



VOLUME 4: MEDICAL SERVICES	Effective Date: 10/2008
CHAPTER 11	Revision Date: 01/2016
4.11.2 MEDICATION ORDERS – PRESCRIBING PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure provides guidelines for the prescribing and availability of medication to California Department of Corrections and Rehabilitation (CDCR) patients in the outpatient setting.

II. DEFINITIONS

Administer: The direct application of a drug or device to the body of a patient by injection, inhalation, ingestion, or other means. Administration includes the following:

- **Directly Observed Therapy:** Dose-by-dose administration of medications by appropriately licensed health care staff including, but not limited to, Registered Nurse, Licensed Vocational Nurse, or Psychiatric Technician using the highest level of observation of ingestion of medication administered to the patient.
- **Nurse Administered:** Dose-by-dose administration of medications by appropriately licensed health care staff that do not require Directly Observed Therapy (DOT) procedures, only reasonably observed ingestion of medication.
- **Keep-on-Person:** Medications that the prescriber believes can be safely administered by the patient to self.

Dispense: The furnishing of drugs or devices following a prescription from a licensed prescriber. Dispense also means and refers to the furnishing of drugs or devices directly to a patient by a licensed prescriber.

Furnish: To supply by any means, by sale or otherwise.

Medication Refill: Repeat dispensing of the same medication pursuant to an active valid prescription order which indicates an authorized number of refills or authorized duration of the prescription.

Medication Renewal: A new medication order which is required for dispensing of any medication for which the current order is expired or expiring.

Non-Urgent: Needed no later than three business days based on the clinical judgment of the provider.

Urgent: Needed less than three business days based on the clinical judgment of the prescriber.

III. RESPONSIBILITY

The Chief Executive Officer or designee of each institution is responsible for the implementation, monitoring, and evaluation of and compliance with this procedure.

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IV. PROCEDURE

A. Medication Orders

1. General Requirements
 - a. Medication orders shall be in compliance with Inmate Medical Services Policies and Procedures (IMSP&P) Volume 9, Chapter 9, Prescription/Order Requirements Procedure.
 - b. Only acceptable abbreviations shall be used in accordance with IMSP&P Volume 9, Chapter 9, Prescription/Order Requirements Procedure.
 - c. All medications shall be ordered Keep-on-Person (KOP) unless the prescriber feels they cannot be safely or properly self-administered; or unless the medications are required by policy to be Nurse Administered (NA) or DOT. The prescriber's decision that medication be administered NA or DOT, due to safety reasons, may be informed by notifications from Mental Health and/or through consultation with Mental Health. All rescue inhalers and nitroglycerin shall be dispensed as KOP, unless the prescriber specifically orders NA or DOT. *(Note: medications prescribed for mental health indications may not be prescribed KOP with the exceptions of designated selective serotonin reuptake inhibitors.)*
 - d. Verbal and Telephone orders shall be "read back" to the prescriber. Paper orders shall be noted with the statement or abbreviation "telephone order read back" (TORB) or "verbal order read back" (VORB).
 - e. Non Computerized Provider Order Entry orders shall be reviewed by licensed health care staff for inclusion of the required elements of a medication order before transmission to the pharmacy whenever possible to prevent delays. Orders with missing elements shall be returned to the prescriber for completion in a timely manner.
 - f. A copy of the Medication Reconciliation form or the CDCR 7221, Physician's Orders, shall be provided to the medication administration licensed health care staff and shall be retained in the medication administration area until a new Medication Administration Record (MAR) is received and verified against the order.
 - g. An order shall be obtained from a provider before any prescribed medication is withheld from a patient, unless administration is clinically contraindicated. Blanket orders to withhold medications from groups of patients are not permissible.
2. When prescribing medications, the prescriber shall explain to the patient how to take the medication (prescription instructions). The prescriber shall ensure that effective communication is provided and appropriately documented.
3. Medication Renewals:
 - a. The institution pharmacy shall maintain a process to generate a list of expiring medications (mental health and non-mental health) at least one week prior to expiration to be distributed in accordance with Local Operating Procedure.
 - b. The prescriber is responsible for renewing medication orders with appropriately timed follow-up visits to facilitate medication continuity.
 - c. Patients shall be scheduled to be seen by the prescriber prior to expiration of their medication when required by institution policy or when indicated.

