

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.70	Page 1 of 16
	Effective Date: January 15, 2021	
	Distribution: A	
	Supersedes: 113.70 (9/1/17)	
Approved by: Tony Parker		
Subject: MANAGEMENT OF PHARMACEUTICALS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-17-402 and Title 63, Chapter 10 relative to management and dispensing of pharmaceuticals.
- II. PURPOSE: To ensure compliance with state and federal laws governing pharmaceuticals and to promote management of pharmaceuticals in accordance with professional standards of care and sound security practices.
- III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment (AWT)/Deputy Superintendents, Health Administrators, all health services staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Administer: The direct provision of a drug to an inmate by injection, inhalation, ingestion, topical application or any other means.
  - B. Beyond Use Date: The date which a prescription product should no longer be used or administered.
  - C. Controlled Substance: A drug, substance, or immediate precursor included in Schedules I through VII of TCA 39-17-402.
  - D. Discontinued Medication: A medication order stopped by the prescribing provider.
  - E. Dispensing Medication: The act of preparing, packaging, compounding or labeling for delivery and actual delivery of a prescription drug, nonprescription drug or device in the course of professional practice to a patient or the patient's agent to include a licensed health care practitioner or a health care facility providing services or treatment to the patient or patients, by or pursuant to the lawful order of a prescriber.
  - F. Distribution of Medication: The transfer of prepackaged or labeled medications to an individual for self-administration according to directions provided by the prescribing practitioner.
  - G. Keep on Person (KOP): Medication approved to be kept in an inmate's possession for the purpose of self-administration.
  - H. Legend Drug: Any drug or medication which federal law prohibits dispensing without a prescription.
  - I. Medication Expiration Date: The date that the drug's full potency can no longer be assured.

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- J. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat inmates and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include a physician assistant certified (PA-C), a nurse practitioner, or a clinical nurse specialist (CNS) with a master level of training and a certificate of fitness, or doctorate.
  - K. Non-Renewed Medications: Medication order that is not re-written upon expiration of the current medication order.
  - L. Over-the-Counter Medications (OTC) Drug: Medications readily available to inmates for self-administration which can be legally obtained without a prescription order and packaged in compliance with applicable state or federal law.
  - M. Par levels: The maximum quantity of emergency medications, stock medications, and medications utilized for nursing protocols authorized by the TDOC Pharmacy and Therapeutics Committee to be stocked at the institution.
  - N. Perpetual Inventory System: Continuous process for recording the receipt, issuance/removal, and count of medications and medical supplies. For the purposes of this policy, the essential elements of a perpetual inventory system are an adequate description of the items, the date on which the items are received and placed into inventory, the quantity (units) received, the date items are issued/removed or used, the quantity (units) issued/removed or used, the disposition of the items, the balance on hand, and staff completing the inventories.
  - O. Stop Date/Discontinue Date: Date the prescribing provider schedules a medication order to be discontinued.
- V. POLICY: All correctional facilities shall manage the medication used within the facility in accordance with professional standards of care, good security practice, and the appropriate state and federal laws and regulations.
- VI. PROCEDURES:
- A. Health Services Unit Manual: Each correctional institution shall maintain a health services unit manual including written procedures describing the management of pharmaceuticals. It shall be approved by the Health Services Administrator, AWT/Deputy Superintendent, and the Warden or Superintendent and shall include provisions for the following:
    1. Storage: The procedure(s) shall identify and describe the secured storage area provided for pharmaceuticals, and shall provide for safe storage of flammable, toxic, and caustic materials in accordance with Policy #112.09.
    2. Keys: The procedure(s) shall restrict the use of keys and identify staff members who have approved access to the secured storage area.
    3. Inventory: The procedure(s) shall require an accurate perpetual inventory of items covering the following:

