



# Medication Administration and Management

Division of Child and Family Services (DCFS)  
 Juvenile Justice Services (JJS)  
 Statewide Policy

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<b>ATTACHMENTS:</b>	Attachment A: Medication Intake Log Attachment B: Medication Administration and Informed Consent Form Attachment C: Medication Administration Record Attachment D: PRN & One Time Medication Record Attachment E: Diabetic/Insulin Record Attachment F: Treatment/Medication Refusal Form Attachment G: Medication Error Report Attachment H: Daily Temperature Log Attachment I: Medication Inventory Log Attachment J: Controlled Substance Inventory Log Attachment K: Controlled Drug Sheet Attachment L: Medication Disposal/Destruction Sheet Attachment M: Medical Release and Follow Up Instruction Form Attachment N: Prescription Medication Transport Form Attachment O: Medication Error Response/Actions Attachment P: Medication Error Index

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## I. SUMMARY

The Division of Child and Family Services (DCFS) Juvenile Justice Services shall provide quality care in medication administration and management, ensuring compliance with statutory requirements, youth safety, and improved youth outcomes.

## II. PURPOSE

To ensure DCFS Juvenile Justice Services staff receive guidance, directives, and training in the administration and management for all prescribed and over-the-counter medications given to youth.

## III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Administering Medication: Providing a single dose of medication to an individual patient/youth by injection, inhalation, ingestion, or other means upon the direction of a licensed prescriber.
- B. Controlled Substance: Medications with varying potential for abuse and psychological or physical dependence, ranging from Schedule II medications with high abuse potential to Schedule V medications with low abuse potential.
- C. Custodian: A person or a governmental organization, other than a parent or legal guardian, who has been awarded legal custody of a child. The term does not include a person or governmental organization who continues to provide services to a child who remains under the jurisdiction of a court. Note: This is a child welfare agency for dual custody youth.
- D. Designee: The individual designated by the Superintendent of a facility to possess and administer controlled substances in accordance with NRS 453.375.
- E. Disposing: (a) The destruction of medication on its expiration date or when retention is no longer necessary or suitable (e.g., upon discharge of a patient from a facility) or (b) the provision of medication to the former youth upon discharge in accordance with the continuity-of-care principle (*Standards for Health Services in Prisons, National Commission on Correctional Health Care 2014*).
- F. Drug: Also called medication or medicine, a chemical substance (listed in the United States Pharmacopoeia of Facility Formulary) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease to affect the structure or any function of the body (U.S. Food and Drug Administration, 2017).
- G. Formulary: A written list of prescription and nonprescription medications ordinarily available to authorized prescribers, including consultants working for a facility (*Standards for Health Services in Prisons, National Commission on Correctional Health Care 2014*).
- H. Informed Consent: The right to consent or refuse assessment, testing, or treatment or the administration of medication. Informed consent is obtained through a communication process whereby the youth and the youth's parent/guardian are informed regarding the diagnosis, the nature and purpose of the proposed treatment or procedure, the risks, alternatives and benefits of the proposed treatment, examination, or procedure. The youth and parent/guardian should

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be afforded an opportunity to ask questions before giving consent.

- I. Persons Responsible for Child's Welfare: A person is responsible for a child's welfare if the person is the youth's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the youth, a public or private home, institution, or facility where youth actually resides or is receiving care outside of the home for all or a portion of the day, or a person directly responsible or serving as a volunteer for or employed by such a home, institution, or facility (NRS 432B.130). Refer to definition of custodian which may be a child welfare agency rather than a parent/guardian.
- J. Medical Assessment: A medical evaluation to determine any medical concerns impacting the youth's psychiatric presentation and physical wellness, including addressing for any communicable diseases and checking for their immunization status. This also includes a physical examination and providing necessary vaccine as required.
- K. Medication Administration Record (MAR): A medication form to legally record administration of drugs to a youth at any facility under DCFS/JJS by the responsible physician, dentist, nurses, and trained health care personnel under the direction of the prescribing physician and/or dentist. MARs include youth's picture and date of birth, youth's allergies, drug dosages, drug route, drug frequency of administration, date ordered, date started, stop date, time administered, and initial of person administering medications.
- L. Medical Staff: All full time, part time, or contracted staff authorized by law to provide medical services within a facility according to NRS 453.375.
- M. Medication Error: Any preventable event which may cause or lead to inappropriate medication use or harm while the medication is in the control of the health care professional, youth, or caregiver.
- N. Most Common Medical Abbreviations used in DCFS/Juvenile Justice Services (*Taber's Cyclopedic Medical Dictionary 24<sup>th</sup> ed., 2021*):
  - AC from Latin "ante cibum" – take before a meal
  - HS from the Latin "hora somni" – take at bedtime
  - PC from the Latin "post cibum" – take after a meal
  - PO from the Latin "per os" – by mouth
  - BID from the Latin "bis in die" – twice a day
  - PRN from the Latin "pro re nata" – as needed
  - QD from the Latin "quaque die" – every day
  - TID from the Latin "ter in die" – three times a day
- O. Over-The-Counter Medication (OTC): Any medication which can be obtained without a prescription.
- P. Parenteral Administration: Administration of medication intravenously (IV), intramuscularly (IM), subcutaneously (SQ), or intradermally.
- Q. Provider of healthcare: A medical doctor, dentist, or physician assistant licensed in accordance with state law (NRS 441A.334). This includes the physician and contract psychiatrists providing Services at Caliente Youth Center, Nevada Youth Training Center, and Summit View Youth Center.

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- R. Psychotropic Medication: Medication used for treating behavioral and mental health concerns; the prescribed intent of which is to affect or alter thought process, mood, or behavior including but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications.
- S. Rights of Medication Management: Standards for safe medication management – the right youth, right medication, right dose, right route, right time, right to refuse, right to be educated, right documentation, right assessment, and right evaluation.
- T. Sharps: Any medical item having corners, edges, or projections capable of cutting or piercing the skin (such as a syringe or lancet). Sharps are considered biohazardous medical waste and must be carefully handled and disposed of properly.
- U. Standing Order: Any of the orders, rules, regulations, protocols, or procedures prepared by the professional staff of a hospital or clinic and used as guidelines in the preparation and execution of medical procedures.
- V. Stop Order: The maximum duration of which a medication may be prescribed.

## IV. PROCEDURES AND PRACTICE GUIDELINES

### A. Prescription Practice

1. Youth served by Caliente Youth Center, Nevada Youth Training Center, and Summit View Youth Center shall undergo a medical assessment according to facility practices.
2. No medication, whether prescription or over-the-counter (OTC), may be administered to any youth in a DCFS facility without a valid prescription or order from an authorized person licensed to prescribe medications in the State of Nevada NRS 639.0125.
3. Psychotropic medication shall be dispensed only when clinically indicated, medically prescribed, and as one facet of a program of non-medication therapies, such as cognitive and/or behavioral interventions.
4. A psychiatric evaluation provides the basis for all psychiatric treatment and must be completed prior to prescribing any psychotropic medication to a youth.
  - a. The staff member designated by the superintendent of each facility will complete and submit in writing, a referral for the youth to be evaluated by the facility psychiatrist, to include the reason for the referral including current behavioral and emotional concerns or symptoms, current level of functioning, and mental status.
  - b. Relevant case documentation shall be provided to the psychiatrist for review prior to the evaluation appointment with the youth or at least at the time of the appointment. Relevant case documentation includes but is not limited to the initial risk/needs assessment summary; prior court reports; prior evaluations and assessments; prior medical reports; current psychotropic and non-psychotropic medications; testing results; and medical, psychological, or educational reports.
5. Psychotropic medication used for discipline, coercion, retaliation, convenience of staff, or as a substitute for appropriate clinical or therapeutic treatment services is prohibited.

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6. In prescribing psychotropic medication, first consideration shall be given to beginning with medications which are Food and Drug Administration (FDA) approved for use with the youth's diagnosis and age group.
7. Off-label use of medications may be used if an FDA approved medication shall not meet the youth's individual needs, in consideration of available evidence, safety, and efficacy, and the psychiatrist's clinical experience and judgement of what is in the best interest of the youth.
8. Dosages of psychotropic medications should adhere to FDA-recommended dosage guidelines, where available. Any variance shall be noted in the medical record with medical rationale.
9. Dosages should usually be initiated at a low dosage and carefully titrated up as needed.
10. Psychotropic medications should be adjusted over time to the lowest effective dosage.
11. Treatment should usually begin with a single medication for a single diagnosis or symptom before treatment with multiple medications is considered. Any variance shall be noted in the medical record with medical rationale.
12. The prescribing of more than one psychotropic medication in the same drug classification or three or more classes of psychotropic medications is allowed only in special circumstances and in consultation with another DCFS contracted psychiatrist.
  - a. The consultation may be done via telephone, email, fax, in person or video conference. This consultation shall be documented in the youth's medical record. The exception to this is when a youth is being tapered off one medication and onto another.
13. All Standing Orders are initiated during intake and are kept in the youth's chart (DCFS/JJS 400.10, Attachment D).
  - a. General Standing Orders include all pre-written orders signed by the medical doctor such as Tylenol, ibuprofen, other daily over-the-counter medications, and prescription medications.
  - b. Long Standing Orders which cover emergency services, as needed medications, and procedures are to be kept in the medical file and renewed yearly by the medical doctor.
14. Stop order time periods shall be specified:
  - a. All stop orders are to be documented in the youth's medical file.
  - b. All controlled substances and other medications subject to abuse shall have an automatic stop of 30 days, unless otherwise authorized by a physician/psychiatrist.
    - i. A re-evaluation shall be performed by the facility medical doctor prior to the renewal of such prescriptions.
    - ii. The prescribing medical doctor is responsible for the renewal of medication.

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15. All verbal authorizations for prescriptions must be signed by the physician upon the physician's next visit to the facility.
16. Under no circumstances is any medication or placebo to be prescribed or administered to a youth for experimental purposes or research.
17. All prescriptions shall be signed by a provider of health care who is licensed and authorized by the appropriate licensing authority.

### B. Informed Consent

1. Informed consent is a right of all youth, their parents, guardians, and legal custodians when receiving medical and/or psychiatric services in any state youth facility.
2. Informed consent for psychiatric services, including the prescription of psychotropic medication, requires communication with the youth and their parent, guardian, and legal custodian to be understandable, allowing for questions and providing information regarding the following:
  - a. Diagnosis.
  - b. Treatment options appropriate for the diagnosis and the youth's individual needs.
  - c. Risk and benefits of the proposed treatment.
  - d. Risks and benefits of alternative treatments, to include no treatment.
  - e. Benefits of recommended psychotropic medications, range of doses, potential risks, initial effects, and period of time to anticipate effects, possible side effects, interactions with other medications or foods, serious adverse effects, and when and how to contact the prescribing psychiatrist.
3. Consent must be obtained for youth in child welfare custody.
  - a. Written consent from the person legally responsible for the psychiatric care of the youth must be obtained prior to the administration of any psychotropic medication(s) (NRS 432B.4688).
  - b. Pursuant to Nevada Revised Statutes (NRS) the written consent for the administration of psychotropic medication(s) for the youth is to be provided by the person legally responsible for the psychiatric care of the youth. This consent is provided to the person professionally qualified in the field of psychiatric mental health and the agency which provides the child welfare services for the youth (NRS 432B.4682).
  - c. DCFS/JJS is strictly prohibited from administering any psychotropic medications to any youth whose custody is with the public child welfare agency until the written consent is signed by the child welfare case manager and a copy provided to the facility.
  - d. Pursuant to NRS 129.010, the age of majority in Nevada is 18, which means an individual who is under no legal disability and is able to enter into contracts is considered of lawful age to consent for their own medical care.
4. In emergency situations, a medical doctor or a licensed nurse may provide emergency medical care in the absence of expressed or informed consent from the parent, guardian, or legal custodian. The determination of what is an "emergency" can only be determined by

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a medical professional.

5. All new non-psychotropic medications, excluding standing orders, shall be started only after the parent or guardian and legal custodian has been notified and given the opportunity to respond to the notification.
  - a. Notification may be by phone.
  - b. In cases where notification is made by telephone, the staff person placing the call shall have a witness verify the verbal consent from the parent/guardian. Both the staff obtaining consent and the witness shall sign the Medication Administration and Informed Consent form (Attachment B).
    - i. Documentation of the notification shall be maintained in the DCFS web-based case management system (DCFS/JJS 100.13, Documentation Standards).
    - ii. Documentation of the notification shall be maintained in the youth's medical file.
  - c. The facility superintendent may provide consent when a parent/guardian fails to respond within four hours or is unreachable for any reason. The superintendent shall sign the Medication Administration and Informed Consent Form (Attachment B) as the legally responsible person. This includes medical, surgical, and dental services for a youth pursuant to NRS 63.520.
    - i. The Medication Administration and Informed Consent Form with instructions shall be mailed to the parent, guardian, or legal custodian for signature within two business days of youth's admission to the facility. The signed original consent form should be returned to the facility within two weeks.
    - ii. The assigned Youth Parole Counselor (YPC) shall be informed in writing of an unsuccessful attempt to reach the parent/guardian and the Medication Administration and Informed Consent Form has been mailed to parent/guardian.
    - iii. A copy of the written correspondence to the parent, guardian, legal custodian, and assigned YPC shall be maintained in the youth's medical file.
    - iv. For all new prescriptions, an FDA Medication Guide should be sent to the parent, guardian, legal custodian, or youth who is authorized to provide consent within two business days. The Medication Guide is intended to supplement the informed consent process and does not take the place of the physician's communication with the patient, parent, guardian, or legal custodian.
      - Documentation of the notification shall be maintained in the youth's medical file, including the web-based case management system.
  - d. In those cases when parents/guardians have been notified but they object to having the youth start on the medication, the superintendent or designee of the facility may place the issue on calendar in the court of jurisdiction for review.
    - i. The superintendent or designee of the facility shall request the assigned YPC schedule the court date.

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- ii. The superintendent or designee of the facility is responsible for informing the parent of the court date and time.
  - iii. The superintendent or designee of the facility shall be responsible for providing the court with sufficient information, including but not limited to the physician's rationale for the proposed medications, facility assessments, such as school and behavioral reports, and any other reports needed for the court to make an informed decision.
6. For psychotropic medications, the psychiatrist or nurse shall obtain verbal consent from the parent, guardian, child welfare case manager, or authorized youth who has authority to sign informed consent. In all cases a witness shall verify the verbal consent has been obtained and shall sign the consent form. The Medication Administration and Informed Consent Form shall be sent via certified mail, return receipt requested to the appropriate party.
  - a. Notification may be by telephone.
  - b. In cases where notification is made by telephone, the person placing the call should have a witness verify the verbal consent. Both the staff obtaining consent and the witness shall sign the Medication Administration and Informed Consent form (Attachment B).
  - c. If the parent, guardian, or legal custodian is unreachable or fails to respond within four hours, the superintendent may provide consent, but the parent, guardian or legal custodian shall still be informed in writing immediately.
    - i. If the superintendent provides consent, they shall sign the Medication Administration and Informed Consent form as the legally responsible person. Additionally, the assigned YPC shall also be informed in writing by the nurse.
    - ii. A copy of the written correspondence to the parent, guardian, legal custodian, and assigned YPC shall be maintained in the youth's medical file, including the web-based case management system.
  - d. In those cases when parents/guardians/authorized youth have been notified but they object to having the youth start on the medication, the superintendent or designee of the facility may request the issue be placed on calendar in the court of jurisdiction for review.
    - i. The superintendent or designee of the facility shall request the youth's assigned YPC schedule the court date.
    - ii. The superintendent or designee of the facility is responsible for informing the parent of the court date and time.
    - iii. The superintendent or designee of the facility shall be responsible for providing the court with sufficient information, including but not limited to the physician's rational for the proposed medications, facility assessments, such as school and behavioral reports, and any other reports needed for the court to make an informed decision.



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- e. Documentation of notification and verbal consent shall be documented in the youth's medical file, including the web-based case management system.
- f. The youth's assigned YPC may be utilized to assist in obtaining written consent from the parent or guardian.
- g. Written consent must be obtained from the appropriate party within two weeks.
- h. Written consent may be obtained via a scan of the signed document emailed, faxed, or hard copy mailed to the state facility.
- i. If all efforts to contact the parent, guardian, or legal custodian have failed and such attempts have been documented, then the medication may be initiated but documentation of all attempts must be maintained in the youth's medical file.
- j. Facility nursing staff shall notify the superintendent of the facility in writing of the failed attempts within 24 hours.

### C. Medication Monitoring

- 1. Mental health counselors, direct care staff, and teachers shall regularly observe and document the behaviors/symptoms of youth and report in the progress/treatment notes and at treatment team meetings the behavior/symptoms of youth on psychotropic medications.
  - a. The prescribing physician shall assist the treatment team in identifying the behaviors/symptoms to be reviewed and watched for, through their psychiatric evaluation and progress notes.
  - b. Facility nurses monitor signs, symptoms, and adverse effects of psychotropic medications. Nurses also report any unusual behavior in nursing progress notes and notify the facility psychiatrist during the treatment meeting.
    - i. If the situation becomes an emergency, the facility nurse shall notify the facility Psychiatrist via phone call.
- 2. Behavioral notes and observations by mental health and direct care staff shall be shared with the medical staff and documented in the youth's medical records.
- 3. Any medication changes by the prescribing physician or psychiatrist shall be documented in the physician's orders and clearly communicated to the nurse and the direct care staff before the next scheduled dose is to be administered.
- 4. All youth receiving medication shall be monitored for adverse reactions and side effects.
  - a. Adverse reactions and/or unexpected side effects shall be reported to the doctor immediately and documented on the Medication Administration Record (MAR) (Attachment C).
    - i. The physician's instructions for care shall be documented.

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- ii. Notification of moderate to severe drug reactions shall also be made to parents, legal guardians, custodians, or child welfare workers within 24 hours.
  - iii. Documentation of such notification shall be maintained in the youth's medical file and documented in the web-based case management system.
5. The facility's clinical supervisor and/or Director of Nursing Services shall review psychiatric notes following monthly visits from the contract psychiatrist.
6. Youth shall receive medical treatment, as indicated, to reduce any side effects, adverse reactions, or symptoms of any medication.

### D. Receipt of Prescription Medication at Intake

1. Any medication received from an outside source must be in the original prescription packaging.
2. Upon receipt of prescription medication, the head group supervisor or designee, nurse, or physician may verify and accept medication. Verification must be documented in the youth's medical record, the Medication Intake Log (Attachment A), and should include the following:
  - a. Type of medication and strength
  - b. Dosage and frequency
  - c. Number of refills
  - d. Quantity of medication received
  - e. Time medication should be taken
  - f. Date and time of last dose
3. Any discrepancies between what is verified and what is listed on the prescription should be noted at the time of intake on the medication log and communicated to the nurse.
4. When any youth is admitted to a facility and is on medication, psychotropic or otherwise, the physician and/or psychiatrist shall see the youth on their next regularly scheduled visit to the facility.
  - a. Nursing staff shall contact the previously prescribing physician and/or psychiatrist if there are questions or concerns related to the medications.
    - i. Such contact shall be documented by the nurse and maintained in the youth's medical file.
    - ii. This information should be shared with the current contract psychiatrist.

### E. Preparing a Dose

1. Medication doses shall only be prepared by a nurse, physician, or other licensed medical clinician.
2. Each container for prepared medication is to be labeled by the medical staff with at least:
  - a. Name of the youth

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- b. Name of the medication and dosage
- c. Time for medication administration
- d. Quantity to be administered
- e. Name of person preparing the medication.

## F. Medication Administration

1. Medications are to be administered according to physician's orders.
2. The MAR shall include a picture of the youth.
3. Psychotropic drugs and drugs requiring parenteral administration are administered by the responsible physician, qualified health personnel, or health trained personnel under the direction of the prescribing physician.
4. The medical department should have at least the following information available regarding youth:
  - a. Name and age
  - b. Past and current medications
  - c. Drug and alcohol use
  - d. Diagnoses, co-morbidities, and concurrently occurring disorders
  - e. Relevant laboratory results
  - f. Allergies and past sensitivities
  - g. Height and weight
  - h. Family history of response to certain medications
5. Medications shall only be administered as directed and shall not be crushed, dissolved, or altered unless directed to do so by the prescribing physician/psychiatrist.
6. Each DCFS/JJS state facility shall provide safe medication administration and management services for all youth and adhere to the ten rights:
  - a. Right youth
  - b. Right medication
  - c. Right dose
  - d. Right time
  - e. Right route
  - f. Right to refuse
  - g. Right patient education
  - h. Right documentation (recording and charting on MAR)
  - i. Right assessment
  - j. Right evaluation
7. The staff person administering medication shall watch the youth take the prescribed medication to assure the medication was taken in the prescribed manner.
  - a. The administering person shall observe the medication(s) on the tongue of the youth taking the medication(s).
  - b. The youth shall be observed swallowing the medication by drinking water from a cup.

