
Date

**Additional notes/comments:** \_\_\_\_\_  
\_\_\_\_\_

**Note to patient:**

Support and educational services are available to you, family members and friends through NAMI. Phone 1-800-343-6264.

Oregon NAMI- [www.nami.org/sites/NAMIOregon](http://www.nami.org/sites/NAMIOregon); email- [namioregon@qwest.net](mailto:namioregon@qwest.net)

Multnomah County NAMI – phone (503) 228-5692

Washington County NAMI – phone (503) 356-6835

Clackamas County NAMI – phone (503) 656-4367

\_\_\_\_\_ County NAMI – phone \_\_\_\_\_

MEDICAL/MENTAL HEALTH CARE may be available at a county clinic nearest you.

**Mental Health record requests should be sent to:**

Behavioral Health Services

2575 Center St NE

Salem, OR 97310

Fax: 503-378-5118

# OREGON DEPARTMENT OF CORRECTIONS (Pharmacy Service)

## Discharge Medications

- Medications handed to inmate \_\_\_\_\_ Yes \_\_\_\_\_ No
- Medications Refused \_\_\_\_\_ Yes \_\_\_\_\_ No

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications to be sent after discharge to the below address \_\_\_\_\_ Yes \_\_\_\_\_ No

## Authorization to Act as Agent

I, \_\_\_\_\_ (print name), SID# \_\_\_\_\_ authorize my county parole office and parole officer to act as my agent to receive, hold, and provide to me my prescription medications prepared for my release by the Oregon Department of Corrections, Central Pharmacy.

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (print name): \_\_\_\_\_ Title: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Address to ship medications:

Attention of: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_