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- a. Products containing alcohol
  - b. Controlled substances
  - c. Emergency medications
  - d. Flammables
  - e. Stock medications
4. Medication Records: The procedure(s) shall require that medication records, with appropriate dates and signatures, are maintained in accordance with the most current operating procedures manual issued by the pharmacy. Medication records shall include:
    - a. Medication order forms
    - b. Items received at the institution (manifest reports)
    - c. Discontinued medications destruction forms
  5. Discontinued Medications: The procedure(s) shall describe the process for the return or disposal of discontinued medications in accordance with the Tennessee Board of Pharmacy laws and regulations. A record shall be maintained of all medication disposals.
  6. Controlled Substances: The procedure(s) shall delineate, in detail, management of controlled substances: e.g., the ordering and receiving process; inventory and counting procedures; means for staff accountability when doses are ordered, received, counted, discontinued, wasted, lost, dropped, broken, etc.; and any other institutional specific procedure(s) as identified.
  7. Monitoring Audits: The procedure(s) shall describe the auditing system used within the health care unit to ensure compliance with departmental policy.
  8. Electronic Medication Administration Record (EMAR) Backup: Where administration of patient drugs is accomplished and documented via an EMAR system the procedure shall describe in detail the actions to be taken in the event of an EMAR system failure, to assure that drug administration occurs as ordered for each patient and is documented as having occurred. Testing of this procedure shall occur twice annually in accordance with Policy #506.20.
- B. Pharmacy Contractors: The pharmacy contractor shall provide a pharmacist who shall make documented inspections, at least monthly, of all drugs and pharmaceutical materials kept in the institution, in accordance with state laws. This inspection shall include, but not be limited to, a review of opened medications, expiration dates, destruction of discontinued/outdated controlled medications, facility pharmacy registration, and other pertinent information and materials. The pharmacist may also review selected Medication Administration Records (MARs) and/or health records to perform a drug

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utilization review. Inspection records shall be dated, signed, and maintained by the institutional health administrator and pharmacy for at least two years.

C. Prescribing of Medication: Medications shall be administered to inmates only on the order of a licensed physician or dentist. However, a physician may delegate the prescribing of certain medications to a mid-level provider under the following conditions:

1. There exists a joint practice agreement and clinical protocols signed by the preceptor physician which authorizes a mid-level provider to prescribe certain medications. (See Policy #113.11)
2. The joint practice agreement specifies that all drug orders dispensed and administered/distributed according to clinical protocol, from stock medication (non-patient-specific), shall be countersigned and dated by the sponsor physician within a reasonable period of time not to exceed 14 days.
3. Controlled substances may be prescribed by a mid-level provider under the supervision of a licensed physician if the mid-level has a current Drug Enforcement Administration (DEA) number.
4. Prior to the prescribing of chronic care, or non-formulary medications the provider must review the Medication Administration Record (MAR).
5. All OTC medications listed on the approved OTC list, and available at the site, shall be obtained by the inmate via commissary, unless the inmate is determined to be indigent by the Health Services Administrator, or their designee.

When inmates are determined to be indigent, OTC medications shall be written for 30 days, unless written based on clinical practice guidelines for a diagnosed medical condition.

6. Psychotropic medications may be prescribed by a mid-level provider operating under the supervision of a psychiatrist. The prescribing of medications to treat behavioral health disorders may be delegated to a mid-level provider (See Policy #113.11) under the supervision of a board certified or eligible psychiatrist.
7. Prescriptions for inmates shall be documented on Physician's Orders, CR-1892, or an alternative form as approved by the Chief Medical Officer and/or designee.
8. All prescribed medication orders must include a diagnosis and stop date before being filled by the contractor. The prescribing diagnosis must be documented in the patient record by the ordering provider.
9. Non-formulary approval is required for prescribing more than two psychotropic medications in the same class regardless of the generation.

D. Substitutions of Equivalent Drug Products:

1. The provider/contractor drug formulary is readily available and followed by health care providers.

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2. No substitutions for the specific medicine mentioned in the provider's prescription are allowed other than therapeutically equivalent drug product(s) containing the same active ingredient(s), dosage form, and strength as provided by state law.
  3. All non-formulary requests (approved or denied) shall be maintained with the physician's order in the inmate's health record.
  4. Any formularies used for TDOC inmates are subject to the approval of the TDOC Chief Medical Officer in consultation with the State Pharmacy and Therapeutics Committee.
- E. Duration of Therapy: Each inmate's prescription(s) shall be periodically reviewed to ensure the appropriate medication therapy.
1. Inmates with long term medication requirements shall have their medication reviewed by a physician, dentist, or mid-level provider at least every six months and the medication(s) reordered, changed, or discontinued as appropriate.
  2. All new medication orders shall include a prescription duration not to exceed six months (i.e., the order and up to five refills). If no duration is specified, prior to the nurse transcribing the order, or the contract pharmacy filling the prescription, the ordering provider shall be contacted to clarify the stop date. The stop date shall be designated by the ordering provider before the medication is administered.
  3. Limitations on the quantities of certain specified narcotic pain medications maybe set by the TDOC Pharmacy and Therapeutics Committee. Such limitations will be noted in the approved formulary.
  4. The pharmacy shall assign a beyond use date to prescription products prior to leaving the pharmacy. Once the manufacturer's container (original bottle or packaging) is opened and the drug product is transferred to another container for dispensing (i.e. a blister card), the expiration date no longer applies. At this point the beyond use date takes precedence.
- F. Controlled Medication Procedures:
1. Controlled medications shall be administered only on the order of a licensed physician or dentist. A mid-level provider may order only those controlled medications specifically listed in the protocols approved by their supervising physician. All practitioners who prescribe controlled medications must be individually registered under applicable federal and state laws. Practitioners' DEA numbers must be maintained on file at the institution and a signature card bearing the practitioner's full name, specialty, and DEA number shall be maintained by the pharmacy.
  2. Controlled medications shall be administered only on a dose-by-dose basis crushed and under water, unless contraindicated, and under no circumstances shall an inmate be provided multiple doses for self-administration. Any other

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medications considered to be of high abuse potential as determined by the Pharmacy & Therapeutics Committee, shall be handled in a similar manner.

3. The Controlled Drug Administration Record, CR-2264, or other approved contractor form shall be properly annotated by the responsible licensed nurse each time one or more doses of a controlled drug are removed from the supply or storage location.
4. Orders expiring prior to the prescribing provider's scheduled visit may be continued via a telephone order until he/she is able to examine the inmate. This provision only applies to schedule III-V. See Section (J)(2) of this policy for emergent Schedule II instructions. Verification of a prescription shall consist of checking the health record for a valid order/prescription for each medication and/or following the procedures outlined in Section (VI) (F) of this policy. For release/take home medications of controlled substances, see Section VI. (L)(8) of this policy.
5. Perpetual Inventory
  - a. A perpetual inventory for controlled medications kept as stock shall be maintained by health services staff on a Control Drug Administration Record, CR-2264, or other approved contractor form.
  - b. If a controlled medication is prescribed for a specific inmate, a perpetual inventory shall be initiated and maintained for that medication on the CR-2264 or other approved contractor form.
  - c. One licensed nurse going off duty and one licensed nurse coming on duty shall inventory and initial/sign the CR-2264 or other approved contractor form at the change of each shift.
  - d. Each institution shall have specific procedures for the counts of controlled drugs on each shift. Discrepancies in the controlled drug inventory shall be immediately reported to the Health Administrator, the AWT/Deputy Superintendent, Associate Warden of Security (AWS), Warden, and the TDOC Chief Medical Officer or their designee, verbally, followed by a written report to the TDOC Director of Nursing or their designee.

G. Psychotropic Medication Procedures

1. Medications prescribed to treat behavioral health disorders shall be prescribed only by a psychiatrist or qualified mid-level provider after physically examining the inmate and after reviewing the health record and ordering diagnostic testing, if necessary. In emergency psychiatric situations, a phone order may be obtained from the psychiatrist by a licensed nurse.
2. Psychotropic drugs shall be prescribed only when clinically indicated as one facet of a program of treatment or therapy. Under no circumstances shall any medication be prescribed and/or administered for chemical restraints, programmatic control, experimentation, or research.

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H. Emergency and Stock Drug Procedures:

1. Each TDOC institution shall maintain the TDOC Universal Stock Medication List, approved annually by the TDOC Pharmacy and Therapeutics Committee.
2. The TDOC Chief Medical Officer in consultation with the State Pharmacy and Therapeutics Committee shall approve a list of medications to be utilized for nursing protocols. Privately managed facilities shall maintain an emergency and stock medications list approved annually by the Chief Medical Officer.
3. Facilities are not required to stock all medications on the TDOC Universal Stock Medication List; nor are the medications required to be stocked at maximum par levels.
4. Emergency medications shall be securely maintained in the health services clinic emergency/treatment area in a mobile crash-cart. The stock medications kept on hand shall be securely maintained in the medication preparation room in a secure cabinet or mobile medication cart.
5. Perpetual inventories shall be maintained by the health care staff for medications utilized for nursing protocols, emergency medications, and stock medications and reconciled at least twice a month. When emergency medication is used, a re-order shall occur within 72 hours. Stock medications shall be signed out when issued (or removed for any reason) and reordered or disposed of per institutional and pharmacy procedures.
6. The nurse shall receive a physician's order for all administered emergency (including emergency nursing protocol medications) and stock medications within 72 hours (excluding weekends and holidays).
7. Under no circumstances shall a facility procure or maintain bulk stocks of prescription medications. Stock medication shall be appropriately packaged and labeled by the sending pharmacy and ordered from a list approved by the TDOC Pharmacy and Therapeutics Committee.

I. Storage of Medications:

1. There shall be a secure area designated for storage of all medication that is physically separate from other health care areas. The medication storage room shall be in an area which is not accessible to inmates or unauthorized personnel and which provides for adequate security of the drugs. Access to medications shall be limited to health care personnel, as authorized by the health administrator.
2. The drug storage area must be temperature controlled at 68-77 degrees F. Insulin and other medications requiring refrigeration shall be stored in a locked or secure refrigerator at 36-46 degrees Fahrenheit. Daily temperature check logs for refrigerators used in the storage of drugs shall be maintained for period of one year. The refrigerator used for drug storage shall not be used for food, lab

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specimens, or other storage. Light sensitive drugs shall be stored in opaque or amber containers.

3. Controlled substances and narcotics must be stored in double locked wall cabinets or double locked medication cart in a locked/secured room, to ensure maximum security and control. Each of the locks (med cart or wall cabinet), shall be cored differently, and each key be in the possession of a different person, which will require two medical staff with different keys to be present to retrieve medications. The locks shall be cored so that keys cannot be removed until the locks have been secured. Wardens/Superintendents at facilities with only one medical staff member on duty shall address this issue in their institutional policy and health services unit manual.
4. Over-the-counter drugs and/or prescription medications may be stored in limited supply in examination rooms, emergency rooms, and/or other designated areas as authorized by the Health Administrator, AWT/Deputy Superintendent, and/or the Warden/Superintendent.
5. Topical preparations shall be stored separately from oral preparations, and ear (otic) preparations shall be stored separately from eye (ophthalmic) preparations. All drugs must be in secure containers and clearly labeled.

J. Conformance with Practitioners' Prescription Medication Orders:

1. The attending physician, dentist, or mid-level provider shall be notified by the medication nurse of a stop order prior to the last dose so that the prescriber may decide if the order/prescription for the drug is to be continued or altered.
2. Provider verbal and telephone orders for drugs shall be annotated on the Physician's Order, CR-1892, with the time, date, and the verbal/telephone order signed by the individual receiving/recording the order. Only licensed nurses, pharmacists, or mid-level providers shall receive and record verbal and telephone orders for drugs. Telephone orders for Schedule II drugs are permitted only in the case of an actual emergency situation. Telephone orders for Schedule II drugs shall be counter signed by the physician and received by the dispensing pharmacist within 72 hours.
  - a. All provider orders shall be annotated with the date and time the order is written.
  - b. All verbal and telephone orders shall be countersigned, dated, and timed by the ordering provider within 14 days.
  - c. All physician and mid-level provider orders shall be annotated with the nurse's full legal signature/title, date, and time the order was officially transcribed.
3. All dispensing, prescribing, distribution, and administrative errors shall be documented on the Medication Errors, CR-1891. The nurse/provider who discovers a prescribing, distribution, or administration error shall ensure that the inmate is not in danger of an adverse reaction or unexpected reaction related to



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the error and report the error to the prescriber or attending physician. The CR-1891 shall not be placed in the health record.

- a. All medication errors shall be evaluated by the Health Services Administrator, Director of Nursing, or designee to determine the severity of the error. The Health Services Administrator or designee shall utilize this confidential information for Continuous Quality Improvement (CQI) and Risk Management.
  - b. All medication errors shall be reported on the facility specific electronic Medication Error Log located on the TDOC electronic shared drive. If the medication error is determined to be serious per the American Correctional Association's (ACA) definition of a serious medication error, the indication of a serious medication error shall be documented on the medication error log. In addition, all serious medication errors shall be forwarded to the Chief Medical Officer via the Online Sentinel Event Log and the TDOC Director of Nursing via electronic mail.
4. In addition, all dispensing errors shall be reported to the TDOC Central Pharmacy (forward a copy of the CR-1891). If the TDOC Central Pharmacy discovers an error, a CR-1891 shall be completed and retained by the pharmacy and will be placed on the TDOC shared drive by designated TDOC Central Pharmacy employee. The blister card or package with the label attached containing the dispensing error shall be photocopied and sent with the CR-1891 to the TDOC Central Pharmacy.
  5. The contract pharmacy shall be given written notification of adverse reactions. When a medication is obtained from a local pharmacy and a severe adverse reaction occurs, that pharmacy shall be notified in writing. The Health Administrator shall retain a copy of these notifications for use in CQI studies.