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- c. To prevent cheeking, the administering person shall visually check the oral cavity of the youth by looking under the tongue and in the cheeks while the youth opens their mouth.
  - d. The administering person shall ensure the client takes their medication properly by confirming the medication is on the tongue of the youth, observing the youth swallowing the medication by drinking water from a cup, and visually sweeping the mouth of a youth by using a tongue blade or swab to look under the tongue and in both cheeks.
8. Nurses or physicians are the primary persons responsible for accountability of administering medications and documentation of administration in a timely manner and according to physician's orders. Facility nurses assigned primary responsibility for medication administration shall, in addition to ensuring the ten rights, demonstrate core competencies in the following methods and abilities:
- a. Demonstrating proper storage of medications.
  - b. Setting up medication administration properly (i.e., clean, designated space with needed supplies available).
  - c. Reading and following directions on medication labels.
  - d. Describing how the physical or chemical dosage of medication cannot be altered (e.g., such as cutting in half or dissolving in water in an unapproved way).
  - e. Identifying the client by name and picture in the agency file.
  - f. Demonstrating clean technique for administering medications.
  - g. Observing the client has taken their medication properly by confirming the medication is on the tongue of the youth, observing the youth swallowing the medication by drinking water from a cup, and visually sweeping the mouth of the youth by using a tongue blade to look under the tongue and in both cheeks when staff suspects a youth may not have swallowed the medication given.
  - h. Demonstrating correct and complete recording of medication given/taken.
  - i. Describing proper action to be taken if medication is not taken or given either by refusal/unavailable or other contraindications.
  - j. Describing resources to be used in an emergency or when problems arise.
  - k. Describing procedure for identifying, documenting, and reporting medication errors.
9. In the event the nurse or physician is not available, head group or assistant head group supervisors who have received medication administration training are responsible for administration. Should a head group or assistant head group supervisor be unavailable, a designee who has received medication administration training shall administer medication previously prepared by a nurse or physician.

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- a. The medication shall remain in a secure, locked area until the designated time for medication administration.
  - b. The person administering medications shall have training from the responsible nurse and/or the medical official responsible at the facility.
  - c. The person administering medications is accountable for administering medications in accordance with physician's orders.
  - d. The person administering medications shall record the administration on the youth's Medication Administration Record (Attachment C).
10. Any staff member administering medication shall be trained in medication administration prior to administering medication, and the training is consistent with NRS 453.375. Initial training shall be conducted within 90 days of hire and annually thereafter. Training on medication administration and management for staff is required (DCFS/JJS 100.05, Training and Staff Development). Comprehensive training for medical staff shall include:
- a. An overview of the types of clients DCFS/JJS programs serve
  - b. Myths and misconceptions regarding psychotropic medications
  - c. Understanding the DCFS/JJS statewide medication management policy
  - d. Current medication management guidelines and legislation
  - e. The ten rights of medication management
  - f. Obtaining informed consent
  - g. Consent to administer
  - h. Consent for medication administration form
  - i. Medical orders and prescriptions
  - j. Securing prescriptions and orders in the client's agency file
  - k. Routine orders
  - l. Types and uses of OTC drugs
  - m. Safe use of PRN medication
  - n. Proper storage of medications
  - o. Reading and following directions on medication labels
  - p. Proper recording techniques of medicines being administered
  - q. Proper identification procedures of client receiving medication
  - r. Proper hygiene techniques for medication administration
  - s. Proper procedures for medication administration
  - t. Proper observation of medication administration (e.g., cheeking)
  - u. How to properly document using the Medication Administration Record (MAR)
  - v. Proper way to deal with a client who refuses medication
  - w. Proper action to take if medication is not taken or given either by refusal/unavailable or other contraindications
  - x. Proper resources to utilize in an emergency
  - y. Monitoring, documenting, and managing adverse and severe medication reactions
  - z. Medication errors and medication errors review process
11. Training for direct care staff who administer medications may be modified from the above list, but the training curriculum must be reviewed and approved by the Director of Nursing.
12. All training for medical and direct care staff must be documented and maintained in the staff's individual training record (DCFS/JJS 100.05).

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## G. Recording of Medication Administration

1. The administration of all medications shall be recorded on the Medication Administration Record (MAR) and shall become part of the youth's medical record.
  - a. Each dose (am, noon, pm, half strength (HS)) shall be documented with the date and time of administration and shall be signed or initialed by the staff member administering the medication.
  - b. OTC medication administered to youth shall be recorded on the PRN & One Time Medication Record (Attachment D) by the administering staff person.
2. Any medication prepared for administration later in the day by a nurse or trained staff member is to be placed in a secure container and identified, at a minimum, with:
  - a. The youth's name, picture, and location
  - b. The time and date the medication is to be administered
  - c. All special instructions
  - d. The name of the person who prepared the medication
  - e. The medication name and dosage
3. Medication administration for youth off grounds for an authorized program activity:
  - a. The nurse shall be informed of any off grounds youth activities in order to prepare the required medication for the time away from the facility.
  - b. The nurse shall prepare medication in accordance with the physician's orders.
  - c. Medication shall be packaged in secure, individual dosages.
  - d. A staff who is trained in medication administration shall administer medication at designated times and maintain security of medications at all times.
  - e. When a youth goes off campus with their parent or guardian, the nurse is to write out the medication instructions. The nurse or a staff member shall give the written instructions to the parent or guardian. The parent or guardian shall sign the instructions for verification. The signed instructions shall be copied, and one copy shall be placed in the youth's records and the other copy shall be given to the parent to take with them before they go off campus with the youth. The nurse shall log this event in the youth's medical file.
  - f. Staff member administering the medication shall document the administration of the medication on the MAR.
4. For any youth receiving insulin, the blood glucose level and the quantity of insulin administered shall be recorded on the Diabetic/Insulin Record (Attachment E).

## H. Medication Refusal

1. If a youth refuses treatment or medication recommended as necessary by medical staff, a Treatment/Medication Refusal Form (Attachment F) indicating the name of the youth, date,

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time treatment refused, signature of the youth, and person attempting to administer shall be completed. The form must be witnessed by a staff member not responsible for the medication pass. The witness may be another facility medical staff, an assistant head group supervisor, or any staff member designated to do so.

