

MARIN COUNTY SHERIFF'S DEPARTMENT  
CUSTODY DIVISION POLICY AND PROCEDURE MANUAL

**CHAPTER 10 - MEDICAL**  
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DATE  
8-03-94

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**ADMINISTERING AND STORING LEGALLY OBTAINED DRUGS**

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**POLICY**

Controlled substances will be stored in double locked storage drawers within a lockable cabinet in a room which can be locked. The nurse will ensure proper identification of an inmate, by checking the inmate's armband, prior to administering any medication.

**DEFINITIONS:**

MEDICATION ABBREVIATIONS: PRN: Medications given 'as needed'; D/C DATE: Date of discontinuation; QD: Everyday; HS: Bedtime; BID: 2 times a day; TID: 3 times a day; QID: 4 times a day.

**PROCEDURE**

Access to the drug storage area is the responsibility of the Supervisor of Nursing and his/her Registered Nurse (RN) designates. Keys to drug storage areas containing controlled substances are the responsibility of the Supervisor of Nursing and his/her designated RNs. Refrigeration units housing medications shall be locked at all times when not in use.

Controlled drugs ordered for stock shall be logged in the medication ordering book by the receiving RN and recorded as follows:

1. Date received
2. Prescription number and patient name if applicable
3. Name and strength of medication
4. Amount of medication
5. RN initials and signature
6. Facility location or patient address if applicable

After administration of the drug by the RN, the administration of the drug shall be documented on both the medication administration record of the inmate and on the narcotic control record. Controlled substance records shall be kept on-site for 3 years. A small amount of stock controlled medications may be kept on site. Dispensing to inmates will be done only after an individual order is received from the prescriber.

Drug storage area access is limited to the jail Physician, the pharmacist and the chief nurse on each shift. The Facility Administrator may have a key to the drug area for reasons of security, but will not have a key to the controlled substance storage area.

Medical supplies will be kept in a lockable storage area of the medical unit. Access to these supplies is limited to health care personnel. The Facility Administrator may have a key to the medical supply storage area for reasons of security.

Positive identification of the inmate who will receive medications will be made by the nurse or Deputy before the medication is delivered or administered to the inmate. The nurse is to check identification by either checking the inmate's armband or by comparing the inmate's photo. Inmates without armbands will not be given medication until the armband has been restored to the inmate's wrist by the Deputy.

The RN may administer prescribed medication only in the dose prescribed, at the time prescribed, by the route prescribed and only on the order of Physicians, Dentists or per protocol. Routine medication administration times are as follows:

QID - 10:00 AM, 2:00 PM, 6:00 PM  
BID - 10:00 AM, 10:00 PM  
TID - 10:00 AM, 2:00 PM, 10:00 PM  
HS - 10:00 PM  
QD - 10:00 AM

All scheduled prescriptions shall be administered within one hour of their scheduled administration time. Medications to be taken with meals or under special circumstances shall reflect special times on the inmate's medication administration record.

The RN shall document the drug has been administered in the medication administration record. Documentation shall include the time and date medication was given and the initials and signature of the RN administering the medication.

Controlled substances and dangerous drugs will be administered in liquid or powder form to inmates who have hoarded, palmed, tongued or cheeked medication, those on suicide precautions and any other inmate who in the judgement of health care staff require liquid or powdered medication for therapeutic reasons. The RN will consult with the pharmacist if there is a question as to whether a drug may be crushed, or to ascertain if a suitable liquid substitute is available.

If a dose of antibiotics cannot be given, the RN may make up the missed dose on the next routinely scheduled medication round. Should an inmate miss a routine medication, the dose notation shall be circled by the RN and a reason for the missed medication shall be noted as follows:

C - In court  
R - Refused by patient  
S - Sleeping  
T - Temporarily off site  
NS - No show  
H - Held - the RN shall document reason in medical record

Medications delivered to a inmate by a Deputy or self-administered by the inmate shall be documented on the medication administration record by the RN as follows:

D - Deputy  
SA - Self administered

If the Deputy delivers any medication the Pod log shall reflect the name of the inmate, time medication given, and name/badge number of the person delivering the medication. Inmates who are allowed to keep medication at the bedside for self-administration must have an order for self-administration by the Physician or by protocol. Medications such as asthma inhalers, nitroglycerin tablets and glucose tablets are examples of medications commonly self-administered by inmates.

The RN shall perform the following to assure the inmate has ingested the medications:

1. Water shall be available.
2. RN shall observe for evidence of swallowing.
3. RN shall check inmate's mouth and under tongue after administering medications to make sure the inmate has swallowed the medication.
4. No medications shall be left at the bedside without specific orders of the prescriber.
5. When medications are self-administered, ingestion will be confirmed by monitoring the inmate's response to treatment and/or periodic pill count.

When a PRN medication is given, the RN will initial the time and day of the dose on the medication administration record. No documentation is required if the inmate is not given a PRN medication.

