

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-08	Policy #11.27
Applicability: <input type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDC and YDC)	Related Standards & References: 21CFR1300.01 O.C.G.A. § 26-4-88 NCCHC Juvenile Health Care Standards, 2015: Y-D-01, 02 ACA Standards: 3-JDF-4C-18, 4-JCF-4C-28 DJJ 11.25	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 6/10/16 Scheduled Review Date: 6/10/17 Replaces: 9/4/15	
Subject: PHARMACEUTICAL SERVICES	Division of Support Services, Office of Health Services APPROVED:	
Attachments: A – Formulary	 <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice shall ensure that pharmaceutical services are provided at secure facilities on a 24-hour basis to ensure the timely dispensing of medications by a Registered Pharmacist pursuant to orders from a duly licensed physician, dentist, or midlevel provider. Standing orders for prescription medications shall not be accepted or implemented; however, certain medications may be administered as allowed by approved departmental nursing and dental protocols. The Department of Juvenile Justice Pharmacist shall oversee pharmaceutical services.

II. DEFINITIONS:

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.

Dispense: The issuance of one or more doses of a prescribed medication, pursuant to the lawful order of a licensed physician, dentist, nurse practitioner, or physician assistant, in containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information needed to facilitate correct drug administration.

Formulary: A written list of prescription and non-prescription medications for use.

Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Medical Records Clerk, Physician's Assistant, or Physician.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL	PHARMACEUTICAL SERVICES	11.27	2 of 4

Midlevel Provider: Nurse Practitioner (NP) or Physician Assistant (PA).

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

Pharmacy and Therapeutics Committee: A multi-disciplinary group of health care providers that provides policies, procedures, guidelines, and training necessary to carry out the complete pharmaceutical services cycle (order, receive, store, administer, etc.) in a highly professional, consistent, and timely manner in accordance with acceptable pharmaceutical and nursing standards and applicable state and federal laws.

Regional Health Services Administrator (RHSA): Licensed health service staff that provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

III. PROCEDURES:

- A. Medications may be prescribed by duly licensed physicians, dentists or midlevel providers using the Physician's Order Form.
 1. All prescription orders will include:
 - 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 name and, where indicated, strength;
 - e) Dosage, route, and time/frequency of administration;
 - f) Duration of therapy;
 - g) Name of prescriber; and
 - h) Any precautionary information deemed necessary.
 2. "As needed" (PRN) non-psychotropic medication orders must specify the condition for which the medication will be administered (e.g., "as needed for pain" or "as needed for sleep") and a dosing interval (e.g., "Q4H PRN Pain" or "QPM PRN Sleep").
 3. The Psychiatrist will not write an order for psychotropic medications to be administered as needed, also known as "standing orders."
 4. Medication orders received from a hospital, other health care facility, other DJJ facility, or a provider other than the facility's authorized

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL	PHARMACEUTICAL SERVICES	11.27	3 of 4

prescribers, will be verified with the facility's responsible physician before the medication is administered. The verification will be written as a verbal order from the facility's physician, and will be signed by the physician at the next facility visit. Confirmation of medications will be done within 24 hours of receipt of the medication.

5. Medications will not be ordered for more than a six month period. Youth will be re-evaluated every 31 days by a physician or mid-level practitioner regarding the need to continue medication. The Designated Health Authority will develop procedures for alerting the physician, midlevel provider or dentist prior to the expiration of medication orders.
 6. All physicians, dentists, and midlevel providers will be familiar with the DJJ Formulary (Attachment A). When prescribing medications, the provider will make every effort to adhere to the formulary.
 7. When a non-formulary medication is ordered, the provider must submit a Formulary Exception Request through the Juvenile Tracking System to the Department's Medical Director, the Chief of Psychiatric Service, or their designee. A copy of the approved/denied request will be placed in the health record. In an RYDC, approved non-formulary requests may remain in effect for 90 days, unless otherwise specified by the Medical Director or Consulting Psychiatrist. After the 90-day period, a new approval must be obtained to continue the medication. Formulary Exception Requests will be filed in the youth's health record and will remain in the health record upon transfer.
- B. Facility health care staff will promptly transmit physician's orders to the pharmacy. All medication shipments will be delivered to an LOP-designated location. Nursing staff will be notified immediately upon arrival of medication shipments to the facility, and will determine the correctness of the order received by comparing the contents of the package and the packing slip to the original transmitted order. The pharmacy will be notified immediately if an error/omission is found or if the youth has left the facility.
 - C. DJJ prescriptions pads will be locked in the clinic in a location designated by the facility local operating procedure. Only health care staff will have access to the prescriptions pads for use by authorized prescribers. The Regional Health Services Administrator will monitor utilization of the DJJ prescription pads.
 - D. Youth should receive ordered medications within 72 hours of the order being written. If medications are not received within the required 72 hour 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.
 - E. A Registered Pharmacist will fill each prescription as ordered by a physician, dentist, or midlevel provider in accordance with State and Federal laws.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL	PHARMACEUTICAL SERVICES	11.27	4 of 4

- F. Emergency needs for medication will be met by using the facility's approved emergency medication supply or by contacting the pharmacy vendor for use of the designated back up pharmacy.
1. The telephone numbers for pharmacy services will be posted in the health services unit.
 2. Each facility will have an emergency medication supply that is secured at all times, as approved by the Pharmacy and Therapeutics Committee.
 3. All medications removed from the emergency medication supply will be recorded and communicated to the pharmacy.
- G. A sealed, pre-packaged, modified unit dose-system may be used for capsule or tablet medications, or the medication will be in the original packaging from the approved pharmacy.
- H. All unused medications will be disposed of under the direct supervision of a Regional Health Services Administrator or designee who will dispose of medications on site. Destruction of medications will be documented using the Inventory Destruction Form (DJJ 11.25, Medication Storage, Attachment B). All controlled and non-controlled medications will be disposed of in accordance with Drug Enforcement Agency (DEA) regulations.
- I. Pharmacy and Therapeutics Committee will meet at least quarterly to review pharmacy procedures and medication-related issues. The committee will include:
1. Medical Director;
 2. Consulting Psychiatrist;
 3. Consulting Pharmacist;
 4. Representatives from the contracted pharmacy;
 5. Regional Health Services Administrators; and
 6. Director, Office of Health Services.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO