


## Medication Administration and Management

	<b>DIVISION OF CHILD AND FAMILY SERVICES</b> <b>Juvenile Justice Services – Statewide Policy</b>
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<b>ATTACHMENTS:</b>	A: Medication Intake Log B: Medication Administration and Informed Consent Form (new) C: Medication Administration Record D: PRN & One Time Medication Record E: Diabetic/Insulin Record F: Treatment/Medication Refusal Form G: Medication Error Report H: Daily Temperature Log I: Medication Inventory Log J: Controlled Substance Inventory Sheet K: Controlled Drug Sheet L: Medication Disposal/Destruction Sheet M: Medical Release and Follow Up Instruction Form N: Prescription Medication Transport Form O: Medication Error Response/Actions P: Medication Error Index

# Medication Administration and Management

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## I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) Juvenile Justice Services to provide quality care in medication administration and management that ensures compliance with statutory requirements, youth safety and improved youth outcomes.

## U. PURPOSE

The Division of Child and Family Services, Juvenile Justice Services ensures that staff receives guidance, directives and training in the administration and management for all prescribed and over the counter medications given to youth.

## M. DEFINITIONS

- 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. Caliente Youth Center (CYC): A youth correctional facility in Caliente, Nevada operated by the Division of Child and Family Services/Juvenile Justice Services which provides programming for adolescent males and females.
- C. 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.
- D. Designee: The individual designated by the superintendent of the facility to possess and administer controlled substances in accordance with NRS 453.375.
- E. Drug: A medication of any chemical compound or narcotic (listed in the United States Pharmacopoeia or Facility Formulary) that may be administered to humans as an aid in the diagnosis, treatment or prevention of disease or other abnormal conditions for the relief of pain or suffering or to control or improve any physiologic or pathologic condition.
- F. Formulary: A written list of prescription and nonprescription medications that are ordinarily available to authorized prescriber, including consultants working for the facility. (From *Standards for Health Services in Juvenile Detention and Confinement Facilities*, National Commission on Health Care, 2011).
- G. HS: Hours of Sleep
- 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 is 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, parent/guardian should be afforded an opportunity to ask questions before giving consent.

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- I. **Legal Responsible Person:** A person is responsible for a child's welfare under the provisions of this chapter if the person is the child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, a public or private home, institution or facility where the child 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}
- J. **Medical Assessment:** A medical evaluation to determine if a youth has any medical condition impacting his/her psychiatric presentation or any medical concerns or any communicable disease that needs to be addressed.
- K. **Medication Administration Record (MAR):** A form for documenting the youth's medications, dosages, date ordered, date and time administered and initial of person administering the medication.
- L. **Medical Staff:** Medical staff shall refer to all full time, part time or contracted staff that are authorized by law to provide medical services within the correctional facility according to NRS 453.375.
- M. **Medication Error:** A medication error is any preventable event that 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. **Nevada Youth Training Center (NYTC):** A youth correctional facility located in Elko, Nevada operated by the Division of Child and Family Services/Juvenile Justice Services which provides programming for adolescent males.
- O. **Over-the-counter medication (OTC):** Medications which can be obtained without a prescription.
- P. **Parenteral Administration:** Administering medication intravenously (IV), intramuscularly (IM) subcutaneously (SQ) or intradermally.
- Q. **Provider of healthcare:** Means 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 the Caliente Youth Center, the Nevada Youth Training Center, and the Summit View Youth Center.
- R. **Psychotropic Medication:** Medication used for treating behavioral and mental health problems, 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. The classification of a medication depends on its stated intended effect when prescribed because it may have many different effects.
- S. **Seven Rights of Medication Management:** Standards for safe medication management - the right youth, right medication, right dose, right route, right time, right to refuse and the right to be educated.

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- 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 bio hazardous medical waste and must be carefully handled and disposed of properly.
- U. Standing Order: An instruction or prescribed procedure in force permanently or until specifically changed or cancelled.
- V. Stop Order: The maximum duration of which a medication may be prescribed
- W. Summit View Youth Center (SVYC): A youth correctional facility located in Las Vegas, Nevada operated by the Division of Child and Family Services/Juvenile Justice Services which provides programming for adolescent males.

