

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
635**

MEDICATION DISTRIBUTION, CONTROL AND SECURITY

Supersedes: AR 635 (06/17/12) and AR 635 (Temporary, 04/13/15)
Effective date: 05/19/15

AUTHORITY: NRS 209.131; 454.215; NRS Chapters 632 & 639

RESPONSIBILITY

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

635.01 MEDICATION DISTRIBUTION, CONTROL AND SECURITY

1. All controlled substances will be administered by licensed medical professional personnel and by single doses only at the time prescribed by the practitioner (physician, physician assistant, advanced practitioner of nursing), or dentist.
2. Inmate patients who are mentally and physically capable may have the privilege of self-administering some medications (keep on person or KOP).
 - A. An inmate 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 practitioner.
3. All prescription medication should be dispensed by a Department pharmacist or a registered nurse per NRS 454.215. Practitioners may dispense in urgent cases as permitted by law.
4. All prescription medication, excluding controlled substances, may be dispensed in quantities of up to 30 days supply to qualifying inmate patients.
5. Qualifying inmate patients who are on a medication for a chronic condition may have up to one (1) years supply prescribed, to be dispensed in 30 day increments for KOP.
6. Department staff may provide non-controlled medications per written procedure and protocols.
7. Prescribed medications may be dispensed upon the written order of the prescribing practitioner in a correctional institution by a licensed nurse to an inmate in that institution. RN's

may delegate the nursing duties of the medication room to Licensed Practical Nurses (LPN's) under their supervision, abiding by the rules and regulations of the Nurse Practice Act, NRS and NAC 632.222. Procedures not delegable to LPN's are outlined in NAC 632.455.

8. The following time intervals for various drug classifications are in effect for automatic stop orders:

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|-------------------------|---|
| A. Narcotics | 3 days, unless otherwise ordered by a practitioner.
(no KOPs) |
| B. Antibiotics | 10 days, unless otherwise ordered by the practitioner or dentist. |
| C. Anticoagulants | 30 days |
| D. Anti-emetics | 3 days |
| E. Cold and cough preps | 5 days |
| F. Psychotropics | 90 days, no KOPs, except SSRIs at the discretion of the prescribing practitioner. |
| G. All others | Up to one (1) year at the discretion of prescribing practitioner or dentist. |

9. A medication order will have an automatic stop unless:

- A. The order indicates a specific number of doses to be given;
- B. An exact period of time for the administration of the drug is indicated; or
- C. The attending practitioner or dentist reorders the drug.

10. Staff will observe inmates swallowing medications.

11. Chemo prophylaxis medication, for inmates who have tested positive for tuberculosis exposure on PPD skin testing, will be administered under direct supervision of Medical Staff only.

- A. These medications may not be opened or repackaged by non-Medical personnel.

12. Monitoring

- A. Inmate patients may obtain prescription refills by submitting a request (Medical Kite) to the infirmary/clinic. To ensure the patient does not run out of medications, the request should be submitted no sooner than 10 days prior or no later than 7 days prior.

B. Inmates may receive 30-day refills after the initial prescription for up to one (1) year at the discretion of the prescribing practitioner with the exception of psychotropic medications.

C. Inmates on psychotropic medication may receive 30-day refills after the initial prescription for up to 90-days at the discretion of the prescribing practitioner.

D. All psychotropic medication will be reviewed no less than every 30 days, and the patient must be seen at least every 90 days for any refills.

13. 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 white copy of the CSR in the shipment to the facility of the corresponding controlled substance and retain the yellow 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.

(4) The facility is not to make their own CSR without coordinating with the Central Pharmacy.

(5) The completed white 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.

APPLICABILITY

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

2. This regulation requires an audit.

Ronald Abella, MD
Medical Director

JUN 15 2015
Date

James M. Cox
Director

6/15/15
Date