K. Disposition of Medications:

1. Intake: Prescription medications brought in with the inmate at intake may be administered upon health professionals' confirmation that:
  - a. The drug can be identified by a registered nurse, licensed practical nurse, physician, or pharmacist.
  - b. The container is airtight, light resistant (if applicable), and appropriately labeled with the name, strength of the drug, name and address of the dispensing pharmacy or practitioner, dispensing date, stop date, and directions for use. The nurse identifying the medication shall consult with the facility primary care provider and obtain an order prior to administration of the medication.
  - c. Prescriptions that have not met their labeled expiration date (i.e., ointments, inhalers, etc.) and/or have a relatively recent dispensing date (six months) give reasonable assurance of stated potency.

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- d. The manufacturer's identification codes for oral solids are verified against the labeled drug name and strength prior to administration.
  - e. Written or telephone orders are obtained from the responsible practitioner for any medication for which appropriateness is doubted.
2. A licensed nurse shall contact the institutional primary care physician or psychiatrist (or designated on-call staff) for clinical direction if an inmate is received at an institution without medication(s) that he/she reports—being prescribed, or the transfer form has medication(s) documented but not transferred with the inmate.
  3. Intrasystem Transfers: Inmates who arrive with medication shall be referred to a provider for a review of the health record, and scheduled follow-up to occur within 30 days of arrival to ensure continuity of care.
  4. Non-Renewed, Discontinued, Expired, or Excess Medications:
    - a. All medications shall be inspected at least monthly for removal of non-renewed, discontinued, expired, and excess medications.
    - b. All expired medications shall be set aside for destruction or return to the appropriate pharmacy within two months.
    - c. Under no circumstances shall expired medications be administered to an inmate. Such drugs shall be properly removed from stock and disposed of in accordance with Tennessee Board of Pharmacy Laws and Regulations.
    - d. If the prescribing provider orders discontinued or non-renewed medications restarted, the medication may remain at the institution for up to two months for future use by the same inmate. After two months, all non-renewed, discontinued medications shall be returned to the pharmacy.
    - e. Each medication to be disposed of or returned to the pharmacy shall be listed by drug name, strength, and quantity on a TDOC Central Pharmacy Facility Return/Destruction form.
    - f. All refrigerated medication requiring return to the contracting pharmacy shall be returned in accordance with the process established by the contracting pharmacy.
    - g. Once a multi-dose vial has been opened, or a needle inserted, it shall be dated and properly discarded after 30 days. Insulin shall be discarded after 28 days.
    - h. A record of the destruction of legend drugs and controlled medications shall be maintained for at least two years.

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i. Controlled medications

- (1) Controlled medications that are expired, unused, excessive, discontinued, non-renewed, or otherwise unusable shall be destroyed in accordance with Tennessee Board of Pharmacy Laws.
- (2) If controlled medications are destroyed onsite, the destruction shall be accomplished by a licensed pharmacist in the presence of a witness and appropriate documentation shall be maintained in accordance with law. If an off-site destruction service is employed, all appropriate documentation shall comply with Tennessee law.

L. Inmate Release:

1. When an inmate is transferred, either permanently or temporarily, to another TDOC facility or to a non-TDOC facility but is remaining in TDOC custody, the sending institution shall send the unused balance of current medications in their originally labeled containers to the receiving institution. A written notification advising the receiving institution of any prescription renewals required shall be included with the medications.
2. Health Services staff shall package all the inmate's transferring medications in their possession into a manila envelope or other suitable manner for transfer with the inmate's health record and complete the Transfer/Discharge Health Summary, CR-1895 and the Health Record Movement Document, CR-2176.
3. Health services staff shall indicate the prescriptions, along with the quantity of each contained in the package, on the CR-1895.
4. At the time of the health screening at the receiving institution, health services staff shall receive the CR-2176 and the contents of the manila envelope to ensure that prescribed medications have been transferred and that the inmate is in possession of all his/her "keep on person" medications. All ~~KOP~~ medications shall be verified during the health screening with current physician orders, counted, examined for expiration dates, and documented on the MAR. Once verified, the appropriate KOP medications may be returned to the inmate.
5. If the prescribed medications in the appropriate remaining amounts as indicated on the MAR are not sent with the inmate, the receiving institution's charge nurse shall contact the sending institution's charge nurse to obtain the medications as soon as possible. Both charge nurses shall notify their institution's Director of Nursing. The respective Directors of Nursing will contact each other to assure medications were transferred/received at the receiving facility.
6. When an inmate is transferred to another jurisdiction or agency (e.g., a federal agency, another state, or a mental health facility) and TDOC relinquishes custody