### IV. PROCEDURES AND PRACTICE GUIDELINES

#### A. Prescription Practice

- 1. Youth served by the Caliente Youth Center, Nevada Youth Training Center and Summit View Youth Center will 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 youth correctional facility without a valid prescription or order from an authorized person licensed to prescribe medications in the State of Nevada per 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 psychiatrist will receive in writing from the staff member designated by the Superintendent in each facility, the reason for the referral including current behavioral and emotional concerns or symptoms, current level of functioning and mental status.
  - b. Relevant case documentation will 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, prior court reports, prior evaluations and assessments, prior medical reports, current psychotropic and non-psychotropic medications, testing results, medical, psychological or educational reports.



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5. Psychotropic medication used for discipline, coercion, retaliation, convenience of staff, or as a substitute for appropriate clinical or therapeutic treatment services is prohibited.
6. In prescribing psychotropic medications, first consideration will be given to beginning with medications that are 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 will not meet the youth's individual needs, in consideration of available evidence, safety and efficacy, and the psychiatrist's clinical experience and judgment of what is in the youth's best interest.
8. Dosages of psychotropic medications should adhere to FDA-recommended dosage guidelines, where available. Any variance will 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 will 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. The consultation may be done via telephone, email, fax, in person or video conference. This consultation will 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.

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**13. 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 thirty (30) days, unless otherwise authorized by a physician/psychiatrist.
- c. A re-evaluation shall be performed by the facility medical doctor prior to the renewal of such prescriptions. The prescribing medical doctor is responsible for the renewal of medication.

**14. All verbal authorizations for prescriptions must be signed by the physician upon the physician's next visit to the facility.**

**15. Under no circumstances is any medication or placebo to be prescribed or administered to a youth for experimental purposes or research.**

**16. 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 correctional facility.**

**2. Informed consent for psychiatric services, including the prescription of psychotropic medication requires that communication with the youth and their parent, guardian and legal custodian be understandable, allowing for questions and provides information regarding the following:**

- a. Diagnosis
- b. Treatment options appropriate for the diagnosis and the youth's individual needs.
- c. Risks and benefits of the proposed treatment.
- d. Risks and benefits of alternative treatments to include no treatment, and
- 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 those youth in child welfare custody.**

- a. Written consent from the person legally responsible for the psychiatric care of the child must be obtained prior to the administration of any psychotropic medication(s). (NRS 432B.4688)

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- 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 child. This consent is provided to the person professionally qualified in the field of psychiatric mental health and the agency that 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 whom is under no legal disability and is able to enter into contracts is considered of lawful age to consent for his or her 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 a medical doctor.
5. All new non-psychotropic medications, excluding standing orders, will 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 telephone.
  - b. In cases where notification is made by telephone, the staff person placing the call will have a witness verify the verbal consent from the parent/guardian. The witness will also sign the Medication Administration and Informed Consent form.
    - i. Documentation of the notification will be maintained in UNITY on screen CFS-070 *Health Information*, and in a case note.
    - ii. Documentation of the notification will also be maintained in the youth's medical file.
  - c. The Superintendent of the facility may provide consent when a parent/guardian fails to respond within four (4) hours or is unreachable for any reason. The Superintendent will sign the Medication Administration and Informed Consent form as the Legally Responsible Person. This includes medical, surgical and dental services for a child pursuant to NRS 63.520. A copy of the Medication Administration and Informed Consent form with instructions will be mailed to the parent, guardian or legal custodian for signature. The signed original consent form should be returned to the facility within two (2) weeks.