- a. The refusal shall be noted in the daily log and the nurse notified prior to the next shift.
- b. Direct care staff and assigned mental health staff may attempt to verbally encourage the youth to take the medication through positive communication.
- c. Staff shall offer the medication to the youth several times providing the youth with an opportunity to state their reasons for refusal.
  - i. Staff shall also provide the youth with reasons why they need the medication and underscore the importance of taking their medication.
  - ii. If the youth, despite encouragement, continues to refuse the medication then the staff member shall cease efforts to get the youth to take the medication.
- d. Staff must not attempt to force, in any way, a youth to take their medication.
- e. At the conclusion of the medication administration, the nurse or designated staff member shall ensure the refused medication is appropriately accounted for to avoid any confusion at the next medication administration time.
- f. When non-medical trained staff are administering medication and a youth refuses the medication, the shift supervisor shall complete the Treatment/Medication Refusal Form (Attachment F) and notify the nurse in writing.
- g. When a youth refuses three consecutive doses, the nurse is required to notify the medical doctor immediately.
  - i. In the case of a refusal of a psychotropic medication, the Psychiatrist shall be notified after one refusal.
- h. When a youth refuses a medication considered life threatening if not taken as prescribed, the nurse shall immediately contact the medical doctor who shall provide verbal orders to be followed.

### I. Medication Error

1. A medication error occurs when a youth receives an incorrect drug/medication, dose, dosage form, quantity, route, concentration, or rate of administration. Therefore, some form of variance in the desired treatment or outcome must have resulted. For purposes of this policy, errors and discrepancies shall relate to the following categories:
  - a. Medication Administration Errors:
    - i. Medication omitted
    - ii. Medication administered at the wrong time
    - iii. Medication administered to the wrong youth

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- iv. Wrong medication administered
  - v. Wrong dose administered
  - vi. Wrong route of administration
  - vii. Wrong form of medication
  - viii. Extra dose given
  - ix. Medication given without a physician's order
  - x. Medication given after physician order discontinued
  - xi. Youth allergic to medication given
- b. Documentation Discrepancy:
- i. Error in transcribing order
  - ii. Failure to list on the MAR
  - iii. Failure to initial the MAR
  - iv. Signature omitted from the MAR
  - v. Sign out error (narcotics/controlled substances)
  - vi. No current informed consent
- c. Inventory Error:
- i. Unaccounted/missing Controlled Substance
  - ii. Unaccounted/missing Prescribed medication
  - iii. Unaccounted/missing Over-The-Counter Stock
- d. Pharmacy Discrepancy:
- i. Incorrect delivery
  - ii. Incorrect medication
  - iii. Medication(s) not delivered
- e. Medication Safety and Security:
- i. Medication found in an unauthorized area
  - ii. Medication given by a youth to a peer or bartering
  - iii. Medication not ingested or checked
2. In the event of medication error, the following protocol shall be followed:
- a. Person administering the medication must notify the superintendent, the Director of Nursing (DON), and the on-call nurse of any medication error as soon as is detected.
  - b. The staff nurse or the on-call nurse (during afterhours) is responsible for contacting the physician or psychiatrist for any instructions for care. The nurse is responsible for communicating in writing those instructions to direct care staff and documenting the instructions in the youth's medical file.
  - c. The person making or discovering the error shall complete a Medication Error Report (Attachment G) before the end of their shift and shall make sure one copy of the error report goes to the medical department and one copy to the superintendent.



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- d. The superintendent shall notify the Deputy Administrator immediately and provide a copy of the medication error report to the Deputy Administrator, the Director of Nursing, and the Quality Assurance Specialist.
  - e. The immediate supervisor of the staff committing the error shall conduct a thorough review of the incident to determine the cause of the error.
    - i. A Root Cause Analysis may also be conducted for those errors determined to be a sentinel event, including errors with a history of recurrence.
  - f. The overall goal of reporting medication errors is to improve youth safety and well-being. Education, coaching, and training could help to support this goal. However, there may be occasions when corrective action plans and/or progressive disciplinary actions are required. Determination for either shall depend on:
    - i. The severity of the medication error
    - ii. The action and reaction of the person responsible for the error
    - iii. The number of medication errors already accrued
3. The DON may initiate a corrective action plan in conjunction with the staff member's direct supervisor. Corrective measures may include, but are not limited to:
    - a. Verbal counseling
    - b. Peer review
    - c. Education/classes
    - d. A detailed and specific plan of improvement
    - e. Progressive disciplinary actions
    - f. Permanent removal of task
      - i. See Attachment O, Attachment P, and the DCFS Personnel Policy and Procedure Manual, Section 230.
  4. The DON shall take immediate corrective actions on all medication errors.
    - a. The DON shall conduct a quarterly review of all such errors including the medication administration and management process with the agency's Quality Assurance Specialist.
    - b. Findings shall be reported to the superintendents and the Deputy Administrator.
    - c. Where deficiencies are noted, the DON and facility superintendent shall be required to submit an action plan within 30 days to the Quality Assurance Specialist and the Deputy Administrator.
- J. Security and Storage of Medication
1. All medication shall be maintained in locked storage.
    - a. Controlled substances shall be maintained in a locked box within the locked storage.

