

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 17-15</p>	<p align="center">Policy # 11.26</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDC and YDC)</p>	<p>Related Standards & References: 21CFR1300.01 O.C.G.A. §§ 26-4-88, 49-4A-7, 49-4A-8 NCCHC Juvenile Health Care Standards, 2011: Y-D-02 ACA Standards: 3-JDF-4C-11, 3-JDF-4C-18, 19, 20, 42, 4-JCF-4C-09, 4-JCF-4C-28, 29, 30, 4-JCF-6E-01 DJJ 8.23, 11.13, 12.16, 11.25 Attachment A</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date: 12/20/17</p>	
<p>Subject: MEDICATION ADMINISTRATION</p>	<p>Scheduled Review Date: 12/20/18</p>	
<p>Attachments:</p> <p>A – Medication Administration Training Module B – eMAR User Guide C – Refusal of Treatment Against Medical Advice D – Non-Medical Staff Medication Administration Record E – Approved Over-the-Counter Medications F – Medication Administration Test G – Medication Adverse Event Report H – Release of Responsibility</p>	<p>Replaces: 6/10/16 Division of Support Services, Office of Health Services</p> <p>APPROVED:</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

I. POLICY:

Trained staff shall administer medications to youth according to pharmaceutical instructions. The Designated Health Authority shall ensure that all doses of medications, both prescription and over-the-counter, are accounted for and documented in each youth's health record. Under no circumstances are stimulants, tranquilizers or psychotropic drugs administered for purposes of discipline, security, control or for purposed of experimental research.

II. DEFINITIONS:

Advanced Practice Provider (APP): Nurse Practitioner (NP) or Physician's Assistant (PA).

Adverse Medication Reaction: An undesirable or unintended harmful effect occurring as a result of a medication (e.g., heavy sedation, extra-pyramidal symptoms, agitation, psychotic manifestations, severe cramping, nausea, vomiting, diarrhea, ataxia, etc.). An allergic reaction in a youth with no documented history of allergy to the medication.

Controlled Medication: A drug with abuse potential included in Schedule I, II, III, IV, or V of the Controlled Medication Act.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

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Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Health Services Office Assistant, Pharmacist, Physician’s Assistant, or Physician.

Medical Services Staff: Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician’s Assistant, or Physician.

Medication Discrepancy: An inappropriate or incorrect medication or dosage is prescribed for, dispensed for, or given to a youth. An omission or duplication of a medication due to a prescribing, dispensing, or administration error.

Parenteral Medications: Those medications given intravenously (IV), intramuscularly (IM), subcutaneously (SQ), or intradermally.

Responsible Physician: The facility primary care physician who makes the final medical judgment regarding the care provided to youth at a specific facility. This includes reviewing the recommendations for treatment made by health providers in the community and directing the overall medical for youth at that assigned facility.

III. PROCEDURES:

- A. The Designated Health Authority (DHA) will be responsible for the monitoring and oversight of all on-site medication processes, to include:
 - 1. Verifying the medication;
 - 2. Monitoring medication storage practices;
 - 3. Monitoring administration practices; and
 - 4. Monitoring the Electronic Medication Administration Records (MAR) for medication errors or omissions.
- B. Consent for medications will be sought in accordance with DJJ 11.13, Consent Process.
- C. Prescription medication from a non-DJJ facility or from the community, received at intake with youth into a secure facility, may be administered under the following conditions:
 - 1. The medication is received in an appropriately labeled medication bottle or blister pack with the name of the youth, prescribing physician, pharmacy, date, medication name, strength, and dosage information;
 - 2. The medication can be clearly identified utilizing the Physician Desk Reference, (PDR) or some other acceptable medical drug reference;

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3. The facility Responsible Physician gives a verbal order to continue the medication in addition to electronically transmitting the orders to the vendor pharmacy via e-prescribe;
 4. Whenever necessary (after hours when vendor pharmacy is closed and/or whenever the youth's existing profile does not automatically load in the case of youth transferred between facilities), the orders will be manually entered into the eMAR by nursing staff so that they can be administered when due.
 5. The medication is counted and logged on the Medication Receipt Log (DJJ 11.25, Medication Storage, Attachment A) in addition to being "Checked IN" using the eMAR.
 6. The form will be filed in the youth's chart. Controlled medications will require perpetual inventory count using "Certify Controlled Substances" in the eMAR and the DEA Redbook.
 7. The nurse will verify the medication with the pharmacy and/or physician when the medication cannot be readily identified by sight or with the PDR, or when there is any question as to the validity or identity of the medication. The nurse may contact the pharmacy to determine previous prescription filling practices. Confirmation of medications will be done within 72 hours of receipt of the medication.
- D. Medications will be administered to youth only upon the clear, complete order of a person lawfully authorized to prescribe medications.
1. All orders will be transmitted electronically via electronic prescribing system and will include the following information:
 - a) Name of the facility;
 - b) Youth's name, date of birth, gender, allergies, and diagnosis;
 - c) Date and time of the order;
 - d) Medication's full name and strength (where indicated);
 - e) Dosage, route, and time/frequency of administration;
 - f) Duration of therapy for non-chronic conditions. This duration must be specified separately in the "Additional Directions to Patient" section of the e-prescribe module ;
 - g) Name of prescriber; and

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- h) Any precautionary information deemed necessary. Such information (precautionary, special notes, special instructions) must be transmitted to the vendor pharmacy via the “Notes to Pharmacist” section of e-prescribe module.
2. For situations when the vendor pharmacy is closed and the medication is either on-hand in the Emergency Box or will be obtained from the local backup pharmacy, verbal orders may be transmitted by a practitioner lawfully authorized to prescribe medications and will be received only by licensed nurses or pharmacists. The nurse will read back the verbal order to the prescribing practitioner to assure accuracy before manually entering the order into the eMAR. The nurse must document the verbal order using the “Alert Text” function in the eMAR. Verbal orders must be electronically signed in the e-prescribe module and transmitted to the vendor pharmacy within 72 hours.
 3. “As needed” (PRN) orders must specify the condition for which the medication may be administered and a dosing interval.
 4. Medications will not be ordered for more than a six month period. Medications for chronic conditions, including medical and mental health, but excluding schedule II narcotics, should be ordered as a 30 day supply with 5 refills and will remain active on the eMAR until discontinued by the prescriber, unless a specific duration is noted on the order, such as a 7-day supply of antibiotics or pain medications. Youth will be re-evaluated every 31 days by a physician or advanced practice level provider regarding the need to continue medication. For chronic medications, unless the order is manually cancelled in the e-prescribe module by the provider, it is assumed that the order is to be continued. The Designated Health Authority will develop procedures for alerting prescribers whenever a youth is due for a re-evaluation and prior to the expiration of medication orders.
 5. All orders will be electronically signed in e-prescribe module by the prescribing provider.
 6. Coordination must occur between the nurse and prescriber for medications prescribed to be administered at bedtime. Prescribers should consider prescribing medications with QPM dosing rather than QHS, since bedtimes are variable for youth and facilities. A decision for how the medication is written should be made based on each individual case.
 7. If medications are determined to be administered when QHS and the clinic are closed, then Medication Administration-trained non-medical staff will be utilized (see Attachment A, Medication Administration Training Module).

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8. Medication orders received from a provider other than the facility's authorized providers will be verified with the facility's responsible physician before the medication is administered. The verification will consist of an electronic prescription transmitted to the vendor pharmacy by the facility's provider using e-prescribe module.
 9. When a youth transfers between DJJ facilities, the medication is counted and logged on the Medication Receipt Log (11.25, Medication Storage, Attachment A). The form will be filed in the youth's chart. Controlled medications will require perpetual inventory count using the "Certify Controlled Substances" function in the eMAR. All medications will continue as previously prescribed until seen by the physician. All mental health medications will continue as previously prescribed until seen by the psychiatrist. In the event that vendor pharmacy is closed and the youth's medication profile from the previous facility does not automatically load into the eMAR, the nurse must manually enter the current orders into the eMAR. If the youth's current orders at the prior facility are not known, the prior facility should be contacted for clarification.
- E. Youth should receive ordered medications within 3 days of the order being e-prescribed via the e-prescribe module. If medications are not received within the required 3 day period, the nurse will notify the prescriber, who then will determine if the medication needs to be obtained through the pharmacy vendor's designated back-up pharmacy. Medications clinically required for administration within 24 hours of ordering will be written as such, and the medication will be obtained from the first dose box or from the back up pharmacy. All medications needing to be obtained from the back up pharmacy must first be called in to the vendor pharmacy.
- F. The Electronic Medication Administration Record (eMAR) will be used to document each dose of prescription and over-the-counter medication given.
1. The vendor pharmacy will be responsible for loading the majority of the orders into the eMAR. The main exceptions to this include OTC meds which can be given by the nursing staff according to the OTC medication protocol, and urgent orders which need to be administered immediately outside of the vendor pharmacy's operating hours. These exceptions must be manually entered using the "Manage Orders" function of the eMAR.
 2. Orders will use only approved DJJ abbreviations. DJJ approved abbreviations may be found at: <http://www.medilexicon.com/>.
 3. Any time an order is changed in the e-prescribe module, a new order will appear in the eMAR once the vendor pharmacy processes the order. New and/or changed orders must first be approved by a nurse using the "Approve Pending Orders" function.

