


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Medical and Forensics</u> STATEMENT NUMBER <u>582.00</u>
SUBJECT: PHARMACY – PRESCRIBING AND DISPENSING MEDICATION	EFFECTIVE DATE <u>03/27/2025</u>
PROPONENT: <u>Paula Mattis, Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 603-271-3707</u> <i>Office Phone #</i>	REVIEW DATE <u>03/27/2028</u> SUPERSEDES PPD# <u>596.01, 594.00, 596.00</u> DATED <u>10/01/2012</u>
ISSUING OFFICER:  <u>HELEN E. HANKS, COMMISSIONER</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

(a) **PURPOSE:**

The purpose of this policy is to establish guidelines for prescribing and dispensing medications to ensure the inmates receive the medications that accurately reflect the prescribing provider's orders and meet the needs of the facilities.

(b) **APPLICABILITY:**

This policy applies to:

- (1) All staff involved in the prescribing and dispensing of medications.

(c) **POLICY:**

- (1) It is the policy of the NH Department of Corrections (NHDOC) that prescribing and dispensing of medication shall be in accordance with federal laws, state laws, relevant State of New Hampshire administrative rules, NHDOC policies and procedures, and evidence-based research.

(d) **PROCEDURES:**(1) **ORDERING MEDICATIONS**

- a. Orders must be clear, precise, and placed in the eMAR so they can be accurately interpreted and carried out. Each order shall include:
 1. Patient name, Date of Birth (DOB), and ID number;
 2. Month, day, year, and time of order;
 3. Name of medication;
 4. Specific dose and dosage form (e.g. sustained release capsule, enteric coated tablet, etc.);
 5. Dosing directions and if as needed (PRN), indication;
 6. Expiration date or duration;

7. Proper use of abbreviations; the Institute for Safe Medication Practices (ISMP) produces a standardized List of Error-Prone Abbreviations, Symbols, and Dose Designations;
 8. Special consideration:
 - (i) Multiple orders for a single medication: In the event a patient has more than one order for a single medication, (e.g. haloperidol 2mg po daily, haloperidol 5mg po hs. Haloperidol 1mg po 1 4 PRN agitation, NTE two/24 hours) the ordering prescriber will address each order to continue or discontinue preferably with a dosage and schedule specified as listed above;
 - (ii) Splitting tablets by nursing will be permitted if the table is scored by the manufacturer.
 - b. PRN (as needed) Medications Orders must state:
 1. All pertinent information as in section (d) (1) of this policy;
 2. Single dose per hourly designation (e.g. 10mg q4h PRN and NOT 10-20mg q4h PRN);
 3. Singly hourly designation (e.g. q 4 hours PRN pain NTE 2/24 hours, NOT Q-4 6h q PRN, etc.);
 4. The indication for which the inmate will receive this medication (i.e. for agitation);
 5. The maximum dose per 24-hour period (e.g. NTE 2/24 hours, except for HS PRN) and every day as needed.
 - c. Medication orders will include all the above requirements. The pharmacy will recognize only those orders written by a clinician licensed to practice in the State of New Hampshire and who has NHDOC privileges.
 - d. If the dosage or use of a medication is questionable and considered inappropriate by the pharmacist and the prescribing provider does not wish to change the order, the pharmacist may call for a consultation by the Chief Medical and/or Chief Psychiatrist Officer.
 - e. All new medication orders will be reviewed by a pharmacist prior to medication administration to ensure there are no drug/nutrient interactions or dosage issues. Any questions deemed to be of a serious nature by the pharmacist must be resolved with the prescriber at the time of the pharmacist review. If the prescriber is unavailable, the pharmacist will contact the Chief Medical and/or Psychiatric Officer or on-call provider. Any change in the order will be documented in the inmate's medical record.
 - f. The prescribing provider will counsel the inmate when prescribing a new medication. The prescribing provider may supplement verbal information with written medication education information.
 - g. Orders shall not exceed the time limit mandated for their schedule by the New Hampshire Board of Pharmacy (NHBOP) or the Drug Enforcement Agency (DEA).
 - h. A list of Confused Drug Names is produced by the ISMP.
 1. This list contains commonly confused names as well as look-alike, sound-alike medication names.
 2. Pharmacy will provide staff education and awareness;
 3. Medication within the pharmacy will be stored appropriately to highlight the potential for confusion.
- (2) FILLING ORDERS
- a. Orders will be processed in the computer-generated patient profile within the pharmacy software by the pharmacist or pharmacy technician under the pharmacist's supervision;
 - b. The pharmacist will perform a prospective drug review of the inmate's profile before filing/verifying each prescription;
 - c. The pharmacist will check and verify all medication orders before dispensing.
 - d. All orders completed by pharmacy will contain the necessary label information required by the NHBOP;

- e. A pharmacist will re-check the completed order and approve it before delivery to the housing unit;
- f. Copies of physician orders are maintained in the patients eMAR.