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of the inmate, the health services staff shall ensure that, at a minimum, a 30-day supply of medications is transferred with the inmate. This provision does not apply to injectable psychotropic medications or their accompanying syringes.

7. When an inmate is released from TDOC custody and is not being assumed by another agency or jurisdiction, the health services staff shall order a minimum 30-day supply of medication to be transferred with the inmate. Controlled medication supply shall not exceed 90 tablets/pills for transfer with the inmate. This provision does not apply to injectable psychotropic medications or their accompanying syringes.
  - a. If the release will occur before the receipt of the 30 day minimum supply of medications, nursing staff shall issue the balance of his/her current medications on hand, and notify the contract pharmacy of the amount needed to complete the minimum 30 day supply via a back-up pharmacy order.
  - b. The medication shall be sent/called-in to a pharmacy near the inmate's home. The inmate shall be notified where and when to obtain the medication at discharge before leaving the site.
8. The quantity of medication released with the inmate shall not exceed the number of doses needed to complete the duration of therapy authorized on the original prescription order on the Physician's Order, CR-1892.
9. Inmates shall receive instructions on the use of all medications.
10. All medications shall be packaged in their original labeled containers.
11. Release of medications requiring needles/syringes for administration: Inmates shall be provided only the number of needles/syringes to self-administer the amount of medication released with the inmate. Additionally, diabetic supplies shall be released with the inmate for diabetic monitoring as indicated by the ordering physician. Injectable psychotropic medication and accompanying syringes will not be given to any patient upon release from TDOC.
12. The clinician shall review the instructions on the "non-child resistant packaging" statement with the inmate. The inmate shall sign the statement verifying his/her understanding and acceptance of responsibility.
13. All discharge information including disposition, medications and amounts, Tuberculin Skin Test (TST) results and immunizations, instructions given to the inmate, and contacts made to health care providers at the next level of care shall be documented by the nurse on the Progress Note, CR-1884, and the Discharge/Transfer Health Summary, CR-1895. A copy of the Discharge/Transfer Health Summary, CR-1895, shall be given to the inmate upon release.
14. If an inmate being released is on medication to treat an identified behavioral health disorder and has an established appointment with a community-based behavioral health provider, the health services staff shall obtain enough

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medication for the inmate to take until that appointment date. It is expected that the appointment will occur within-the first 30 days after release; therefore, the inmate shall be provided a 30-day supply of medication. This provision does not apply to injectable psychotropic medications or their accompanying syringes.

VII. ACA STANDARDS: 5-ACI-6A-43 and 5-ACI-6A-44.

VIII. EXPIRATION DATE: January 15, 2024





TENNESSEE DEPARTMENT OF CORRECTION
Medication Errors

Facility: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ Rx# \_\_\_\_\_

Cost Center Number (if applicable) \_\_\_\_\_ Error Discovered By: \_\_\_\_\_

Date of Error: \_\_\_\_\_ Time The Error Was Recognized: \_\_\_\_\_

Name Of Medication: \_\_\_\_\_ [ ] Patient Specific [ ] Stock [ ] New Order [ ] Refill

Type Of Error

[ ] Dispensing (Pharmacy)

- [ ] Medication And Label Do Not Match
[ ] Dosage And Label Do Not Match
[ ] Label Does Not Match Order
[ ] Incorrect Name Or Number On Label
[ ] Incorrect Directions On Label
[ ] Quantity Received Does Not Match Quantity On Label
[ ] Shipping Error

[ ] Administration (Nursing)

- [ ] Five Rights Not Adhered To
[ ] Transcription
[ ] Given Past Expiration
[ ] Other \_\_\_\_\_

[ ] Distribution (Nursing-KOPs)

[ ] Prescription (Provider)

[ ] Other \_\_\_\_\_

Description Of Error (How Discovered, Effect On Patient, Sequence Of Events, Root Cause Of Error, Other Persons Involved)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Physician Notified [ ] No [ ] Yes

