

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-02.4**

SUBJECT: ORDERING/DELIVERY OF MEDICATIONS

POLICY: Ordering/delivery of medications will be as prescribed, in a safe and efficient manner, and meet all state and federal drug laws and regulations. Medication orders may be electronically generated using CPOE or hand written.

REFERENCE: NCCHC Standard P-D-01, Pharmaceutical Operations  
NCCHC Standard P-D-02, Medication Services  
OAR 855-041-0160  
OAR 855-041-0177  
OAR 855-041-0173

Definition: CPOE: computerized provider order entry

PROCEDURE:

A. Medication Orders

1. By ODOC Staff

- a. An order may be written by a prescribing practitioner on the Physician Order form in the patient's health record or entered electronically.
- b. A licensed nurse may take a verbal and/or telephone order from a practitioner. The order must be written onto the Physician Order Form in the patient's health record and signed by the licensed nurse receiving the order. This order must be reviewed and countersigned by a practitioner within 72 hours.
- c. An order may be written directly onto the Physician's Order Form or entered electronically from an approved nursing protocol. This order must be reviewed and countersigned by a practitioner within 72 hours.
- d. Signatures of all providers writing orders will be kept on file and maintained by pharmacy.
- e. The medication order will include:
  - 1) Patient's Name
  - 2) SID Number

- 3) Physician's name and the name of the nurse if the order is from a protocol, transcribed, verbal order, or electronically entered.
- 4) Date/Time
- 5) Drug and Strength
- 6) Dosage
- 7) Stop Date or Number of Doses
- 8) Directions for Usage

2. By Outside Agency Consultant Orders/Hospital Discharge Orders

- a. Outside prescriber orders may be phoned into the receiving facility (not the pharmacy) or written on any official patient document. Any medications received from an outside provider will be issued or placed on medication line once approved by the ODOC provider.
- b. The receiving nurse will consult immediately (either in person or by telephone) with the ODOC provider to determine the plan of care in light of the consulting physician's orders. The ODOC provider will determine which orders will be implemented immediately; these orders will be transcribed on to the physician order form. A chart review will be scheduled to ensure the order is signed within 72 hours.
- c. **If an original prescription is received on a signed prescription pad sheet, it will be shredded. (Do not shred the pink sheet).**

3. Refill Orders

- a. Medication refills will be reordered in a timely fashion. When a five to seven day supply of the prescription remains, the refill tab or information will be removed and sent to the Pharmacy or scanned into the electronic system.
- b. When a refill request is received, the pharmacist will review the prescription and the patient's medication profile for compliance with the prescriber's directions for use. The reviewing pharmacist will communicate concerns to the prescribing practitioner.

B. Submitting Medication Orders to the Pharmacy

1. Orders that can be received in a routine delivery from the Pharmacy will be faxed or sent to the Pharmacy or transmitted electronically through CPOE.
2. Urgent orders that must be received before the next regularly scheduled Pharmacy delivery see Urgent/Emergency Medication Needs #P-D-02.2.

### C. Receiving Filled Medication Orders from the Pharmacy

1. The nurse or medication room technician will check the medications received against the pharmacy delivery report. After the medications are checked, the nurse or medication room technician will sign and date the delivery report on the front page.
2. Shortages or other problems with the order will be documented on the delivery report. Errors will be noted on the delivery report and pharmacy contacted for resolution. Errors will be resolved the same day identified, or if identified after hours, the immediate following normal work day.
3. The record of medications received (delivery report) will be retained for three (3) years by the receiving facility.
4. The record of medication ordered and shipped will be retained for three (3) years by the Pharmacy.

### D. Timeliness of Delivery

1. From medication order to patient receipt is five business days unless otherwise ordered by prescriber.

### E. Scheduled Drugs

1. In addition to A, B, and C, the following Section D applies to schedule medications.
2. Schedule II, III, IV and V drugs will normally be dispensed as controlled stock. Records for each dose administered will be kept on a declining inventory balance sheet.
3. A reconciliation will be performed by persons legally authorized to administer medications at the beginning and end of each shift.
4. Discrepancies in the inventory will be reported to the responsible supervisor immediately. The supervisor or designee will investigate the cause of the discrepancy. The corrected entry will be signed and dated by the supervisor and the person discovering the discrepancy after conducting the count and investigation. If the cause of the discrepancy is not identified, the pharmacist will be notified immediately.
5. Schedule II drugs shall be ordered on DEA222 form.
6. Schedule III, IV and V shall be ordered on DOC Request for Purchase form CD 206.
7. All controlled medications shall be stored under secure conditions.

8. Discontinued or outdated Schedule II, III, IV and V medications can no longer be returned to the Pharmacy and must be destroyed in the facility. See P-D 02.12 for specific destruction methods.
9. The count sheet will be kept in a location determined by the Medical Services Manager, in cooperation with the Consultant Pharmacist that will be convenient to use and be readily available for inspection.
10. All schedule drug count sheets must be stored onsite for three years.