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- d. When it is determined that an order for a medication for an ongoing health condition has expired, licensed health care staff shall request a telephone order from a prescriber for a 14-day continuation of medication (or an appropriate interval) based on the patient's recent history of clinic visits, etc. Staff requesting a medication order extension shall request a follow-up appointment with the appropriate provider within 14 days or an appropriate timeframe as ordered by the prescriber.
4. Patients may request medication renewals by submitting a CDCR 7362, Health Care Services Request Form, indicating their medication needs.
5. Medication Refills:
 - a. Medications may be refilled automatically in the pharmacy dispensing database in accordance with policy. Providers should consider discontinuing auto-refill for those patients who repeatedly miss doses despite appropriate patient counseling.
 - b. CDCR 7362 Refill Request
 - 1) KOP medications that are not included in the auto-refill process shall include the words "Request Refill" on the medication label. Patients must request refills of these medications using the CDCR 7362 or other approved processes.
 - 2) The completed CDCR 7362 shall be submitted pursuant to the established CDCR 7362 process. Licensed nursing staff shall process refill requests according to Local Operating Procedure.
 - c. NA/DOT medications that are not included in the auto-refill process shall include the words "Request Refill" on the medication label. Licensed health care staff shall process refill requests for these medications according to Local Operating Procedure.
 - d. Patient Out of Medication – When health care staff become aware that a patient with a valid routine medication order has run out of his/her medication supply (KOP or NA/DOT), health care staff shall make every effort to promptly obtain the medication as appropriate. During business hours, licensed health care staff shall request the refill and pharmacy shall dispense and deliver the indicated medication supply. After business hours, licensed health care staff shall administer dose-by-dose from the after-hours medication supply until such time that pharmacy refills the medication.
6. CDCR Nonformulary Medication Orders:
 - a. Nonformulary medication orders shall be processed in accordance with IMSP&P Volume 9, Chapter 8, CCHCS Drug Formulary.
 - b. While pending, nonformulary medication orders will appear on the Medication Reconciliation form as "pending." Refer to IMSP&P Volume 9, Chapter 8, for further information.

B. Medication Availability

1. Non-urgent **new** medication orders received by pharmacy on any business day shall be available to the patient no later than three business days later unless otherwise ordered (e.g., order specifies medication to start today).
2. Non-urgent **renewed** medication orders received by pharmacy on any business day shall be available to the patient no less than one business day prior to exhaustion of

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- medication supply unless otherwise ordered (e.g., order specifies medication to start today).
3. For urgent medication orders and renewals, providers may order medications as “Start Today” or at a specified future date as appropriate.
 - a. During working hours, pharmacy staff shall provide the ordered medications.
 - b. After-hours licensed nursing staff shall obtain the ordered medication from the after-hours medication supply. This medication shall be administered NA or DOT and shall be documented on the temporary, handwritten MAR.
 4. The temporary, handwritten MAR may be used for up to 72 hours. When the new MAR is provided by pharmacy, the temporary, handwritten MAR that has been used for documentation of medication administration shall be forwarded to Health Information Management for scanning into the patient’s health record.
 5. If the new MAR and medication is not dispensed from pharmacy within the designated timeframe, pharmacy staff shall be promptly notified.
 6. Medication for New Arrivals:
 - a. Patients arriving in the institution from a site other than a CDCR institution who are on prescription medications shall be seen by a health care provider or have their prescription medications ordered within eight hours of arrival to prevent any interruption in medication delivery. New medication orders shall be filled by pharmacy staff during working hours. After-hours ordered medications shall be obtained by health care staff from the designated after-hours medication supply. The medication shall be administered at the next dosing time and no later than the next calendar day.
 - b. Patients arriving from CDCR institutions with an insufficient supply of prescribed medication:
 - 1) During working hours, pharmacy staff shall provide medications for patients with active orders.
 - 2) After-hours licensed nursing staff shall obtain medication for patients with active orders from after-hours medication supplies. This medication shall be administered NA or DOT and shall be documented on the patient’s MAR.
 - 3) New arrivals with an insufficient supply of routine medications whose orders are at or near expiration shall be seen by a health care provider or have their prescriptions renewed within eight hours of arrival, as indicated.
 - c. Medications not available:

In situations where medications are not available locally, the prescriber or on-call provider shall be contacted for appropriate orders depending on clinical need until the pharmacy can procure the required medications per routine process.
 7. Start Today Medication Orders:
 - a. Medications may not be ordered “STAT” in the outpatient clinic setting in CDCR. If appropriate, medications can be ordered as “start today”. (STAT orders are appropriate only in the Triage and Treatment Area, urgent/emergent treatment areas, or Licensed Inpatient Areas).
 - b. For “start today” orders, clinic health care staff shall submit a copy of the CDCR 7221 or the Medication Reconciliation order to the pharmacy. “Start today” orders filled by pharmacy shall be labeled in such a way that they are very easily identified (i.e., fluorescent tag).

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- c. Nonformulary medications ordered for “start today” shall be administered, if available, pending Chief Medical Executive or designee review.
- d. Prescribers or designated health care staff shall verbally notify the medication administration staff of the “start today” order and provide a copy of the Medication Reconciliation form or the CDCR 7221.
- e. After pharmacy hours, designated licensed nursing staff shall obtain necessary medication from the after-hours medication supply. The health care staff obtaining the medication shall ensure proper documentation of the medication used.
- f. If any “start today” order medication is unavailable, the prescribing or on-call provider shall immediately be notified for treatment recommendations.

V. REFERENCES

- California Pharmacy Rules and Regulations, Business and Professions Code, Sections 4016 and 4024
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 2, Chapter 4, Americans with Disabilities Act Staff Expectations for Effective Communication
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 8, CCHCS Drug Formulary
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 9, Prescription/Order Requirements Procedure