PSYCHOTROPIC MEDICATION ADMINISTRATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for the accurate dispensation, documentation and observation of psychotropic medication administration to the correct inmates.

II. POLICY

Nursing staff are independently licensed and assume full responsibility for their actions when administering medications. Since the medication administration record is a legal document, nurse notations on this form are expected to be accurate and timely. ADOC expects each nurse to conduct and document medication administration in compliance with nursing practice standards and applicable Alabama law. Areas for the storage and preparation of medication will provide adequate security, water, and refrigeration capabilities.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

AIS Number

Cheeking

Director of Treatment

General Prison Population

Involuntary Medication

Medication Administration Record (MAR) (Annex B)

No-shows

On-Call
IV. RESPONSIBILITIES

A. Contract medical nurses will administer oral psychotropic medications for non-mental health unit inmates.

B. Mental health nurses will:
   1. Administer all oral psychotropic medications for mental health units.
   2. Administer all injectible psychotropic medications.

C. All contracted nurses administering psychotropic medication to inmates must timely and accurately:
   1. Prepare the medication(s).
   2. Dispense the medication(s).
   3. Record the medication administration.

D. Contracted nursing staff will comply with current nursing practice standards.

E. Officers will facilitate access to prescribed pre-prepared psychotropic medications to inmates housed in Work Release Centers.

F. The nursing Supervisor will investigate, evaluate and submit corrective action taken due to medication errors to the ADOC Director of Treatment and Quality Improvement Program Committee.

V. PROCEDURES

A. Mental health unit medication storage and preparation areas will be equipped with adequate:
   1. Security
2. Water

3. Refrigeration

4. Nursing drug reference manuals

B. Mental health or medical nursing staff will:

1. Report any deficiencies in storage and preparation areas to the Mental Health Director.

2. Transcribe physician psychotropic medication orders to the Medication Administration Record (MAR) (Annex B).

3. Acknowledge completion of the transcription by recording on the Physician Order form (Annex E):
   a. Their signature
   b. Date
   c. Time

4. Ensure that the medication order is received by the pharmacy.

5. Contact the psychiatrist if the medication order is:
   a. Incorrect
   b. Incomplete
   c. Illegible
   d. Potentially unsafe
   e. Unclear

6. The nurse should not accept an order that is considered potentially unsafe. The order in question should be immediately referred to the on-site Medical Director for action.

7. Notate in red “Involuntary Medication” on the MAR (Annex B) next to each involuntary medication, for inmates receiving involuntary psychotropic medication.

8. Ensure preparation of psychotropic medication is done:
   a. Only by the administering nurse.
   b. With no alterations (crushed or liquid substituted) unless ordered in writing by physician/psychiatrist.
c. Immediately prior to administration if possible, but if individual institution settings do not permit this practice, the nurse may prepare the medication prior to administration if:

(1) Medication is placed in individual, inmate-specific envelopes.

(2) Every envelope is labeled with each inmate’s:

   (a) First and last name

   (b) AIS number

   (c) Entire prescription order for each medication enclosed (Ex: Elavil 25mg (PO BID), twice daily by mouth)

9. When a medication is found to be out of stock in the pharmacy:

a. Complete ADOC Form MH-010, Non-availability of Psychotropic Medication.

b. Forward Form MH-010 to the ADOC Director of Treatment.

10. Medication administration at “pill lines”:

a. The inmate must present institutional identification at the time of administration as verification of identity. Inmates who do not have identification will be referred to the correctional officer.

b. The nurse will verify inmate identification with information on the medication container and the medication administration record.

c. Inmates will be required to bring a cup of water to the medication window to expedite the process.

11. Administer psychotropic medication:

a. At pill call, the nurse administering psychotropic medication(s) must:

   (1) Place medication(s) in a cup and offer to inmate.

   (2) Crushed medication(s):

      (a) May be dissolved in liquid.

      (b) Are never placed directly in the inmate’s hand.

   (3) A nurse and an officer will observe medication ingestion to prevent “cheeking” and “palming”.

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(4) Document in the appropriate block on each inmate’s MAR (Annex B):

(a) The nurse will immediately document the administration process on the inmate’s MAR.

(b) Inmate acceptance of psychotropic medication (nurse’s initials).

(c) Inmate refusal of psychotropic medication (circle nurse’s initials).

(d) Inmate no-shows at Pill Call, recorded as “-” with nurse’s initials.

(e) Medication that is out of stock by recording “N/A” with nurse’s initials.

(5) Notify a mental health nurse when inmates are no-shows or refuse psychotropic medication three (3) times.

(6) Immediately notify a mental health nurse when inmates who are receiving involuntary psychotropic medication are no-shows or refuse psychotropic medication one time.

(7) Complete an ADOC Form MH-024, Psychotropic Medication Report, when inmates report or exhibit adverse side effects, or have health questions that cannot be adequately answered.

b. At cell fronts, the nurse administering psychotropic medication must:

(1) Be accompanied by a correctional officer.

(2) Verify the inmate’s identity by method congruent with inmate’s housing placement.

(3) If medications were prepared in individual envelopes, the nurse will place the contents of the envelope into a medication cup, verifying, whenever possible, the medication with the inmate’s medication administration record.

(4) Observe medication ingestion. Inmates will be required to bring a cup of water to the cell-front before being given the medication and will not be permitted to turn from the cell-front until the nurse and correctional officer can conduct the mouth check necessary to preclude “cheeking” and “palming”. Close attention to medication ingestion is important since it is often difficult to observe inmate actions within a cell.
(5) Document in the appropriate block on each inmate’s MAR (Annex B), either during administration of medication or immediately upon completion:

(a) Inmate acceptance of psychotropic medication (nurse’s initials).

(b) Inmate refusal of psychotropic medication (circle nurse’s initials).

(c) Medication that is out of stock by recording “N/A” with nurse’s initials.

(6) Notify a mental health nurse when an inmate refuses psychotropic medication three (3) times.

(7) Notify a mental health nurse when inmates that are receiving involuntary psychotropic medication refuse psychotropic medication one time.

(8) Complete an ADOC Form MH-024, Psychotropic Medication Report, when inmates report or exhibit adverse side effects, or have health questions that cannot be adequately answered.

c. Through injection, while providing privacy and security maintenance, the nurse will:

(1) Document the process in writing on:

(a) MAR (Annex B)

(b) ADOC Form MH-040, Progress Notes

(2) Complete an ADOC Form MH-024, Psychotropic Medication Report, in accordance with ADOC AR 618, Psychotropic Medication Monitoring, when an inmate reports or exhibits adverse side-effects.

C. Reports of medication errors will be forwarded to the mental health nurse for documentation on the Medication Error Report (Annex F). The completed form will be forwarded to the mental health nursing supervisor within 24 hours.

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition for:
VIII. SUPERCEDES

This regulation supercedes AR 457 dated August 30, 2001

IX. PERFORMANCE

This AR is published under the authority of:

A. The Bradley Agreement of August 8, 2000


C. Department of Mental Health and Mental Retardation Statutory Authority:
The Code of Alabama, 1975, Section 22-50-11

[Signature]
Donal Campbell, Commissioner