#### F. Medication Returns

1. Returned medications will be kept in a secure location until returned to the Pharmacy.
2. The medication will be in a secure container for transport to the Pharmacy as approved by the Pharmacists.
3. Discontinued medications, outdated medications or individual prescription medications left in the facility will be returned to the Pharmacy, except as stated in D.8 on page 3.

#### G. Incoming Patient Medications

1. Inmates newly received through CCCF who are taking a Non-Formulary drug may have their order continued for up to thirty (30) days.
2. Medications that come in with newly admitted inmates are counted and entered on a sign out sheet by the R&D nurse and may continue to be administered to the patient upon provider signature. Any unused medication will be sent to the Pharmacy. When inmate leaves CCCF Intake, the remaining medications will be sent to Pharmacy.

#### H. Transfer of Prescribed Medication(s)

1. When an inmate is transferred from one facility to another, the transferring facility will ensure the inmate's prescribed medication(s) is transferred with the inmate's property and/or health care record.
2. The inmate will pack all of their prescribed self-administered medication(s) in their property.
3. The transferring facility medical staff will assure that all of the inmate's administered medication(s) is removed from the medication cart and secured with the inmate's health care record. **NO SCHEDULED (CII, III, IV, V) DRUGS** will be included in the medications that are packaged with the health care record.
4. The receiving facility will remove the medication(s) from the health care

record, verify the medication(s) against the MAR and place the medication(s) in the medication cart.

I. Drug Recall

1. Upon receipt of a drug recall notice by a manufacturer, the pharmacist or designee shall screen the bulk pharmacy inventory. Drugs identified as recalled shall be removed from inventory immediately and returned or disposed of according to the manufacturer's instructions.
2. The card prepack inventory kept in the pharmacy shall be inspected and any drug identified as recall shall be removed and dealt with according to the manufacturers instructions.
3. For all level 2 recalls, each satellite drug room and each medication cart in each facility shall be inspected by the nurse or designee. Drugs identified as being recalled shall be removed from inventory and returned to the pharmacy for proper disposition, except schedule II, III and IV, which must be destroyed on-site.

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

Review date: August 2014

Supersedes P&P dated: October 2013

**OSCI Site Specific Attachment  
P&P P-D-02.4, Ordering/Delivery of Medications**

SUBJECT: RECEIPT OF MEDICATIONS

PURPOSE: To assure that medications received from central pharmacy or other outside pharmacy are accounted for in a manner that meets all state and federal drug laws and regulations.

PROCEDURE:

A. Checking in Medications from Central Pharmacy

1. Compare medication cards with drug report, name of drug, strength, quantity, and place check mark on space if correct.
2. Separate medication cards by “control by staff” or “OK in cell” as you go.
3. Controlled med cards are to be labeled as appropriate,
  - a. Morning, Noon, and Evening stickers need to be placed on cards.
  - b. If there is more than one card, in top left hand corner, (using a black Sharpie) write, e.g., 1 of 2, 2 of 2, etc.
  - c. If there is a taper, use a red Sharpie and write 1<sup>st</sup>, 2<sup>nd</sup> and so on in the top left hand corner of each medication card.
  - d. If a taper is all-in one card, highlight each direction with different colors.
4. Place medications into appropriate medication carts. If a card is already in the cart place the remainder in the over-flow bins.
5. DEA scheduled drugs must be signed in by two staff (nurses).
  - a. Assure that # of pills in card is equal to number located in the lower right hand corner of the medication label.
  - b. Record the number of pills in the box labeled amount received on the sign out sheet both nurses are to initial.
  - c. All scheduled drugs are to be locked in a secure location in the medication carts or in a locked narcotic cabinet. Patient specific drugs are to be in the appropriate cart. All stock cards are to be located in the A-K cart.
  - d. Sign-out sheets for patient specific are to be filed behind the patients current MAR. Sign out sheets for stock are to be attached to the front cover of the A-K MAR book.

B. Medication Passes/Medline Info Sheets

1. Separate patient information sheet/med passes into OK in cell and controlled.
2. For Ok in cell, tear off med pass and staple info sheet to medication card.
  - a. Only need one med pass per person, shred extra medication passes.
  - b. May receive more than one info sheet for one drug (2 med cards = 2 info sheets), just shred extras.
  - c. Sign and separate passes by unit.
  - d. Confirm housing units by using DOC 400 offender information screen.
  - e. Place med cards with other mail in the hanging file holder for delivery to housing units.
3. Information sheets for controlled medications.
  - a. Tear off the med passes and shred.
  - b. May receive more than one info sheet for one drug (2 med cards = 2 info sheets), just shred extras.
  - c. Fold sheet, place name sticker on front, send to units.