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4. Routine, non-emergency orders which need to be discontinued must first be cancelled in the e-prescribe module. The vendor pharmacy will then discontinue (DC) the order in the eMAR after processing the discontinuation message. If an order needs to be DC'd immediately, the prescriber should notify the facility verbally. The facility should then manually discontinue the order in the eMAR.
5. Each medication order will be recorded on the MAR. The first dose of the medication will be scheduled to start after the next routine pharmacy delivery is expected. When calculating stop dates for medications that have been prescribed for a specific amount of time (e.g., antibiotics), the prescriber's exact order must be taken into account. Medications which are ordered to be "taken until gone" will not have a specific end date, but rather the total number of doses to be administered will be counted. For this situation, the prescriber must indicate "Take Until Gone" in the "Additional Directions to Patient" section of the e-prescribe module. Medications which are ordered to be given for a specific number of days should have an "End Date" entered into the eMAR by the nurse corresponding to the first day in which an order is no longer scheduled to be administered. Due to variables in when a medication is started, the vendor pharmacy is unable to accurately predict "End Dates". As a consequence, it will be the nursing staff's responsibility to keep up with these dates based on how the order is written. Where applicable, the vendor pharmacy will specify order duration in the SIG/Directions area of the eMAR and on the prescription label.
6. When the medication is received from the pharmacy, a nurse will compare the medication label with the eMAR and will have a second nurse verify the medication label and the eMAR prior to the medication administration to ensure that they are both correct. If the eMAR does not match the medication label the pharmacy will be contacted. Occasionally, the current order on the eMAR will not match the directions on the medication label due to changes in dose and/or frequency of administration. In order to reduce waste, the medication can still be used provided that a note is clearly written on the blister/medication pack to "See eMAR for current dose."
7. The eMAR will include the following information:
 - a) Youth's name and date of birth;
 - b) Youth's allergies or indication of "no known allergies";
 - c) Prescribing physician and date of prescription;
 - d) Medication start and stop dates;

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- e) Medication name and dose;
 - f) Medication route, frequency, and times of administration; and
 - g) Dates and times dosages administered to youth.
8. A photograph of the youth must be maintained in conjunction with the eMAR for identification purposes. It will be the facility's responsibility to add each youth's photograph into the eMAR as described in the eMAR User Guide (see Attachment B, eMAR User Guide.)
 9. The eMAR, via the connected laptop, will be present at the time of administration. The staff member giving the youth the medication will scan the medication using the eMAR only when the dose is administered.
- G. Prior to administration, the medication on the eMAR will be compared with the medication label, and the youth will be identified by his/her picture, youth name, date of birth, and ID number.
 - H. The facility Director will ensure that security staff is present with the nurse for each medication administration. The security staff must observe the medication administration process and conduct a comprehensive and thorough oral cavity check after each medication administration.
 - I. When a safety and security issue presents during the medication administration process, the nurse will immediately notify the administrator on duty and the medication administration process will be suspended. The medical services staff will determine when the medication administration process will be continued.
 - J. If the youth refuses to take the medication and refuses to give the medication back to the nurse, the security staff that is observing the administration will confiscate the medication and return it to the nurse on duty for destruction.
 - K. The "five rights" will be checked for each medication administration: right youth, right medication, right dose, right route, and right time. The youth's allergies will also be checked for contraindication of administration of medication.
 1. Medications will be administered from the labeled pharmacy container. Medications can be re-packaged for administration purposes (i.e., placed into labeled envelopes) only with prior approval from the DJJ Medical Director. Medication cups may only be used in the transfer of medications from the medication administration nurse to the youth; however, only one youth's medication will be prepared and administered at a time. Medications should not be "pre-scanned" into the eMAR system. Scanning the barcode should happen at the time of dispensing, as the scan time will be recorded in the eMAR as the actual time of administration.