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- b. Medications requiring refrigeration shall be kept in a refrigerator labeled “Drugs Only and No Food.”
  - c. Disinfectants and medication for external use shall be stored separately from medications for internal use and from medications which can be injected.
  - d. All potent, poisonous, or caustic drugs shall be plainly labeled, stored, and made accessible only to authorized persons.
  - e. All medication storage shall be maintained in accordance with the security requirements of federal, state, and local laws (NAC 449.144.5).
2. All prescription medication, needles, and syringes, including physician’s unassigned sample/trial medication, shall be stored in secure, locked areas inaccessible to youth or unauthorized staff.
  3. Controlled substances, including physician’s unassigned sample/trial medication, shall be further stored in secure, locked containers within the locked area.
    - a. Access shall be limited to nursing staff, the physician, or, if unavailable, trained staff designated by the superintendent.
    - b. The DON and superintendent shall designate who may have access to the locked areas for emergency use only.
  4. All medications requiring refrigeration shall be kept in a secured area at the proper temperature. Temperature shall be checked and logged daily on the Daily Temperature Log (Attachment H). This form may be substituted by a form approved by the local county health department to comply with vaccination or other relevant county programs.
    - a. Each facility shall identify where medications requiring refrigeration are kept.
    - b. Each facility shall identify how medications requiring refrigeration are kept at appropriate temperate during a power outage.
  5. Over-the-counter medications shall be stored in limited supply in a locked area inaccessible to youth or unauthorized staff.
  6. Limited over-the-counter medications, with the approval of the superintendent and medial department, may be stored in a secure, locked location in residential living units.
    - a. Administration of such medications requires standing orders or pre-approval from the nurse or physician.
    - b. The nurse shall be notified of the use of such medications and shall document the use of such medications on the youth’s MAR (Attachment C).
    - c. The staff administering the medication shall document the medication administered and time administration in the unit log.

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## K. Inventory

1. Complete records of controlled substances and related equipment, including physician's unassigned sample/trial medication, shall be maintained by the nursing staff as follows:
  - a. All prescription drugs shall be recorded on the Medication Inventory Log (Attachment I), which shall serve as a perpetual inventory.
  - b. Nursing staff shall inventory controlled substances at a minimum of daily and document using the Controlled Substance Inventory Form (Attachment J).
  - c. All logs shall include the nursing staff member's signature and date of inventory.
2. All controlled substances shall be inventoried at least daily and recorded on the Controlled Drug Sheet (Attachment K).
  - a. A licensed nurse and one witness must verify and sign for the count.
  - b. If the count is incorrect, the nurse and other staff involved must remain on duty until the count is corrected.
  - c. Signatures serve to verify the count is correct.
3. Any theft or unexplained loss of a controlled, dangerous substance, including physician's unassigned sample/trial medication, shall be reported immediately to the Director of Nursing, facility superintendent, Deputy Administrator, Division Administrator, and the Department of Public Safety, Investigation Division, and the Board of Pharmacy pursuant to NRS 453.568.

## L. Disposal of Expired or Terminated Medications

1. Each DCFS/JJS state facility shall institute standard operating procedures specific to each locale as pertaining to the disposal of medications.
2. Medication, including physician's unassigned sample/trial medication, is to be disposed in accordance with state and local regulations when:
  - a. The physician discontinues a prescribed medication for any youth
  - b. Medications have passed their expiration date
3. Procedures shall be followed accordingly to assure correct accountability of all medications at the time of their return to the pharmacy and the pharmacy shall be expected to sign for all returned medications.

## M. Disposal of Controlled Substances

1. Complete records of disposed medication, including physician's unassigned sample/trial medication, shall be maintained on a Medication Disposal/Destruction Sheet (Attachment L).
  - a. In addition, for controlled drugs, the Controlled Drug Sheet (Attachment K) shall be attached to the Medication Disposal/Destruction Sheet.

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- b. Controlled pharmaceuticals shall be maintained by the nurse, documented using the Controlled Substance Inventory Form (Attachment J) and verified by the DON or their designee.
  2. Records shall include:
    - a. The date and time the substance was destroyed or removed from the facility
    - b. The method of disposal
    - c. The name of the person destroying the medication
    - d. The reason for destruction
    - e. The amount of medication issued, and amount destroyed
  3. The disposal of controlled pharmaceuticals shall be witnessed by at least two staff.
- N. Maintaining Surplus of Controlled Substances or Psychotropic Medications
  1. No facility shall have or maintain a supply of controlled substances or psychotropic medication except those which have been individually prescribed by a physician or psychiatrist or are from the facility physician's unassigned sample/trial medication.
- O. Custody of Medications for Paroled or Otherwise Released Youth
  1. In cases where a youth must continue their prescription medications upon release from a facility, it shall be documented on the Medical Release/Follow-up Instruction Form (Attachment M) next to the youth's name. Designated staff shall coordinate the youth's medication needs with the YPC or parent/guardian.
  2. The nurse shall complete a Medical Release/Follow-up Instruction Form for each youth leaving the facility requiring continued medication oversight and management.
    - a. This form shall be included with the Prescription Medication Transport Form (Attachment N) and given to the identified parole staff or legal guardian upon the youth's release.
  3. When possible, the legal guardian shall be made aware of the medication needs and shall follow the recommendation to schedule a medical appointment within 24 hours of youth's release.
    - a. The Medical Release Form shall be used to communicate information to the parent/guardian.
  4. For youth being transported by facility staff to their destination or the Youth Parole Bureau:
    - a. The nurse, or other trained designee, shall inventory the youth's medication in the presence of the transport staff.
    - b. Transport staff shall sign two copies of the Prescription Medication Transport Form.
    - c. Transport staff shall maintain custody of all prescription medications until arrival at the Youth Parole Bureau or destination.

