

than one order for a single medication, (e.g. haloperidol 2 mg po daily, haloperidol 5 mg po hs. Haloperidol 1 mg po q 4 PRN agitation, NTE two/24 hours) the ordering prescriber will address each order to continue or discontinue preferably with a dosage and schedule specified as listed above. A discontinue (d/c) order for the medication (e.g. d/c haloperidol) when multiple orders for that medication exists will discontinue all current routine and PRN orders for this medication unless specified otherwise.

- 2) Splitting tablets by nursing will be permitted if the table is scored by the manufacturer.
2. When writing more than one order for a single patient, each order shall be written on a separate line.
3. Tapering Medications
When an order involves sequential changes in a medication (e.g. tapering or titration), the dose and number of doses shall be recorded (e.g. prednisone 10 mg po daily times two days, prednisone 5 mg po daily times three days, etc.)
4. To change the daily dose of a medication, the medication will be discontinued and a new order written. Do not use arrows for increasing or decreasing.
5. Hold/Resume Orders
Hold orders are not considered valid medication orders. The ordering provider will discontinue the medication and rewrite the order with effective dates of initiation of treatment. Resume orders are not permitted.
6. PRN (as needed) Medications Orders must state:
 - a. All pertinent information as in IV. Section A of this policy.
 - b. Single dose per hourly designation (e.g. 10 mg q4h PRN and NOT 10-20 mg q4h PRN).
 - c. Single hourly designation (e.g., q 4 hours PRN pain NTE 2/24 hours, NOT Q-4 6h q PRN, etc.).
 - d. The indication for which the inmate will receive this medication (i.e. for agitation).
 - e. The maximum dose per 24 hour period (e.g. NTE 2/24 hours, except for HS PRN) and every day as needed.
7. Any order that is incomplete, difficult to read, understand or represents questions, must be clarified by the nurse with the author of the order, prior to noting the order to ensure accuracy in transcription. Medication orders will include all the above requirements. The pharmacy will recognize only those orders written by a clinician licensed to practice in the State of New Hampshire and who has NHDOC privileges.
8. If the dosage or use of a medication is questionable and considered inappropriate by the pharmacist and the prescribing provider does not wish to change the order, the pharmacist may call for a consultation by the Chief Medical and/or Psychiatric Director.
9. All new medication orders will be reviewed by a pharmacist prior to medication administration to ensure there are no drug interactions or dosage issues. Any questions deemed to be of a serious nature by the pharmacist must be resolved with the prescriber at the time of the pharmacist review. If the prescriber is unavailable, the pharmacist will contact the Chief Medical and/or Psychiatric Officer or on-call physician. Any change in the order will be documented on a Physician's Order Form in the inmate's medical record.

For any question not requiring immediate response, the pharmacist will complete a Pharmacy Medication Communication Form and send it to the prescribing provider. The prescriber will respond in writing and return the form to the pharmacy. All

changes in the medication order will be documented on a Physician's Order Form in the inmate's medical record.

10. Inmate Counseling
The prescribing provider will counsel the inmate when prescribing a new medication. The prescribing provider may supplement verbal information with written medication education information.

B. FILLING ORDERS

1. Orders will be entered into the computer generated patient profile within the CIPS System by the pharmacist or pharmacy technician under the pharmacist's supervision.
2. The pharmacist will perform a prospective drug review of the inmate's profile before filling/verifying each prescription.
3. The pharmacist will check and verify all medication orders before dispensing.
4. Orders filled in the AutoMed Fast Pak EXP System are documented with date filled, prescription number and pharmacist's initial. Orders filled for packing in vials or blister packs are documented with a label secured to the back of the order.
5. A label is automatically generated by the Fast Pak EXP System for pouch packaged medications. A label is printer generated from CIPS for blister and vial packaged medications.
6. A pharmacist will re-check the completed order including medication dispensed against the physician order and approve it before delivery to the housing unit.
7. Copies of physician orders are filed by date and retained for four years per NH RSA 318.

C. MEDICATION STORAGE AND DELIVERY

1. Inmate Housing Units
 - a. Medications are stored in locked cabinets within the housing security office. These units do not store Drug Enforcement Administration (DEA) designated controlled substances II medications (e.g. morphine).
 - b. Health Services Centers:
 - NHSP-M: Medications are stored in a locked medication cart.
 - SPU/RTU: Medications are stored in a locked medication cart.
 - NHSP-W: Medications are stored in a locked medication cart.
 - NCF: Medications are stored in the medication and in locked medication carts.