**OSP Site Specific Attachment  
P&P# P-D-02.4, Ordering/Delivery of Medications**

**Section D-Scheduled Drugs**

OSP Health Services will maintain an accurate record and reconciliation of Schedule II, III, IV and V drugs in a manner that assures accountability and control.

**Scheduled Drugs:**

- 1) All of the listed elements in the body of P-D-03 will apply to schedule medications.
- 2) Schedule II, III, IV, and V drugs will be dispensed as controlled stock. Records for each dose administered will be kept on a declining inventory balance sheet. Reconciliation will be performed by two persons legally authorized to administer medication at the beginning and end of each shift. Inventory responsibilities of specific areas are as follows:

<b>Post</b>	<b>Area of Responsibility</b>
Medication Room	Medication room; institution stock medication located in room 314; mainline medication carts.
Infirmary	Infirmary medication cart
DSU	DSU stock medication
IMU	IMU stock medication

- 3) Discrepancies in the inventory will be reported to the responsible supervisor immediately. Appropriate documentation shall be written by the persons discovering the discrepancy and deliver the documentation to their supervisor. The supervisor or designee will investigate the cause of the discrepancy. The corrected entry will be signed and dated by the supervisor and the persons discovering the discrepancy after conducting the count investigation. If the cause of the discrepancy is not identified, the pharmacist will be notified.
- 4) All orally administered scheduled drugs will be crushed and administered in water except enteric coated and sustained release medications.
- 5) Scheduled II drugs shall be ordered on DEA222 form, this will be coordinated by the OSP Pharmacy Technician.
- 6) Scheduled III, IV and V shall be ordered on a stock medication request or regular prescription form.
- 7) All controlled medication shall be stored under secure conditions.
- 8) Discontinued or outdated Schedule II, III and IV medications can no longer be returned to the Pharmacy and must be destroyed in the facility.

**TRCI Site Specific Attachment  
P&P# P-D-02.4, Ordering/Delivery of Medications**

**Subject: RECEIPT OF MEDICATIONS**

**Purpose:** To assure that medications received from Central Pharmacy or other outside pharmacies are accounted for in a manner that meets all state and federal drug laws and regulations.

**PROCEDURE:**

Drugs arrive via Northwest Delivery Systems

Hub Manager: Ron Banks

541-377-4935

541-377-9548

On Monday through Friday (except state defined holidays) between 7:00am and 7:30am, the pharmacy order is delivered to the TRC mailroom in the Administration Bldg. via the courier. A TRCI mailroom employee signs for receipt of the delivery. The medication room technician or designee will be responsible for picking up the pharmacy order from the mailroom. The delivered pharmacy order will arrive in a locked crate and will remain so until the medication room technician arrives to take possession of the order. Once the medication room technician is present, the crate is unlocked for inspection in the presence of both parties. The medication room technician or designee can then transport the order via the gatehouse, where it is inspected by security. Once this is completed, it is taken to the medication room

On holidays and furlough days when the mailroom is closed, the courier will deliver the order to Key Distribution instead of the mailroom. When the courier arrives, security will call Medical Services to have someone from medical come to sign for the order and transport the cart to the medication room

**TRCI Site Specific Attachment  
PD 02.4, Ordering/Delivery of Medications  
Ordering/Noting orders electronically**

**Subject: Ordering and noting orders when entered electronically.**

Procedure:

1. The order is entered into the CIPS program by a provider, the provider must ensure all essential elements of a legal order are entered. The following information must be included in the order.
  - a. Patient's Name
  - b. SID Number
  - c. Prescriber's name
  - d. Date/Time
  - e. Drug and Strength
  - f. Dosage
  - g. Stop Date or Number of Doses
  - h. Directions for Usage
2. When the order is entered the corresponding Medication Administration Record (MAR) label stickers will be generated.
3. The prescriber will write "CIPS" on the Physician Order form along with the number of prescriptions that were entered. (i.e. "CIPS x 2"). This indicates to the staff member noting the order the number of orders there are for this patient.
4. If the order is for a controlled substance, there must be a signature attached to the order. This can be accomplished in two different ways.
  - a. The prescriber can sign the Physician Order that has the MAR label sticker for the controlled substance order. This will be faxed to pharmacy.
  - b. A report can be generated for the controlled substance order then signed and faxed to the pharmacy.
5. The staff member that notes the order will apply the order labels as follows:
  - a. The Physician Order
  - b. The MAR (if it is the end of the month a second label utilized for the following month's MAR).

- c. The NCR copy of the Physician order if faxed to pharmacy.
  - i. If the order is for a controlled substance, assure the prescriber's signature is present and fax to pharmacy.
  - ii. If the order is started from stock or utilizing an FIB (fill in the blank) card, assure the label from the stock supply is attached to the physician order form and faxed to the pharmacy.
- d. When noting the order write the date, time and signature with credentials.
- e. When applying MAR label stickers, do not cover anything that is written.