



<b>VOLUME 9: PHARMACY SERVICES</b>	Effective Date: 06/2002
<b>CHAPTER 14</b>	Revision Date: 12/2015
<b>9.14 RESCUE MEDICATIONS PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. PROCEDURE OVERVIEW**

All prescribed self-administered rescue medications, e.g., nitroglycerin and bronchial inhalers, shall be immediately available to patients at all times. Prescribed rescue medications shall be provided as Keep-On-Person (KOP) to all patients in outpatient housing areas, including Administrative Segregation.

Inpatient medications shall not be kept at the patient’s bedside, except for prescribed sublingual nitroglycerin or bronchial inhalers on order of a licensed provider. The unit nursing staff shall be responsible for ensuring the patient is instructed in the proper use and storage of the medication. Nursing staff shall document the use of bedside medications.

**II. PURPOSE**

To ensure the safety of patients who may need immediate access to rescue medications.

**III. PROCEDURE**

**A. Approved Bedside Medications (inpatient areas only)**

1. The following types and amounts of medications are permitted to be kept at the patient’s bedside on order of a licensed provider:
  - a. Nitroglycerin Sublingual Tablets: In original container and not to exceed 25 tablets. (Note: This medication cannot be repackaged.)
  - b. Rescue Inhalers: One inhaler plus mouthpiece and spacer (if prescribed).
2. Prior to prescribing any medication to be allowed at bedside, providers shall evaluate the patient’s mental and physical capacity to self-administer medication.
  - a. If the provider has any doubt about the patient’s mental capacity to self-administer medication, bedside medication shall not be ordered until mental health has been consulted and rendered a recommendation.
  - b. If a patient is deemed unable to self-administer medication, bedside medication shall not be ordered.

**B. Instructions on Proper Bedside Use (inpatient areas only)**

1. Nursing staff shall:
  - a. Instruct the patient on the proper use and storage of the medication. This instruction shall be documented on a progress note in the health record.
  - b. Document the frequency of use since the last medication pass and the treatment response if the patient used the medication.
  - c. Ascertain the reason if the medication is used more or less than the amount prescribed, and if appropriate, discuss the importance of adherence with the prescribed use with the patient. Document the variance in the health record.
  - d. Notify the provider if the patient has not used the medication according to the directions or is not getting expected results.
  - e. Document in the electronic Medication Administration Record/health record whenever a new supply of bedside medication is provided.

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## C. Rescue Medications (all outpatient areas)

1. The following types and amounts of medications shall be provided as KOP medications:
  - a. Nitroglycerin Sublingual Tablets: In original container and not to exceed 25 tablets. (Note: This medication cannot be repackaged.)
  - b. Rescue Inhalers: One inhaler plus mouthpiece and spacer (if prescribed).
2. Providers or nursing staff shall instruct the patient on the proper use and storage of the medication at each chronic care clinic visit as indicated and on request when the medication is provided to the patient.
3. Providers or nursing staff shall assess and document rescue medication usage on the chronic care progress note at each clinic visit. The patient's ability to self-administer rescue medication shall be re-evaluated at each visit, a mental health referral made as indicated, and treatment adjusted accordingly.
4. Rescue medications may only be provided as nurse administered (NA) when a medical provider finds there is strong clinical justification to do so, e.g., physical/mental inability to self-administer or danger to self.
  - a. The clinical justification shall be documented in the health record, and shall be based upon information contained in the health record and/or upon results from the formal mental health consultation addressing mental health barriers to medication self-administration.
  - b. The order for rescue medication shall be written as NA and dispensed in accordance with Inmate Medical Services Policies and Procedures, Volume 4, Chapter 11, Medication Management.
5. Rescue medications must be readily available at all times.

## IV. REFERENCES

- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 11, Medication Management.