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- i. The assigned Youth Parole Counselor will also be informed in writing that an attempt to reach the parent/ guardian has been unsuccessful and that the Medication Administration and Informed Consent form has been mailed to parent/guardian.
    - ii. A copy of the written correspondence to the parent, guardian, legal custodian and assigned Youth Parole Counselor will be maintained in the youth's medical file.
    - iii. For all new prescriptions, a FDA Medication Guide should be sent to the parent, guardian, legal custodian, or youth who is authorized to provide consent. 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.
  - d. In those cases when parents/guardians have been notified but they object to the having the youth start on the medication, the Superintendent of the facility may place the issue on calendar in the court of jurisdiction for review.
    - i. The Superintendent of the facility will request that the assigned Youth Parole Counselor schedule the court date.
    - ii. The Superintendent of the facility is responsible for informing the parent of the court date and time.
    - iii. The Superintendent of the facility will 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 will obtain verbal consent from the parent, guardian or the child welfare case manager or authorized youth who has authority to sign informed consent. In all cases a witness will verify that the verbal consent has been obtained and will sign the consent form. The Medication Administration and Informed Consent form will 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. The witness will also sign the Medication Administration and Informed Consent form.
  - c. If the parent, guardian or legal custodian is unreachable or fails to respond within four (4) hours, the Superintendent may provide consent but the parent, guardian or legal custodian will still be informed in writing immediately. If the Superintendent provides consent, they will sign the Medication Administration and Informed Consent form as the *Legally Responsible Person*. Additionally, the assigned Youth Parole Counselor will also be informed in writing by the nurse. A copy of the written correspondence to the parent, guardian, legal



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custodian and assigned Youth Parole Counselor will be maintained in the youth's medical file.

- d. In those cases when parents/guardians/authorized youth have been notified but they object to the having the youth start on the medication, the Superintendent of the facility may request that the issue be placed on calendar in the court of jurisdiction for review.
  - i. The Superintendent of the facility will request that the assigned Youth Parole Counselor schedule the court date.
  - ii. The Superintendent of the facility is responsible for informing the parent of the court date and time.
  - iii. The Superintendent of the facility will 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.
- e. Documentation of notification and verbal consent will be documented in the youth's medical record and in UNITY on screen CFS-070 *Health Information*, and as a case note.
- f. The assigned Youth Parole Counselor for the youth may be utilized to assist in obtaining the written consent from the parent or guardian.
- g. Written consent must be obtained from the appropriate party within two (2) weeks.
- h. Written consent may be obtained via a scan of the signed document emailed, faxed or hard copy mailed to the correctional 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. The Superintendent of the facility will be informed in writing of the failed attempts within twenty-four (24) hours. Facility nursing staff will be responsible for making the internal notification.

### C. Medication Monitoring

- 1. Mental health counselors and/or residential unit staff and teachers will 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 will assist the treatment team in identifying the behaviors/symptoms to be reviewed and watched for, through their psychiatric evaluation and progress notes.

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- b. Identified behaviors/symptoms to be tracked will be documented in the youth's record and in UNITY on screen CFS-070 *Health Information*.
- 2. Behavioral notes and observations by the mental health staff and unit staff will 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 unit staff before the next scheduled dose is to be administered.
- 4. All youth receiving medication will be monitored for adverse reactions and side effects; and adverse reactions and/or unexpected side effects will be reported to the doctor immediately and documented in the Medication Administration Record (MAR). The physician's instructions for care will be documented. Notification of moderate to severe drug reactions will also be made to parents, legal guardians, custodians or child welfare workers within twenty-four (24) hours. Documentation of such notification will be maintained in the youth's medical file.
- 5. The Superintendent of the facility will review psychiatric notes following the monthly visits from the contract psychiatrist.
- 6. Youth will 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 bottle.
- 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 and the medication log 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; and
  - 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 facility and is on medication, psychotropic or otherwise, the physician and/or psychiatrist will see that youth on their regularly scheduled next visit

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to the facility. Nursing staff in the facility will contact the previously prescribing physician and/or psychiatrist if there are questions or concerns related to the medications. Such contact will be documented by the facility nurse and maintained in the youth's medical file. This information should also 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;
  - b. Name of the medication and dosage;
  - c. Time for medication administration;
  - d. Quantity to be administered; and
  - e. Name of person preparing the medication.

