

ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction

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Effective Date: December 30, 2021				
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Approved by: Lisa Helton

Subject: MANAGEMENT OF PHARMACEUTICALS

POLICY CHANGE NOTICE 21-34

INSTRUCTIONS:

Please add the following subsection to Section IV. (G) and re-number subsections accordingly:

"G. <u>Intrasystem Transfers</u>: For purposes of this policy only, an internal transfer from one TDOC or privately managed facility to another TDOC or privately managed facility."

Please change the following Section VI. (F) (3) to read as follows:

"3. The Stock Drug/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."

Please change the following Section VI. (F) (5) (a) to read as follows:

"a. A perpetual inventory for controlled medications kept as stock shall be maintained by health services staff on a Stock Drug/Control Drug Administration Record, CR-2264, or other approved contractor form."

Please change the following subsection VI. (H) (5) to read as follows:

"5. Perpetual inventories shall be maintained by the health care staff for medications utilized for nursing protocols, emergency medications, and stock medications on the Stock Drug/Control Drug Administration Record, CR-2264, and reconciled at least twice a month. When emergency medication is used, a reorder 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.

Please strikethrough the CR-1884 on page 14, the CR-1892 on page 15, and the CR-2264 on page 16, of this policy and insert the attached pages 17, and 18 containing the updated versions of these CR forms and renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION

INMATE NAME: ______ TDOC ID: _____

DATE	TIME	
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Do Not Write on Back

PHYSICAN'S ORDERS

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		NAME				
		TDOC ID				
DOB		FACILITY				
DRUG ALLERGIES		PHYSICIAN				
Dete		UNLESS & RED NUMBER SHOWS				
Date & Time		DO NOT USE THIS SHEET		Nurse's Initials		
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TENNESSEE DEPARTMENT OF CORRECTION STOCK DRUG/CONTROL DRUG ADMINISTRATION RECORD

DRUG

STRENGTH _____

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