Medication storage cabinets/carts must be locked and secured when not in use.
2. All medication storage areas, carts, cabinets are under the supervision of the Chief Pharmacist.
 - a. All medications will be stored in such a way as to maintain the integrity of the medications under proper conditions of sanitation, temperature, refrigerator temperature (35 – 46 degrees), light, moisture and security. Medications are to be stored in such a way to eliminate any possible medication errors.
 - b. All patient specific medications must have the original pharmacy label affixed. All containers must be clearly labeled and any unlabeled or incompletely labeled containers will be returned to the pharmacy. All discontinued patient specific medication will be returned to the pharmacy.
 - c. Medications to be refrigerated will be labeled as such and stored in a locked refrigerator designated exclusively for medications.
 - d. Partially used containers must be completely used before opening another of the same medication.
 - e. All DEA Schedule II medications will be stored in double-locked cabinets in the nursing stations.
3. Test reagents, germicides, disinfectants and other household substances will be stored separately from medications.

D. NHDOC CENTRALIZED PHARMACY DISTRIBUTION

1. Quantity Dispensed
 - a. Keep on Person (KOP): Up to a 30 day supply on non-PRN medications. PRN medication is dispensed at half of a 30 day supply with appropriate refills.
 - b. Pill Line: A seven day supply is dispensed for non-PRN medications. Pill line PRN medication is dispensed at half of a 30 day supply with appropriate refills.
 - c. Nurse Administered: A 15 day supply is dispensed for SPU/RTU inmates. A 30 day supply is dispensed for inmates permanently housed in a HSC inpatient bed. A seven day supply is dispensed for inmates housed short-term in a HSC inpatient bed.
 - d. No prescription will leave the pharmacy unless dispensed by a registered pharmacist or received a final verification by a registered pharmacist.
2. Refill Distribution Cycle
 - a. Keep on Person (KOP): medication refills require the inmate to submit a blue refill request form at least four business days prior to end of their current supply.
 - b. Pill Line: a refill is automatically generated by CIPS on each business day Monday – Friday resulting in automatic refill transfer to the Fastpak EXP System for labeling and packaging. PRN pill line medications require the inmate to submit a blue refill request form at least four business days prior to the end of their current supply in order to determine when a refill is required.
 - c. Nurse Administered: a refill is automatically generated by CIPS on each business day Monday-Friday resulting in the generation of prescription labels for packaging in vials.
3. Medication Delivery Schedules
 - a. All new medication orders will be processed before the end of the business day they were received. Exceptions will be resolved in a timely manner.
 - b. Scheduled outpatient pill line prescriptions packaged in the Fastpak EXP will be delivered to the appropriate housing unit by the end of the business day. For medication orders filled for facilities off-site of the centralized pharmacy, the contracted courier schedule will be followed to deliver medications in a timely manner. Scheduled KOP and PRN pill line medications will be delivered to the appropriate pick up point by the end of the business day or by contracted courier schedule for other facilities.
 - c. All inmate initiated KOP medication refills and PRN pill line refills will be processed and sent to the appropriate housing units or facility within four business days of the pharmacy receiving the requests. Inmate refill requests received prior to the four day refill window will not be processed until the refill is due. This ensures an inmate does not have an excessive supply of medication.

E. PRESCRIPTION EXPIRATION REPORTS

1. During the second week of each month, reports of all prescriptions due to expire in the next calendar month will be generated by CIPS.
2. Distribution of reports generated: copies will be sent to each prescribing provider with orders that expire within the time frame; Division Director of Medical/Forensic Services and the Chief Pharmacist.
3. The prescribing provider is responsible for reviewing the report for determination of orders requiring renewal.

F. MEDICATION ADMINISTRATION RECORDS

1. Medication Administration Records (MARs) will be pre-printed in the pharmacy the last week of each month. Records will be pre-printed for all patients receiving nurse

- administered medications with the exception of the following:
- a. Hepatitis A and/or B vaccines;
 - b. Insulin;
 - c. Medications for nebulizer treatments; and
 - d. Controlled substances administered from floor stock in Concord.
2. Nursing staff is responsible for verification of all MARs received from the pharmacy, the addition of all medications excluded from the pre-print process, addition of medication changes, medications ordered/entered into the CIPS System after the MAR is printed.
 3. At the beginning of the following month, the month's previous MAR is filed in the pharmacy section of the inmate medical record.
- G. PACKAGING AND LABELING
1. The AutoMed Fastpak EXP generates pharmacy labels on the packaging material. Labels for vials, bottles, tubes, inhalers, etc are generated by the CIPS System.
 2. Labeling will comply with all state and federal regulations including the NH Board of Pharmacy. Any medication with worn, mutilated or otherwise illegible labels will be disposed of per policy.
- H. When inmates are transferred from any non-HSC housing unit to another or from one facility to another, it is the responsibility of the Officer in Charge (OIC) of the sending unit to ensure any pill line medications are transferred to the receiving unit/facility by the end of the shift. KOP medications will be retained by the inmate during the transfer process. When inmates are transferred from a HSC infirmary housing unit, the nursing staff is responsible for returning all medications to the Pharmacy for review and redistribution to the new housing unit by the Pharmacy.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other:

HANKS/pf