

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-02.9

SUBJECT: PRESCRIPTION MEDICATION ADMINISTRATION AND CONTROL

POLICY: Ordering of medication is controlled thus assuring that a system of accountability is in place to prevent illicit obtaining of prescription medications.

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

DEFINITIONS:

- **Tablet Splitting:** Halving a tablet (or capsule) in order to obtain a lesser desired dose.
- **Pre-Crushing:** Crushing more than the dose that is required for immediate administration to a patient.
- **Staging:** The removal of a dose from its original blister card and placed in an alternate container (i.e., dose cup) to be given at a later time.

PROCEDURE:

- A. **Tablet splitting** by medical personnel is not acceptable.
1. The splitting of tablets by nursing staff causes undue risk of administering the inappropriate amount of medication to the patient.
 2. There is no appropriate place or container to store the unused portion of the split tablet. In cases of controlled substances, halving tablets only propagates the potential for diversion.
 3. In cases of urgent need where stock medications are utilized, providers need to be familiar with the medications that are immediately available for them to prescribe. If a provider believes that an alternate dose of medication should be made available, then this need is to be proposed to the Pharmacy and Therapeutics Committee for consideration.
 4. Controlled substances that must be issued in such a manner as to have the tablets be split will be dispensed directly from the pharmacy and will be specific to that patient. Such orders will be designated clearly on the order (i.e., "Please send," "Patient Specific Order") and then transmitted to the pharmacy for processing.

- B. **Pre-crushing** is unsafe and wasteful of medication.
1. Pre-crushing doses of medication destroys the ability to positively identify that dose prior to dispensing to a patient.
 2. Pre-crushed medication cannot be returned to the pharmacy to be used for another patient if the medication order were to be discontinued or changed in such a manner that would require a different card to be issued. These instances would entail a financial loss to the department.
 3. Pre-crushing tablets is a form of subterfuge utilized in diverting medication. Instances have occurred where a similar color and size tablet has been used to replace a desired tablet and is crushed beyond recognition.
- C. **Staging** medications is not acceptable.
1. Since the alternate container has not been labeled correctly by the pharmacy, this practice can easily lead to administering the medication incorrectly or even to the wrong patient.
- D. Appropriately credentialed Health Service personnel will be responsible for ordering, preparing, and administering medications. Appropriately trained Health Service personnel may assist with the delivery and distribution of medications. Signatures of all individuals involved in medication control will be kept on file. A file must be maintained on site containing the signatures of all those involved in the medication administration process.
- E. Medications labeled for one patient will not be administered to another patient. Medications will not be administered in doses that differ from the labeled dose.
- F. Prescription medications will be secured at all times until delivery to the individual patient.
- G. With the exception of schedule II through V medications, expired and unused or returned medications will be returned to the Pharmacy by a secure method, which can include:
1. In the possession of Health Services' staff.
 2. Locked in a secure box.
 3. Locked in a medical records transport bag or box with security seal(s).
 4. Packaged properly in sealed container and shipped via common carrier.
- H. Administration of medline medication in water will be at the discretion of the individual institutions Medical Services Managers. See site specific attachments.

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: October 2013

Snake River Correctional Facility- Site Specific Attachment
P-D-02.9,

A. Medication Line Procedure:

1. All med line medications will be administered in water.
2. All Schedule drugs will be crushed (if not contraindicated by manufacturer) and administered in water. A mouth check will be completed by nursing staff if the medication cannot be crushed.

Powder River Correction Facility- Site Specific Attachment
P&P# P-D-02.9

A. Medication Line Procedure:

1. All med line medications will be administered in water.
2. All Schedule drugs will be crushed (if not contraindicated by manufacturer) and administered in water. A mouth check will be completed by security staff if the medication cannot be crushed.

**Oregon State Penitentiary-Site Specific Attachment
P&P #P-D-02.9**

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- **Staging:** The removal of a dose from its original blister card and placed in an alternate container (i.e., dose cup) to be given at a later time.

PROCEDURE:

A. It is recognized that at the Oregon State Penitentiary pre-crushing and staging of medication may occur in the following areas:

1. Special Management Housing
(Mental Health Infirmary, Death Row, Behavioral Health Unit, and Intermediate Care Housing)
2. Disciplinary Segregation Unit.
3. Institution Lock Down – cell to cell General Population

Pre-crushing and staging of medications in these areas are accepted due to the construction of the buildings and the inability to transport/secure medication carts on the upper tiers on each unit. It is noted that pre-crushing and staging of medication should not occur whenever possible.

B. **Labeling:** When labeling a pill cup during the staging of medication. The following information will be present:

1. First and Last Name
2. SID#
3. Housing location (Unit/Cell#)

C. **6 Rights:** The 6 Rights of medication will be utilized anytime a medication is administered to ensure patient safety. This will especially occur when pre-crushing and staging of medication(s).

1. Right individual
 - a. The pill cup label and MAR information must match
 - b. At cell side, the pill cup label and patient verification must match
 - c. Prepare medication for one individual at a time.
 - d. Do not talk to others and ask them not to talk to you when you are preparing or administering medication.
 - e. Do not stop to do something else in the middle of preparing medications.
 - f. Pay close attention at all times when administering medications.
2. Right medication
 - a. At cell side should a patient question a medication, the medication will be held until verification occurs. Verification of medication will occur against the MAR and blister pack prior to administering to the patient.
3. Right dose
4. Right time
5. Right route
6. Right documentation
 - a. While staging of medication occurs nursing staff will initial the MAR at time of staging. Should a patient refuse their medication while at cell side, appropriate documentation on the MAR will occur prior to leaving the patient's unit. If further documentation is needed a progress note will be made.

Each time a medication is prepared/administered, a systematic check must occur against the six rights. The 6 rights are essential every time medication is administered – this includes medications an individual has been taking for a long period of time. The 6 rights must be checked every time medication is administered to any patient.