Name: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medication Error Caused Or Resulted In [ ] None

(If Any Of The Below Items Are Checked This Constitutes A Serious Medication Error)

- [ ] Temporary Offender Harm (Required Need For Treatment Or Intervention) [ ] Transport To Outside Hospital
[ ] Permanent Offender Harm [ ] Near Death Event [ ] Death

Details: \_\_\_\_\_

Pharmacy Notified [ ] No [ ] Yes

Name Of Staff: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Details: \_\_\_\_\_

Person(s) Responsible For Making Error (if applicable) \_\_\_\_\_

Name Of Supervisor Notified: \_\_\_\_\_

Name Of Person Completing This Form: \_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_

Signature Of Person Reporting Error

Signature Of Supervisor

\*ALL PHARMACY ERRORS: Photocopy blister card or package with label still attached. Fax photocopy of error plus this form, immediately to the TN DOC Central Pharmacy - 1-877-404-1925







TENNESSEE DEPARTMENT OF CORRECTION  
**TRANSFER/DISCHARGE HEALTH SUMMARY**

Name of Inmate: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Inmate DOB: \_\_\_\_\_ Gender:  Male  Female

Current Institution/County/Facility: \_\_\_\_\_ Receiving Institution/County/Facility: \_\_\_\_\_

Reason for Transfer/Discharge: \_\_\_\_\_

Requires Chronic Illness Monitoring:  Yes  No Requires Mental Health/Psychiatric Monitoring?  Yes  No

**HEALTH HISTORY** Check (✓) all conditions present

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Depression             | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Prosthesis (specify) _____       |
| <input type="checkbox"/> Alcoholism             | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Rheumatoid Arthritis             |
| <input type="checkbox"/> Anemia                 | <input type="checkbox"/> Emphysema              | <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Kidney Disease     | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Liver Disease      | <input type="checkbox"/> Tuberculosis                     |
| <input type="checkbox"/> Chemical Dependency    | <input type="checkbox"/> Hepatitis C            | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease                 |
| <input type="checkbox"/> COPD                   | <input type="checkbox"/> Other (specify): _____ |   |   |

MH Diagnosis(s): \_\_\_\_\_

**MEDICATION ORDERS**

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)		AMOUNTS SENT	KOP (Circle Y/N)	
				Yes	No		Yes	No

Brief Summary of Current Problems/Diagnosis(s): \_\_\_\_\_

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): \_\_\_\_\_

Referred to Community Resources:  Yes  No Specify: \_\_\_\_\_

**TB INFORMATION**

TB Clearance  Y  N; BCG  Y  No; PPD Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results: \_\_\_\_\_ CXR Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Authority Clearance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Name Title Date

**SPECIAL INSTRUCTIONS/PRECAUTIONS**

Inmate is on Suicide Monitoring or Special Mental Health Observation:  Yes  No Dates: \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is Inmate medically able to travel by BUS, CAR, or VAN?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the inmate require medication during transport?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the inmate require medical equipment during transport?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the inmate have communicable disease clearance to travel?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Transport Officer required to use universal precautions and the use of masks or gloves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Conservator:  Yes (list information below)  No ( If no, list Emergency Contact)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Health Signature/Professional Title Date

Report prepared by: \_\_\_\_\_  
Mental Health Signature/Professional Title (if applicable) Date

Receiving Institution: \_\_\_\_\_  
Signature/Professional Title Date



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS/MEDICATION MOVEMENT

DESTINATION: \_\_\_\_\_

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

CHECK ALL THAT APPLY

Table with 7 columns: Inmate Name, TDOC ID, Health Record, Dental Record, Medication, \* Purpose (A, B, C or D), # of Volumes. Rows 1-15.

\* PURPOSE OF RECORDS MOVEMENT:

- A. Permanent Transfer B. Temporary Transfer for Clinical Services C. Record to Archives D. Other (See Comments)

Comments: \_\_\_\_\_

Sending Institution: \_\_\_\_\_

Clinical Services Signature: \_\_\_\_\_

\*\* THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION \*\*



**TENNESSEE DEPARTMENT OF CORRECTION  
CONTROL DRUG ADMINISTRATION RECORD**

INSTITUTION \_\_\_\_\_

DRUG \_\_\_\_\_

STRENGTH \_\_\_\_\_

Date	Time	Name	TDOC ID	Units Used	Amount Received	Balance	Nurse Initials	Nurse Initials