### **F. Medication Administration**

1. Medications are to be administered according to physician's orders.
2. The Medical Administration Record (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. Nursing department should have at least the following information available regarding youth.
  - a. The youth's name and age
  - b. The youth's past and current medications
  - c. The youth's drug and alcohol use and abuse
  - d. The youth's diagnoses, co-morbidities and concurrently occurring disorders
  - e. The youth's relevant laboratory results
  - f. The youth's allergies and past sensitivities
  - g. The youth's height and weight

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- 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 it 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 his or her 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 to look under the tongue and in both cheeks when staff suspects a client 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 that the nurse or physician is not available, head group supervisors who have received medication administration training are responsible for administration. Should the head group supervisor be unavailable, a designee who has received medication administration training shall administer medication previously prepared by the nurse or physician.
- 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 will record the administration on the approved medication form (See Attachment C).
10. Any staff member administering medication is to be trained in medication administration prior to administering medication, and the training is consistent with NRS 453.375. Pre-service training will be conducted within 30 days of hire and annually thereafter. Training

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on medication administration and management for staff is required. 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 seven 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 over the counter 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 (i.e. checking)
- u. How to properly use DCFS/JJS 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

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- 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.

### G. Recording of Medication Administration

1. The administration of all medications shall be recorded on Medication Administration Record (MAR) and shall become part of the youth's medical record.
  - a. Each dose (am, noon, pm, 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. Over-the-Counter medication administered to youth shall be recorded on the PRN & One Time Medication Record by the administering staff person.
2. Any medication prepared for administration later in the day by the nurse or a 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; and
  - 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 to the physician's orders.
  - c. Medication shall be packaged in secure, individual dosages.
  - d. A staff member who is trained in medication administration shall administer medication at designated times and maintain security of medications at all times.

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- 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 will give the written instructions to the parent or guardian. The parent or guardian will sign the instructions for verification. The signed instructions will be copied and one copy will be placed in the youth's records and the other copy will be given to the parent to take with them before they go off campus with the youth. The nurse will log this event in the youth's medical file.
  - f. Staff member administering the medication shall document the administration of the medication in the (MAR).
4. For any youth receiving insulin, the blood glucose level and the quantity of insulin administered shall be recorded on the Insulin Administration Record.

### H. Medication Non-compliance

- I. Medication Refusal: If a youth chooses to refuse treatment or medication recommended as necessary by the medical staff, a refusal form indicating the name of the youth, date, time, treatment refused, signature of the youth and person attempting to administer shall be completed. A medical staff member shall witness the form that will be filed in the youth's medical record.
- 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 counseling staff may attempt to verbally encourage the youth to take the medication through positive communication.
  - c. The staff will offer the medication to the youth several times providing the youth with an opportunity to state their reasons. Staff will also provide the youth with reasons why he or she needs the medication and underscore the importance of taking their medication. If the youth, despite all of this continues to refuse the medication then the staff member will cease efforts to get the youth to take the medication.
  - d. Staff must not attempt to force in any way a youth to take his/her medication.
  - e. At the conclusion of the medication administration, the nurse or designated staff member will make sure that the missed medication is appropriately accounted for in order to avoid any confusion at the next medication administration time.
  - f. When non-medical trained staff are administering the medication and the youth refuses the medication, the Shift Supervisor will complete the Medication Refusal Form and notify the nurse.
  - g. When a youth refuses three (3) consecutive doses the nurse is required to notify the medical doctor immediately.



