



VOLUME 4: MEDICAL SERVICES	Effective Date: 10/2008
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4.11.4 MEDICATION ADMINISTRATION PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure provides guidelines for the administration or delivery and documentation of medications to California Department of Corrections and Rehabilitation (CDCR) patients by licensed health care staff.

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.

Involuntary Medication: Medications which are administered involuntarily under:

- Penal Code 2602, the *Keyhea v. Rushen* court order process (formerly Keyhea), for psychotropic medications.
- Probate Code 3200 for medical treatment.

Keep-on-Person Ready List: Pharmacy-generated list of patient names and CDCR numbers whose Keep-on-Person (KOP) medications are ready for pick up.

Lockdown: An emergency safety procedure where a portion of the facility is affected by suspension of required programs or services, and patients are not released except as determined by the facility administration on an individual, case-by-case basis.

Locked Unit: A restricted or segregated program housing unit to include Protective Housing Units, Psychiatric Services Units, Security Housing Units, and Administrative Segregation Units.

Modified Program: The suspension or restriction of patient program activities and/or movement that impacts less than all programs or less than all patients. A modified program may either occur independently in response to an incident or unusual occurrence or may occur as a facility transitions from a lockdown to regular programming.

Pre-Poured/Pre-Packed: The practice of setting up medications in unit dose packages for administration to one or more persons prior to the scheduled time and administering them at a later time.

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Prepared Medication:

- For pharmacy staff, prepared medications are those medications prepared, reconstituted, or compounded by pharmacy staff for administration to a specific patient in any form.
- For licensed health care staff, prepared medications are those medications removed from packaging in order to administer to the patient. Reconstitution of intravenous/intramuscular medications for administration to a specific patient shall be in accordance with departmental policies under specific circumstances.

III. RESPONSIBILITY

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

IV. PROCEDURE

A. General Procedures

1. Licensed health care staff shall issue, administer, monitor, and document administration or delivery of all medications ordered by authorized prescribers (physician, nurse practitioner, physician's assistant, dentist, psychiatrist, podiatrist, etc.) within their scope of licensure under California law.
2. Prior to administering medications, licensed health care staff shall:
 - a. Check each patient's Medication Administration Record (MAR) for potential allergies.
 - b. Document verification on the MAR that it has been reconciled to the prescriber orders.
 - c. Verify the medication order has not expired.
 - d. Verify the medication has not expired.
3. Medications shall be prepared by licensed health care staff when the patient presents for their medications at the pill line/window.
4. Prepared medications shall be administered by licensed health care staff on the shift they are prepared.
5. The same licensed health care staff who prepares the unit dose package medication shall also administer and document the administration of the medication during the same shift that they are pre-poured/packaged.
6. At the time of medication administration, licensed health care staff shall ensure that the "Six Rights" are followed:
 - a. Right Patient – Medication administration staff shall verify the correct patient by checking the patient's CDCR picture identification card and one other patient identifier. In locked units, the patient's picture ID or bed card with picture should be posted next to the cell door. Custody staff shall be consulted if there is any concern regarding accurate identification of the patient.
 - b. Right Medication – Compare the medication label to the MAR to verify medication.
 - c. Right Dose – Compare the medication label to the MAR to verify dose.
 - d. Right Route – Compare the medication label to the MAR to verify route.
 - e. Right Time – Compare the medication label to the MAR to verify time.
 - f. Right Documentation – Licensed health care staff administering medication shall record the medication administered on the patient's MAR directly after

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administration. The route of administration and injection site shall also be recorded on the MAR if a medication is administered by injection. Insulin administration is recorded on the insulin MAR.