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2. Medications will never be administered to a person not indicated on the container label or “borrowed” from another youth’s supply.
3. Medications will be administered as ordered and no more than 60 minutes on either side of the scheduled hour. If a medication must be administered at a time outside of the ordered time, the actual time that the barcode is scanned into the eMAR will be recorded as the administration time.
4. When “as needed” (PRN) medications are administered, the time of administration will be noted on the eMAR along with the complaint or symptom for which the medication was given. The eMAR will automatically prompt the nursing staff to enter a reason for administration of all PRN orders.
5. Nurses will utilize all available medication administration techniques to ensure that a youth remains compliant with prescribed medications. These efforts and their results will be documented in JTS as a communication progress notes. The prescribing physician will be advised when a youth has refused medication three times in a row or refused medication once a day for three days. Youth who refuse a medication will be asked to sign the Refusal of Treatment against Medical Advice Form (Attachment C).
6. If it is safe to do so, medications may be crushed or capsules emptied out on a case-by-case basis and/or physician prescribed blanket crush order binder when a youth has difficulty swallowing or has a history of hoarding medications. The need for crushing the medication will be indicated on the eMAR by selecting “yellow” as the patient color.
7. Only medical services staff duly authorized by the state licensing board to do so will administer parenteral medications. The opportunity for youth to self-administer medications will be reviewed by the facility’s medical services staff, taking into consideration the youth’s cognitive, physical, and visual ability to carry out this responsibility. Youth approved to self-administer medications may do so only under the direct supervision of a staff member trained in medication administration and who will retroactively document the administration on the appropriate eMAR. The used syringe and needle will be disposed of in puncture-resistant one-way containers specifically designed for that purpose.
8. In secure facilities and during transportation, staff members who have completed the Medication Administration Training Module (Attachment A) may administer medications. Documentation of the medication administration must be immediately documented on the Non-Medical Staff MAR (Attachment D). Any documentation on the Non-Medical Staff

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MAR must also be documented into the eMAR at the earliest possible convenience.

9. The facility Director, in coordination with the Designated Health Authority, will determine staff eligible for Medication Administration Training. Non-medical staffs that are eligible to receive the Medication Administration Training Program include, but are not limited to:
 - a) Juvenile Correctional Officers (JCO's);
 - b) Juvenile Detention Counselors (JDC's);
 - c) Transportation Officers;
 - d) Facility Mental Health Staff;
 - e) Facility Health Care staff; and
 - f) Facility Administrative Staff.
10. The central control room operator and the Designated Health Authority will maintain a list of all non-medical staff that are trained and approved to administer medications, Attachment E, Approved Over-the-Counter Medications.
11. All identified non-medical staff will be trained to administer medications prior to doing so, utilizing the Medication Administration Training Module (Attachment A). Current reference materials will be readily available. This training can be conducted by the Designated Health Authority or designee. A minimum score of 80 on the Medication Administration Test (Attachment F) is required to receive certification. The trainer will maintain documentation of the training.
12. Trained non-medical staff administering over-the-counter medications will check with the youth 30 to 60 minutes after administering the medication to monitor the effects of the medication and document the results on the Non-Medical Staff MAR (Attachment D). The Non-Medical Staff MAR must also be retroactively documented into the eMAR system at the earliest possible convenience.
13. The Designated Health Authority will develop procedures that provide for the daily review of the Non-Medical Staff MAR prior to being documented into the eMAR and filed in the youth health record.
14. The trained staff must check and verify the Non-Medical Staff MAR prior to the administration of all medications.