Inmates shall not participate in the administration of any medication or treatment to another inmate. An inmate may self-administer a medication on the order of a prescriber or per protocol. No controlled substances or psychotropic medication shall be self administered by an inmate.

To assure medication efficacy, continued need for treatment, and absence of complications, medications will not be administered over extended periods of time. All orders shall have a D/C date. If an order does not specify the length of therapy, the medication shall be stopped in accordance with the Marin County Stop Order policy, as follows:

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|----------------------------------|-----------|
| 1. Analgesics                    | 10 days*  |
| 2. Narcotics                     | 5 days*   |
| 3. Anti-infectives (antibiotics) | 10 days   |
| 4. Anticoagulants                | 7 days    |
| 5. Anti-emetics                  | 3 days    |
| 6. Sedatives & hypnotic          | 3-5 days* |
| 7. Dermatologicals               | 14 days   |
| 8. Psychotherapeutics            | 7 days*   |
| 9. Anti-anemia drugs             | 30 days   |
| 10. Cardiovasculars              | 30 days   |
| 11. Asthma medications           | 30 days   |
| 12. Anti-convulsants             | 14 days   |

\*If these drugs are ordered by an inmate's private Physician or Psychiatrist, it must first be authorized by the County Physician or Psychiatrist before it can be administered to the inmate. All other drugs not ordered by quantity or days shall be reviewed or renewed every thirty days.

All prescribed medication may be given only on the order of a Physician or per standardized procedures. The medication should preferably be ordered in writing by the prescriber. Prescriber orders shall include:

1. Name of the drug
2. Strength of the drug

3. Time interval between doses
4. Number of doses (stop order date/DC date)
5. Route of drug

Verbal orders may be given only to a licensed Registered Nurse and should be immediately recorded on the Physician's order sheet in the inmate's chart. The prescriber must, within 120 hours, countersign these orders to verify them.

The inmate's condition shall be evaluated by the Family Nurse Practitioner or Physician, Dentist or Psychiatrist prior to the date of discontinuation, by either review of record or physical exam or both. Medications for chronic problems may be renewed or discontinued by the Family Nurse Practitioner prior to the discontinuation date pending review with the jail Physician at the next scheduled visit.

An adequate supply of the drugs herein mentioned in the Standardized Procedures shall be maintained at the facility. Requisitions for stock supply of drugs shall be prepared by the senior RN.

The RN shall list all medications ordered from the pharmacy in the pharmacy order log. The notation shall include the date of the order and the initials of the RN placing the order. When the drugs are delivered the receiving RN signs the receipt, enters the date of receipt, and amount of the drug received. The receiving RN will note on the pharmacy log, the date of receipt, amount received and the RN's initials.

Drugs brought to the facility from the hospital may be used if they can be identified, have not been in the hands of the inmate, and if their continued use is approved by the jail Physician. Drugs brought to the facility by the inmate in prescription bottles are inventoried by the Bkg. staff and held in the inmate's secure property bag until the inmate is released. If the inmate is to receive one of these medications and they are not stocked at the jail, the RN may administer medication from these bottles after verifying the drug and confirming the treatment with the prescriber or jail Physician.

Medications brought to the facility by the inmate, will be returned at the time of his/her discharge, unless contradicting circumstances exist. In this event, the RN will consult with the jail Physician before returning the medication to the inmate.

Medications may go home with the inmate when they are specifically prescribed and labeled for that inmate. Medications which are being taken by the inmate when prescribed by the jail Physician, may not be given at time of release unless prepared for take-home by the pharmacy or upon approval of the jail Physician.

A written prescription may be given upon discharge to be filled by the inmate at the pharmacy of his/her choice. Discharge prescriptions may be phoned to a pharmacy by the RN on order of the jail Physician.

Intake health screening shall reflect inmate history of allergic reactions or drug reactions. If the inmate gives a history of allergy or other reactions, the medication sheet, rand card and inmate chart must state in easily identifiable letters, any known drug/food allergies and reactions. Food allergy cards will be given to the kitchen staff.

Before administering any medication the RN shall inquire of the inmate whether or not he/she has a history of a drug or allergic reaction to the medication (asthma, eczema, hives, etc.). If the inmate gives a history of allergy or other reaction, the RN is to withhold the drug and consult with the jail Physician.

Medications listed in schedules II, III, or IV of the Federal Comprehensive Drug Prevention and Control Act of

1970 shall be collected by the facility nurse and consult pharmacist for disposal. The name of the inmate, the name and strength of the drug, the prescription number (if applicable), the amount destroyed, the date of destruction, and the signature of the staff member on duty shall be recorded by the RN in the inmate's chart or in a separate log. Such log shall be retained for a minimum of three years. All other medications to be destroyed, may be destroyed by two (2) nurses using the above procedure.

RELATED STANDARDS:

Title 15, Article 10, Section 1216  
Chapter 2, Section 2

DATE REVISED

None

By order of

DANIEL PAYNE  
BUREAU COMMANDER