7. Medications ordered on an “AM and PM” or twice daily basis shall be administered with at least eight hours between the two dosing times, unless otherwise indicated on the CDCR 7221, Physician’s Orders, or Medication Reconciliation form.
8. Hour of Sleep Medications – When clinically indicated, medications may be ordered at bedtime or hour of sleep. Medications ordered at bedtime/hour of sleep shall be administered after 2000 hours.
9. Every effort shall be made to ensure that unit dose medications are not opened until the time of administration.
10. At no time will medication of any type be slid and/or placed under the door or between the door and doorjamb of a patient’s cell.
11. Licensed health care staff shall forward all completed MARs to Health Information Management (HIM) as soon as possible and at month’s end, but no later than the seventh day of the following month, to be scanned. Completed, signed, and dated KOP MARs shall be returned daily to HIM after medication distribution.

B. Medication Administration Lines – General Population

1. All general population (GP) patients, including those housed in Level IV 180 design units, shall receive all medications at a pill window as routine function of regular programming. Cell front medication delivery shall not occur in a GP setting unless there is no other reasonable alternative available as determined by the CEO or designee in consultation with the Warden or designee.
2. Medication may be administered up to four times daily in medication lines with the exception of Minimum Support Facilities and Fire Camps.
 - a. Morning (AM)
 - b. Noon
 - c. Evening (PM)
 - d. Bedtime (Hour of sleep)
3. Custody staff shall be present at the medication window to directly observe the medication process, maintain order, and provide assistance if necessary.
4. Patients will bring a cup of water to the pill window, unless Local Operating Procedures direct otherwise.
5. Medication lines shall continue until the last patient in line has received their prescribed medication or all patients who have not received their medications have been contacted either via custody or face-to-face.
6. At the conclusion of the medication line, the medication administration nurse shall review the MARs to identify patients who did not present to the pill window to receive their routine medications. The medication administration nurse shall coordinate with custody to attempt to locate the patient for:
 - a. Medication administration.
 - b. Documentation of refusal of medication and the reason for refusal.
 - c. Documentation of barriers that prevented the patient from presenting to the medication line.

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C. Medication Administration at Cell Front – Locked Units

1. Custody staff shall accompany licensed health care staff on medication administration rounds to facilitate opening of the food port or the cell door, if necessary, for administration of medications.
2. The patient shall be instructed to turn on the light, bring a cup of water, and come to the cell front to be clearly visible.
3. Licensed health care staff shall provide the patient's oral medication through the opened cell door, food port, or bars of the cell door. At the request of licensed nursing staff, custody staff shall open cell doors during medication administration to permit reasonable visualization of the patient's ingestion of medication.
4. At no time shall medication of any type be slid and/or placed under the door or between the door and doorjamb of a patient's cell.
5. Medication administration shall continue until all patients in the unit with prescribed medications have received or refused the prescribed medication.

D. Medication Administration During Lockdown or Modified Program

1. Patients requiring medication while on a modified program shall be escorted to the pill window for all medication needs/times (i.e., AM, Noon, PM, Hour of sleep, KOP), except as outlined below in number 2.
2. Medication administration during modified program for the below stated reasons shall be by podium pass or at cell front.
 - a. Modified program as a result of staff related threats.
 - b. Modified program as a result of documented/confirmed violence within a group to such an extent that patients within this group cannot safely be escorted without jeopardizing the safety and security of staff, patients, and/or the institution.
3. If GP patients on lockdown or modified program are provided any yard access, programming, critical work release, or receive their meals in the patient dining facility, they shall also have access to the pill window to receive their medication.
4. When the state of the lockdown or modified program is such that no movement is permitted, medication administration shall occur at the cell front or podium pass until restrictions on movement are relaxed to the extent that once again permit patient access to the pill window.
5. The method of medication delivery for the above concerns shall be determined/approved by the CEO or designee in agreement with the Warden or designee.

E. Methods of Medication Administration/Delivery

1. Directly Observed Therapy
 - a. Required for patients:
 - 1) With PC 2602 (Keyhea) or Probate Code 3200 court orders.
 - 2) Receiving any narcotic or controlled medications.
 - 3) Receiving medications on the Statewide Pharmacy and Therapeutics (P&T) crush and float list.
 - 4) Receiving medications for active TB or suspected TB disease.
 - 5) Receiving medications for latent TB infection (LTBI).
 - 6) Whenever specified by the prescriber.

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- b. DOT Procedure
 - 1) The patient will present to the medication line (GP) or the cell front (locked units) with a cup of water.
 - 2) Licensed health care staff administering medication shall verify the patient's identity by checking the patient's CDCR picture identification card and one other patient identifier.
 - 3) Using the "Six Rights" of medication administration, licensed health care staff shall provide the prescribed oral medication to the patient.
 - 4) Licensed health care staff shall observe the patient take the oral medications into his/her mouth and swallow all pills followed by an adequate amount of water. The patient shall remain clearly visible to health care staff.
 - 5) Licensed health care staff, with assistance from custody as needed, shall verify that the patient swallowed the medications by completing a visual mouth check, viewing the empty cup, and other checks as indicated.
 - 6) If staff cannot verify that the patient swallowed the medication and followed all steps of the above procedure, licensed health care staff shall request that custody staff escort the patient to an area with clear visibility where medication administration can be verified.
 - c. Orders for DOT administration of medications that are not required per pharmacy policy to be DOT shall have clinical justification for DOT documented in the patient's health record. Before determining the means of administration, the clinician shall consider the following:
 - 1) Potential for self-harm.
 - 2) Potential for diversion.
 - 3) History of non-compliance or overdosing.
 - 4) Problems with medication adherence.
 - 5) Recent history (within the past year) of suicidal ideation, threats, or attempts.
 - d. "Crush/Open and Float" Requirements
 - 1) It is the policy of CCHCS to administer oral medications with significant potential for diversion as "crush/open and float" when product formulation permits. The Statewide P&T committee shall maintain the current list of such medications.
 - 2) Strict adherence to this policy is required from all licensed health care staff administering "crush/open and float" medications.
2. Nurse Administered (NA)
- a. Required for patients:
 - 1) Who cannot safely or properly self-administer medications.
 - 2) Who are receiving medications required by policy to be administered NA.
 - 3) Whenever specified by the prescriber.
 - b. NA Procedure
 - 1) The patient will present to the medication line (GP) or the cell front (locked units) with a cup of water.
 - 2) Licensed health care staff administering the medication shall verify the patient's identity by checking the patient's CDCR picture identification card and one other patient identifier.

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- 3) Using the “Six Rights” of medication administration, licensed health care staff shall provide the prescribed oral medication to the patient.
 - 4) The licensed health care staff shall give the medication to the patient, observe the patient take the oral medications into his/her mouth followed by an adequate amount of water and swallow all pills. The patient shall remain clearly visible to health care staff.
 - 5) If staff cannot verify that the patient swallowed the medication and followed all steps of the above procedure, licensed health care staff shall request that custody staff escort the patient to an area with clear visibility where medication administration can be verified.
3. Keep-on-Person: Self-administered
- a. Patients receiving prescribed KOP medications shall be able to produce a valid current label for each medication and may be required to return medication containers prior to receiving refills or additional medication.
 - b. All inhalers shall be refilled on a 1:1 exchange basis. If the patient does not return his/her inhaler, a new inhaler shall be issued and custody shall be notified for assistance in locating the missing inhaler.
 - c. Patients shall be notified that their KOP medications are available for pick up at the pill window. Notification methods may include:
 - 1) Posting the KOP Ready List at the clinic for patients whose KOP medications are available for pick up.
 - 2) A verbal notification to the patient.
 - 3) Contacting the housing officer to announce that the patient should report to the medication line.
 - 4) Providing a KOP Ready List to the program offices for distribution to the housing units.
 - 5) KOP medications for patients in locked units shall be delivered during medication administration rounds in accordance with Local Operating Procedures (LOP).
 - d. In the event a patient does not pick up the KOP medications within four (4) business days of the medication becoming available, the licensed health care staff shall utilize the institution’s established process in accordance with their LOP to ensure the patient reports to the medication line to accept or refuse the medication. These processes may include:
 - 1) Educating the patient to the medication line.
 - 2) Notifying custody to have the patient escorted to the pill line.
 - e. Documentation on the KOP MAR shall indicate patient receipt or refusal of the KOP medication.
 - 1) Receipt of KOP medications: Licensed health care staff shall initial on the KOP MAR each medication distributed and received as well as print his/her name, then sign and date the KOP MAR.
 - 2) Refusal of KOP medications: Licensed health care staff shall document “refused” on the KOP MAR for each medication the patient refuses. The licensed health care staff and the patient shall sign and date the KOP MAR.
 - f. Patients who refuse KOP medications shall be referred to the Primary Care Team for appropriate management.