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- d. Upon arrival at the destination, transport staff shall surrender to the receiving designated party all medications and obtain signature from the person taking custody of the medication on both copies of the Prescription Medication Transport Form.
    - i. Transport staff shall provide one copy of the signed Prescription Medication Transport Form to the person taking custody of the medication.
  - e. Transport staff shall return the second signed copy of the Prescription Medication Transport Form as a receipt to the medical department for inclusion in the youth's medical file.
5. Youth traveling by airlines:
- a. Youth scheduled for flights shall have only the medications and dosage which may be required while on transport.
    - i. Additional medications accompanying the youth must be in their luggage and the luggage shall be checked at the airline before departure.
    - ii. Medications shall be placed in an evidence bag clearly labeled, with the youth's name, the name of the medication, and the number of pills the bag contains.
    - iii. The evidence bag shall be placed in a box and sealed.
  - b. Prescription medications shall not be mailed unless authorized by the superintendent and the medications are sent to a legal guardian or YPC via certified mail, with return receipt requested. This receipt shall be included in the youth's medical folder.
    - i. Drug Enforcement Administration (DEA) Schedule II controlled substances shall not be mailed.
    - ii. If necessary, a written prescription shall be provided for medications in this category.
  - c. Any medication remaining in the institutional inventory upon a youth's release shall be disposed of in accordance with this policy.
6. Youth traveling by ground transportation (i.e., car, bus, or train) shall have only the medications and dosage required while in route. All other medications shall be placed in a secured location in the youth's luggage.

### P. Prohibitions

- 1. Receiving or Providing Medical Assistance to Staff:
  - a. Nursing staff are prohibited from providing medical assistance, including medications, to staff except for instances of severe injury or life-threatening conditions or those special incidences approved by the superintendent.
  - b. Employees are prohibited from seeking medical advice, medications, or assistance from medical staff outside the parameters of these guidelines.

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2. Staff shall not be in possession of any youth's medications, including physician's unassigned sample/trial medications, with the intent of using the medication for personal use.

## V. DOCUMENTATION AND OVERSIGHT

- A. Medications shall be classified as belonging to one of the following: 1) over-the-counter, 2) non-psychotropic, and 3) psychotropic. The type of medication is important for reporting and medication errors.
- B. Each facility shall maintain documentation of the number of youths on psychotropic medication and non-psychotropic medication, monthly. This data shall be included on the monthly Superintendent Report (DCFS/JJS 100.03, Program Reporting).
- C. Facility medical staff may be asked to provide a breakdown of diagnoses for youth prescribed psychotropic medication and shall be able to provide this upon request.
- D. Medication errors shall be documented as an Incident Report in the web-based case management system, including all staff reports as required for an incident (DCFS/JJS 100.13).
  1. The DON shall maintain documentation of medication errors.
- E. The Administrator or Deputy Administrator may request a Root Cause Analysis (RCA) for any medication error.
  1. The RCA shall be completed within 30 days of the date assigned by the Administrator or Deputy Administrator.
  2. The team members or individual responsibility shall be assigned by the Administrator or Deputy Administrator.
  3. The completed RCA shall be submitted to the Juvenile Justice Programs Office for recordkeeping.
  4. The superintendent shall direct the completion of an Improvement Plan to remediate any conditions which may have contributed to a medication error.
  5. The Juvenile Justice Programs Office shall maintain a database of all medication errors.
  6. The Juvenile Justice Programs Office shall keep records of all completed RCAs related to medication errors, for historical purposes.

## VI. STANDARD OPERATING PROCEDURES

1. Each facility shall create standard operating procedures consistent with this policy, to include:
  - a. Training and documentation for medical and non-medical staff in the administration and management of medication.
  - b. Procedures for completing medical assessments of youth (e.g., intake, use of force incidents, accidental injuries).

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- c. Procedures for completing psychiatric, dental, and other medical referrals.
  - d. Identification of non-medical staff to be trained for administration of medication.
  - e. Process to ensure medical documentation is completed according to policy, including consent, MARs, refusals, notifications, etc.
  - f. Procedure to ensure medical doctor signs documentation in accordance with policy (e.g., Long Standing Orders renewed annually, verbal authorizations by next visit).
  - g. Process for observing and documenting behaviors/symptoms of youth by medical, mental health, and direct care staff, including reporting at treatment team meetings the behavior/symptoms of youth on psychotropic medications.
  - h. Process for reviewing psychiatric notes by the DON or clinical supervisor.
  - i. Procedures for security and storage of medications, including medications requiring refrigeration.
    - i. Who has access to secured areas when medical staff are not on site.
    - ii. How medications requiring refrigeration are kept at appropriate temperature during a power outage.
    - iii. Securing over-the counter medication in residential living units, if applicable.
  - j. Procedures for preparing medications for transport, future use, and youth release.
  - k. Procedures for youth medication refusals, including staff to be notified and process for encouraging youth to comply with medication management.
  - l. Procedure for identifying, documenting, and reporting medication errors, including completion of incident reports, quarterly quality assurance reviews, etc.
  - m. Procedures for the disposal of medications.
  - n. Process for maintaining documentation of youths prescribed psychotropic medications.
2. The Youth Parole Bureau may be involved in the investigation and completion of a Root Cause Analysis for a medication error. The Chief of Parole shall determine if a standard operating procedure is needed.
  3. This policy shall be reviewed every two years or sooner if deemed necessary.