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- L. Medication discrepancies and adverse medication reactions will be documented in JTS and on the Medication Adverse Event Report (Attachment G) and reported to the prescribing provider, DJJ Medical Director/designee, and Regional Health Services Administrator.
1. Nursing staff will monitor youth on an on-going basis for adverse reactions and will specifically document the monitoring in JTS as a progress note. Youth receiving psychotropic medications will be monitored in accordance with DJJ 12.24, Psychotropic Medications.
 2. In the event of a medication discrepancy or adverse medication reaction, immediate action will be taken, as necessary, to protect the youth's safety.
 3. The responsible physician will be notified immediately.
 4. In secure facilities, the poison control number will be conspicuously posted in the health services unit, control room(s), and facility's emergency plans.
 5. The following information will be documented in a JTS progress note:
 - a) Factual description of the error or adverse reaction;
 - b) Name of prescriber and time notified;
 - c) Prescriber's subsequent orders; and
 - d) Youth's condition for 24 to 72 hours, or as directed.
 6. The Medication Adverse Event Report (Attachment G) will be completed and forwarded to the responsible physician, DJJ pharmacist, DJJ Medical Director/designee, and Regional Health Services Administrator. The Designated Health Authority will maintain the Medication Adverse Events Reports in an administrative file. These Reports will not be filed with the youth's health record.
 7. All the Medication Adverse Event Reports will be reviewed by the Pharmacy and Therapeutics Committee.
- M. When a youth is transferred from one secure facility to another, his/her medications will be transferred at the same time along with the youth's health record.
1. The youth will receive scheduled medications prior to transport.
 2. Rescue metered dose inhalers (e.g., Albuterol) will be sealed in a clear bag in such a manner that the item(s) are clearly visible. The bag will be

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marked with the youth's name, date of birth, and name of receiving facility.

3. Other medications will be placed in a sealed envelope along with the printed copy of the eMAR and the Release of Responsibility Form (Attachment H). (When possible, the medications should be placed in the same envelope as the health record.)
4. The medications of transferred youth will only be opened by the receiving facility medical services staff promptly upon arrival at the receiving facility. The receiving medical services staff will complete the Release of Responsibility Form and fax or email a signed copy back to the sending facility medical unit for final verification.

N. Court Appearances:

1. The facility will develop a local procedure for notifying health care staff when youth are scheduled for court, when the court date is known in advance.
2. For youth with medications or a serious chronic illness (e.g., diabetes, asthma, etc.) health care staff will contact the Juvenile Detention Counselor upon admission to coordinate court appearances for youth with life-sustaining medications (e.g., insulin). This contact will be documented in JTS as a communication progress note.
3. Coordination is required between the facility health care staff and the Juvenile Detention Counselor for youth that may require medications while at court.

O. Youth being discharged to the community who are prescribed medications will receive medication to continue treatment.

1. For acute conditions, youth will receive the remaining quantity of the medication, or an equivalent prescription, to complete treatment.
2. For chronic conditions, including mental health diagnoses, youth will receive the remaining quantity of the medication. The physician will provide a discharge order for an additional supply of medications. The prescription may be called to a local pharmacy. If the youth is being discharged to a group home which requires a certain minimum supply of medications which the youth does not have, please contact the vendor pharmacy to request a "Discharge Supply" equal to the difference between the youth's supply at time of discharge and the group home's requirement. This "Discharge Supply" may require a new order from the provider.

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3. Medications will be given to the adult accepting responsibility for the youth at discharge via a signed Release of Responsibility Form (Attachment H). Medications will never be given directly to the youth, unless the youth is 18 years of age or older.
4. If the parent/guardian is not available to take receipt of the medication, the facility medical services staff will send an electronic prescription via the e-prescribe module to the youth's community pharmacist and notify the parent/guardian and the Community Case Manager.
5. If the youth is being transported to another facility for release, the medical services staff will only send the youth's current medication with the transportation officer. The youth's health record will not be sent with youth who are being transported for the sole purpose of release.
6. If available, the nurse at the receiving RYDC where the youth is to be released from will receive the medication packet, will sign for receipt of the packet, and will fax/email the receipt to the sending RYDC. If the nurse is not available, the intake officer will receive the medication packet, sign the receipt, and deliver the receipt to the nurse, within 24 hours, for faxing/emailing to the sending facility. The nurse will fax/email the receipt back to the sending RYDC within 48 hours of the youth's release.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES

- Procedure for notifying health care staff when youth are scheduled for court, when the court date is known in advance.