



NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

SUMMARY OF CHANGES
AR 635 – MEDICATION DISTRIBUTION, CONTROL AND SECURITY
Effective PENDING

Description	Page Number
Reorganization/rewrite of regulation for improved clarity throughout	

James E. Dzurenda, Director

Date

This summary of changes is for training record purposes only. You should also consult the Administrative Regulation and/or Manual for proper instructions.

I, _____, acknowledge receipt of this Summary of Changes and understand it is my responsibility to implement into the course of my duties.

Signature

Date



NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

**MEDICATION DISTRIBUTION, CONTROL, AND SECURITY
ADMINISTRATIVE REGULATION – AR 635**

SUPERSEDES: AR 635 (06/17/12), AR 635 (Temporary, 04/13/15), AR 635 (05/19/15)

EFFECTIVE DATE: PENDING

AUTHORITY: NRS 209.131; NRS 454.00958; NRS 454.215; NRS 632; NRS 639

RESPONSIBILITY

The Director of the Nevada Department of Corrections (NDOC and Department) is responsible for the implementation of this Administrative Regulation (AR).

The Wardens will ensure that their appropriate assigned subordinate supervisors are trained to perform and enforce this regulation.

The Associate Wardens will ensure that their appropriate assigned subordinate supervisors are trained to perform and enforce this regulation.

Supervisors will ensure that their appropriate subordinate staff members are trained to perform and enforce this regulation.

Designated staff members will know, comply with, and enforce this regulation.

All Medical Division staff are responsible for compliance with this regulation.

If, and where applicable, offenders will know and comply with this regulation.

635.01 MEDICATION DISTRIBUTION, CONTROL, AND SECURITY

1. Prescription medication orders will be dispensed by a registered pharmacist, registered nurse (RN), or registered practitioner per NRS 454.215.
2. Orders for controlled substances will be administered by registered medical professional personnel and by single doses only at the time prescribed by the practitioner.

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3. Department staff may provide and distribute non-controlled medications per written procedures and protocols.
 4. Offender patients who are mentally and physically capable based on the individualized assessment by the treating practitioner may have the privilege of self-administering some medications (Keep On Person or KOP).
 - A. An offender patient who abuses this privilege should be immediately re-evaluated and may have their medication discontinued or self-administration privileges revoked at the discretion of the treating practitioner.
 5. Offender patients who are not eligible for KOP medications will receive their medications through the pill line (PLN). Staff or custody officers will observe offender patients swallowing their oral medications.
 6. Prescription medication orders for chronic conditions may be dispensed in a quantity up to a 90-day supply.
 7. Offender patients may obtain prescription refills by submitting a DOC 2500 (Medical Kite) to the infirmary/clinic, no sooner than 10 days prior or no later than 7 days prior to the next prescription refill.
 8. Controlled Substances
 - A. There will be a joint count by licensed nurses at each shift change (a minimum of two (2) times per day) of controlled substances and the count will be documented on the shift count sheet.
 - B. All controlled substances must be kept under double lock and key, with a key held by the Director of Nursing Services/designee and the Charge Nurse.
 - C. Controlled substances will be documented and accounted for as follows:
 - 1) A precise record/documentation must be kept on the Controlled Substance Record (CSR), DOC-2528, of each dose of a controlled substance administered.
 - 2) The Central Pharmacy will include the CSR in the shipment to the facility of the corresponding controlled substance and retain another copy at the Central Pharmacy.
 - 3) If a controlled substance arrives from the Central Pharmacy without a CSR, the receiving facility should notify the Central Pharmacy so they can generate an appropriate CSR and send it to the facility.

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- 4) The facility is not to make their own CSR without coordinating with the Central Pharmacy.
 - 5) The completed copy of the CSR must be sent back to the Central Pharmacy upon issuance of the corresponding controlled substance.
 - 6) If any remaining controlled substance doses reach their expiration date before being used, they must be returned to the Central Pharmacy with the completed white copy of the CSR, and advanced notice of return for tracking purposes.

APPLICABILITY

1. This regulation requires a medical directive for Medication Distribution, Control and Security for all institutions.
2. This regulation requires an audit.

REFERENCES

ACA Standards 5th Edition 5-ACI-6A-43 and 5-ACI-6A-44
National Commission on Correctional Health Care Standards J/P-D-01, J/P-D-02,
NCCHC, 2018

David Rivas D.O., Medical Director

Date

James E. Dzurenda, Director

Date