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- h. When a youth refuses a medication that is considered life threatening if not taken as prescribed, the nurse will contact the Medical Doctor who will 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 the purposes of this policy, errors and discrepancies will relate to the following categories:

- a. Medication Administration Errors:

- (1) Medication omitted
- (2) Medication administered at the wrong time
- (3) Medication administered to the wrong youth
- (4) Wrong medication administered
- (5) Wrong dose administered
- (6) Wrong route of administration
- (7) Wrong form of medication
- (8) Extra dose given
- (9) Medication given without a physician's order
- (10) Medication given after physician order discontinued
- (11) Youth allergic to medication given

- b. Documentation Discrepancy:

- (1) Error in transcribing order
- (2) Failure to list on the MAR
- (3) Failure to initial the MAR
- (4) Signature omitted from the MAR

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- (S) Sign out error (narcotics/controlled substances)
    - (6) No current informed consent
  - c. Inventory Error:
    - (1) Controlled Substance missing/unaccounted for
    - (2) Prescribed medication missing unaccounted for
    - (3) Over-the-counter Stock missing/unaccounted for
  - d. Pharmacy Discrepancy:
    - (1) Incorrect delivery
    - (2) Incorrect medication
    - (3) Medication(s) not delivered
  - e. Security:
    - (1) Medication found in an unauthorized area
    - (2) Medication given by a youth to a peer
    - (3) Medication not ingested
- 2. In the event of medication error the following protocol will be followed:
  - a. Person administering the medication must notify the Superintendent and the nurse of any medication error as soon as it is detected. If the person responsible for the error is a nurse, he/she will notify the Superintendent immediately.
  - b. The nurse is responsible for contacting the physician or psychiatrist for any instructions for care. The nurse is responsible for communicating in writing those instructions to unit staff and documenting the instructions in the youth's medical file.
  - c. The person making or discovering the error will complete a medication error report (See Attachment G) before the end of their shift and will make sure that one copy of the error report goes to the medical nursing department and one copy to the Superintendent.
  - d. The Superintendent will 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.

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- 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. A root cause analysis may also be conducted for those errors that are determined to be of a serious nature or those errors that have a history of recurrence.
- f. The overall goal of reporting medication errors is to improve youth safety and well-being. Education and training help to support this goal; however, there may be occasions when either corrective measures/plans or disciplinary measures are required. Determination for either will depend on:
- g. The severity of the medication error
- h. The action and reaction of the person responsible for the error
- i. The number of medication errors already accrued

Corrective measures/plans 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. Subject to progressive discipline.

(See Attachments O and P and the DCFS Personnel Policy and Procedure Manual, Section 230)

- 4. The Director of Nursing will take immediate corrective actions on all medication errors, and conduct a quarterly review of all such errors and the medication administration and management process with the Quality Assurance Specialist with findings/outcomes reported to the Superintendents and the Deputy Administrator. Where deficiencies are noted, the Director of Nursing and each facility will be required to submit an action plan within thirty (30) days to the Quality Assurance Specialist and the Deputy Administrator.

### **J. Security and Storage of Medication**

- 1. All medication must be maintained in locked storage. Controlled substances must be maintained in a locked box within the locked storage. Medications requiring refrigeration must be kept in a locked box inside the refrigerator separated from food and other items. Disinfectants and medication for external use must be stored separately from medications

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for internal use and from medications that can be injected. All potent, poisonous or caustic drugs must be plainly labeled, stored and made accessible only to authorized persons. All medication storage must 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 secured 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 Director of Nursing and the Superintendent will designate who may have access to the locked areas for emergency use only.
4. All medications requiring refrigeration will be kept in a secured area at the proper temperature. Temperature shall be checked and logged daily on the Daily Temperature Log. This form may be substituted by a form approved by the local county health department in order to comply with vaccination or other relevant county programs.
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 medical department, may be stored in a secure, locked location in residential units.
  - a. Administration of such medications requires standing orders or pre-approval from the nurse or physician.
  - b. The nurse will be notified of the use of such medications and will document the use of such medications in the medication log.
  - c. The staff administering the medication will document the medication administered and time of administration in the unit log.

### 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, which will serve as a perpetual inventory.
  - b. Nursing staff shall inventory controlled substances at a minimum of daily and record on the Controlled Substance Inventory form.