(3) MEDICATION STORAGE AND DELIVERY

- a. Inmate Housing Units
 - 1. Medications are stored in locked cabinets within the housing security office. These units do not store Drug Enforcement Administration (DEA) designated controlled substances II medications (e.g. morphine).
 - 2. Health Services Centers:
 - (i) Medications are stored in secure areas of the facility and locked/double locked where required by the NHBOP.
 - (ii) Medication storage cabinets/carts must be locked and secured when not in use.
- b. All medication storage areas, carts, and cabinets are under the supervision of the Chief Pharmacist.
 - 1. All medications will be stored in such a way as to maintain the integrity of the medications under proper conditions of sanitation, temperature, light, moisture and security. Medications are to be stored in such a way to eliminate any possible medication errors.
 - 2. All patient specific medications must have the original pharmacy label affixed. All containers must be clearly labeled and any unlabeled or incompletely labeled containers will be returned to the pharmacy. All discontinued patient specific medication will be returned to the pharmacy.
 - 3. Medications to be refrigerated will be labeled as such and stored in a refrigerator designated exclusively for medications.
 - 4. Partially used containers must be completely used before opening another of the same medication.
 - 5. All DEA Scheduled medications will be stored in double-locked cabinets in the nursing stations.
- c. Test reagents, germicides, disinfectants, and other household substances will be stored separately from medications.

(4) NHDOC CENTRALIZED PHARMACY DISTRIBUTION

- a. Quantity Dispensed
 - 1. Keep on Person (KOP): Up to a 30-day supply. PRN medication is dispensed as up to a 15-day supply with appropriate refills.
 - 2. Pill Line: Up to a seven-day supply. Pill line PRN medication is dispensed as up to 15-day supply with appropriate refills.
 - 3. Nurse Administered: Up to seven-day supply. PRN medication is dispensed as up to a 15-day supply with appropriate refills.
 - 4. No prescription will leave the pharmacy unless dispensed by a registered pharmacist or received a final verification by a registered pharmacist.
- b. Refill Distribution Cycle
 - 1. Keep on Person (KOP): Medication refills are automatically generated by the pharmacy software for most maintenance medications. Medications labeled as PRN require the inmate to submit a blue refill request form at least four business days prior to end of their current supply.
 - 2. Pill Line: Medication refills are automatically generated by the pharmacy software for most medications. Medications labeled as PRN require the inmate to submit a blue refill request form at least four business days prior to end of their current supply.
 - 3. Nurse Administered: Medication refills are automatically generated by the pharmacy software for most medications. Medications labeled as PRN require the nurse to contact pharmacy for a refill.

c. Medication Delivery Schedules

1. All new medication orders will be processed before the end of the business day they were received. Exceptions will be resolved in a timely manner.
2. Scheduled prescriptions will be distributed to the appropriate housing unit by the end of the business day. For medication orders filled for facilities off-site of the centralized pharmacy, the contracted courier schedule will be followed to deliver medications in a timely manner.
3. All inmate-initiated KOP medication refills and PRN refills will be processed and sent to the appropriate housing units or facility within four business days of the pharmacy receiving the requests. Inmate refill requests received prior to the four-day refill window will not be processed until the refill is due. This ensures an inmate does not have an excessive supply of medication.

(5) PRESCRIPTION EXPIRATION

- a. The eMAR will allow providers to see orders due to expire and review the need for refill.
- b. The providers shall review 14 days in advance of order expiry to avoid orders expiring during the pharmacy filling process.

(6) ELECTRONIC MEDICATION ADMINISTRATION RECORDS

- a. Electronic Medication Administration Records (eMARs) will be completed by health services staff when administering medication.
- b. Health services staff will document the outcome of administration appropriately.

(7) PACKAGING AND LABELING

- a. Labeling will comply with all state and federal regulations including NHBOP. Any medication with worn, mutilated or otherwise illegible labels will be returned to the pharmacy.

REFERENCES:

Standards for Health Services in Prison

National Commission on Correctional Healthcare, 2018

P-D-01; P-D-02

New Hampshire Board of Pharmacy

Current Rules Ph 100-2000

Institute for Safe Medication Practices (ISMP)

List of Error-Prone Abbreviations, Symbols, and Dose Designations

List of Confused Drug Names