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4. Injectable Medications

- a. Licensed health care staff shall record the route of administration and injection site on the back of the MAR. The MAR shall include the following:
 - 1) Patient name
 - 2) CDCR number
 - 3) Prescription number
 - 4) Date, time, and signature of the licensed health care staff administering the medication
 - 5) Injection site
- b. Injections shall not be administered through the food port or cell bars. If a patient requires medication to be administered by injection, custody staff shall have the patient escorted to clinical space in the housing unit (if available) or to the clinic where the licensed health care staff can safely administer the medication.
- c. Whenever possible, injections shall be drawn at the time of administration. In the case of mass Influenza vaccination campaigns or annual TB testing, a small quantity of the injections may be pre-drawn no more than one hour prior to administration. Each licensed health care staff may draw a small quantity of vaccine to meet the initial needs of the clinic, but no more than can be administered in one hour.
- d. Insulin and Glucose Monitoring
 - 1) When necessary, licensed health care staff shall provide designated custody staff with a list of names and housing units of patients requiring glucose monitoring in the morning and/or in the evening. A list of patients receiving insulin can be obtained from the pharmacy to assist in identifying patients who require glucose monitoring.
 - 2) Institutions shall ensure that patients receiving insulin receive meals within a consistent timeframe to avoid the possibility of hypoglycemia.
 - 3) Insulin administration shall be recorded on an insulin MAR.
 - 4) Glucose monitoring is recorded on the CDCR 7247, Diabetic Flow Chart.

F. Involuntary Medication Administration

1. Penal Code (PC) 2602
 - a. Certain patients are under court order to receive involuntary administration of mental health medications.
 - b. Medications ordered under PC 2602 are administered DOT.
 - c. The PC 2602 (“Keyhea”) Coordinator shall forward a list of all patients under PC 2602 orders to designated personnel.
 - d. The pharmacy shall label the MAR such that the licensed health care staff administering medications is aware of those patients with orders for involuntary medication administration.
 - e. A list of patients with PC 2602 orders shall be maintained in each medication administration area to ensure that the licensed health care staff administering medications is aware of those patients.
2. Probate Code 3200
 - a. In rare circumstances, there may be a patient for whom a court order has been issued for involuntary *medical* treatment which may include medications.
 - b. Medications ordered under Probate Code 3200 are administered DOT.

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- c. Institution medical management shall inform designated personnel of patients with Probate Code 3200 orders.
- d. The pharmacy shall label the MAR to ensure the licensed health care staff administering medications is aware of those patients.
- e. A list of patients with Probate Code 3200 orders shall be maintained in each medication administration area to ensure that the licensed health care staff administering medications is aware of those patients.

V. REFERENCES

- California Penal Code, Part 3, Title 1, Chapter 3, Article 1, Section 2602
- California Probate Code, Division 4, Part 7, Section 3200
- California Code of Regulations, Title 15, Division 3, Rules and Regulations of Adult Institutions, Programs, and Parole, Department of Corrections and Rehabilitation
- California Pharmacy Rules and Regulations, Business and Professions Code, Section 4016
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 9, Prescription Requirements
- Receiver and CDCR Secretary Joint Memorandum dated August 24, 2011, Pill Line Policy Expectations