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- c. All inventory 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.
  - 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 to 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. Caliente Youth Center, Nevada Youth Training Center and Summit View Youth Center 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 will be followed accordingly to assure correct accountability of all medications at the time of their return to the pharmacy and the pharmacy will 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, will be maintained on a Medication Disposal and Destruction Sheet.
  - a. In addition, for controlled drugs, the Controlled Drug Sheet shall be attached to the pharmacy destruction sheet.
  - b. Controlled pharmaceuticals will be maintained by the nurse, documented on the Controlled Substance Inventory form and verified by the Superintendent or their designee.
2. Records will include:
  - a. The date and time the substance was destroyed or removed from the facility;

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- b. The method of disposal;
  - c. The name of the person destroying the medication;
  - d. The reason for destruction, and
  - e. The amount of medication issued and amount destroyed.
3. The disposal of controlled pharmaceuticals will 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 that have been individually prescribed by a physician/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 his/her prescription medications upon release from the facility, it will be documented on the release form next to the youth's name. Designated staff shall coordinate the youth's medication needs with the youth's Youth Parole Counselor or parent/guardian.
2. The nurse shall complete a Medical Release/Follow-up Instruction Form for each youth leaving the facility for who continued medication oversight and management is required.
- a. This form shall be included with the Medication Transport Form and given to the identified parole staff or legal guardian upon the youth's release.
3. When possible, the legal guardian will be made aware of the medication needs and shall follow the recommendation to schedule a medical appointment within 24 hours of release for the youth. The Medical Release Form shall be used to communicate information to the parent/guardian.
4. Youth being transported by the facility's vehicle to their final destination or the Youth Parole Bureau:
- a. The nurse, or if the nurse is not available, another trained designee, shall inventory the youth's medication in the presence of the transport staff.
  - b. Transport staff shall sign two (2) copies of the Medication Transport Receipt Form. Transport staff shall maintain custody of all prescription medications until arrival at the Youth Parole Bureau or final destination.
  - c. Upon arrival at the final destination, transport staff shall surrender to the receiving designated party all medications and obtain signature from the person taking custody of the medication on the Medication Transport Receipt Form.

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- d. Transport staff shall return this receipt to the Nurse for inclusion in the youth's medical records.
- 5. Youth traveling by airlines:
  - a. Youth who are scheduled for flights shall have only the medications and dosage that may be required while on transport. Additional medications accompanying the youth must be in his/her luggage and that luggage shall be checked at the airline before departure. Medications shall be placed in an evidence bag that is clearly labeled, with the youth's name, the name of the medication and the number of pills the bag contains. The evidence bag will then be placed in a box and sealed.
  - b. Prescription medications will not be mailed unless so authorized by the Superintendent and the medications are sent to a legal guardian or parole counselor via certified mail, with return receipt requested. DEA Schedule II controlled substances shall not be mailed. If necessary a written prescription will be provided for medications in that category. This receipt shall be included in the youth's medical folder.
  - c. Any medication remaining in the institutional inventory upon a youth's release shall be disposed of in accordance with this policy.
- 6. Youth who are traveling by ground transportation i.e. car, bus or train: shall have only the medications and dosage that may be 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. The nursing staff is 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.
- 2. Staff will 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.
- 3. Per policy, correctional nurses may administer TB tests and Hepatitis B shots to staff.

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Applicable UNITY screens

UNITY Documentation	
1. CFS-070 Health Information Psychotropic Medication	<ul style="list-style-type: none"><li>• Prescribing Physician</li><li>• Begin/End Date</li><li>• Date of Informed Consent</li><li>• Adverse Reaction</li><li>• Allergy</li></ul>
2. CFS-070 Health Information Medication RX	<ul style="list-style-type: none"><li>• Purpose</li><li>• Adverse reaction</li><li>• Prescribing Physician</li><li>• Medication Name</li><li>• Begin/End date</li></ul>
3. CFS-070 Health Information Examination	<ul style="list-style-type: none"><li>• Type</li><li>• Location</li><li>• Performed by</li><li>• Date Identified</li><li>• Immunizations</li><li>• Explain</li></ul>
4. CFS-086F Case Notes	