



**THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES  
POLICY AND PROCEDURES MANUAL**

<b>POLICY NUMBER:</b>	<b>DYRS-003</b>
<b>RESPONSIBLE OFFICES:</b>	<b>Health Services Administration</b>
<b>EFFECTIVE DATE OF POLICY:</b>	<b>March 27, 2013</b>
<b>SUPERSEDES POLICY:</b>	<b>NA</b>
<b>SUBJECT:</b>	<b>Medication Management</b>

**I. PURPOSE**

The purpose of this policy is to set forth the standards and practice guidelines for medication administration, storage and continuity of care related to the medication management of youth in the care and custody of the secure facilities, shelter and group homes of the Department of Youth Rehabilitation Services (DYRS), and upon their return to families and the community.

**II. POLICY**

It is the policy of DYRS Health Services Administration (HSA) to ensure that youth who require medication for medical or behavioral health reasons receive these according to federal and state laws, nursing practice guidelines for medication administration, and national standards detailing best practices. DYRS recognizes each youth's (and their families') right, except in limited circumstances as outlined in this policy, to exercise informed consent to treatment prior to the initial administration of psychotropic medication and throughout the course of treatment. All psychotropic medication shall be used solely for the purposes of providing effective treatment and protecting the safety of the youth and shall not be used as punishment or for the convenience of staff.

**III. AUTHORITY**

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), Mental Health Consumers' Rights Protection, D.C. Official Code §7-1231 et seq. (2008), D.C. Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16.

**IV. SCOPE**

This policy applies to all trained medical staff (DYRS and contract) licensed to prescribe or administer medication to youth according to physician's orders. This policy shall also apply to non-medical staff specially trained to administer medication in shelters and group homes.

**V. RESPONSIBILITY**

- A. DYRS Deputy Director** has the delegated authority granted by the DYRS Director to establish the infrastructure and processes for the development of all policies and procedures.
- B. DYRS Chief of Health Services** has overall responsibility for ensuring that medication is administered and stored in a manner consistent with the parameters set forth in this policy. The Chief also has oversight responsibility for ensuring that a system is in place so that youth receiving medication for either medical or behavioral health reasons receive these on a continuous basis upon their transfer from one DYRS facility to another, including shelters and group homes, or to their family's homes.
- C. DYRS Supervisory Medical Officer** provides overall clinical leadership to the medical services program.
- D. DYRS Behavioral Health Manager** has administrative, operational and clinical responsibility for behavioral health (i.e., mental health and substance abuse) services provided by mental health clinicians and psychiatrists to all youth at the New Beginnings Youth Development Center (NBYDC) and at Youth Services Center (YSC). The Behavioral Health Manager also has responsibility for the oversight of access to psychiatric care at DYRS facilities and to ensure continuity of medication management upon a youth's transfer from one DYRS secure facility to another and from these to community-based placements. The Behavioral Health Manager reports to the Chief of Health Services.
- E. DYRS Medical Services Manager** provides overall administrative leadership of the medical services and provides clinical supervision to the nurse practitioners, nurses, and certified nursing assistants. The Medical Services Manager also has responsibility for monitoring medication administration and storage practices and for monitoring the Medication Administration Records (MAR) for medication errors or omissions. The Medical Services Manager also has the responsibility for ensuring continuity of medication management upon a youth's transfer between DYRS secure facilities and from these to community-based placements. The Medical Services Manager reports to the Chief of Health Services.
- F. DYRS Superintendents** shall ensure that all youth within their facility have unfettered access to essential medical, behavioral health and dental care services and treatments, including medication administration.

## **VI. DEFINITIONS**

- A. Adverse Events Form** — The form used to document medication errors and other adverse events related to the management of medication administration.
- B. Advanced Level Provider** - Advanced level medical staff are medical doctors (MDs), physician assistants (PAs) or nurse practitioners (NPs).
- C. Consent for Medication Form** — The form youth and/or parents/guardians sign authorizing the use of specific medication treatments.

- D. **Medication Administration Record (MAR)** -The form that records both the medication and administration requirements for each youth receiving medication. This form provides documentation of all instances of medication administration and is also used to document and missed doses (i.e., due to youth's refusal or off-site encounter).
- E. **Mobile Medication Team** — When medical staff carries medication to the living units or other locations outside of the medical unit for administration, the team transporting and administering the medication shall be referred to as the Mobile Medication Team.
- F. **Over-the-Counter Medication (OTCs)** — Medication that can be purchased in pharmacies without a prescription outside of institutional settings.
- G. **Overnighters** — Youth who are detained at the YSC overnight prior to their arraignment.
- H. **Pharmacy and Therapeutics Committee** A Committee that meets at least quarterly under the leadership of the Medical Services Manager to review medication related policies, procedures, practices, and related issues. The Committee is composed of the DYRS Supervisory Medical Officer, psychiatrists, PAs, NPs, nurses, and other clinical professionals.
- I. **Psychotropic Medication** — Medication prescribed to address clinically diagnosed mental health or behavioral disorders.
- J. **Qualified Health Care Professional** — Individuals whose training and licensure permits them to prescribe or administer medication and/or provide other medical services.
- K. **Refusal of Health Services Form** — The form used to document a youth's refusal to take a particular medication. The form indicates the specific medication or treatment refused during a particular medication pass and includes the youth's signature and medical staff's signature and title. If the youth refuses to sign the form, the signature of a non-medical witness must be obtained.
- L. **Verification of Medication** — Efforts taken by medical staff to confirm that there is an existing prescription for a medication. Such efforts are assigned to the RN or LPN on each shift and this activity begins when the youth presents as an overnigher or new admission. Information that the youth may have a standing medication order may come from the youth, parents/guardians, or the court's assertion that the youth currently may be taking medication. Such verification may include checking medication presented in a pharmacy labeled container and/or checking with the pharmacy or prescribing physician.

## VII. PROCEDURES

### A. GENERAL GUIDELINES

1. All clinical decisions and services, including medication administration shall be made or provided by qualified health care professionals.
2. **Autonomy:** Under no circumstances shall any person other than a qualified health care professional make a decision regarding the medication needs of youth and/or override the

decision of a qualified health care professional in the medication treatments determined to be necessary for youth.

**B. OVERNIGHTERS/NEW ADMISSIONS INTAKE**

1. Youth designated as 'overnighters' or new admissions shall be queried regarding any standing medication orders, and upon verification by the RN, the youth shall immediately receive the medication as ordered without interruption or missed doses.
2. Youth newly admitted to YSC or NBYDC shall be queried regarding any standing medication orders, and upon verification by the RN, shall immediately receive the medication as ordered without interruption or missed doses.
3. If upon verification, the DYRS advanced level provider does not think the medication is clinically indicated, he/she shall write a progress note in the medical record explaining why and shall write an order to discontinue the medication. The DYRS advanced level provider will contact the prescribing practitioner to discuss his/her concerns and will discuss this with the youth and youth's parent/guardian in an attempt to develop and implement an appropriate treatment plan.
4. At the NBYDC, if the RN verifies the order but there is no advanced level provider on site, s/he shall notify the advanced level provider at the YSC to write a one-day order and the advanced level provider shall see the youth within 12 hours of admission.
5. If existing medication orders cannot be verified by the RN, the advanced level provider at YSC shall assess the youth as soon as necessary to avoid a missed dose and determine the clinically appropriate treatment plan and the youth's medication needs. At NBYDC, an advanced level provider shall assess the youth within 12 hours of admission (unless the assessment is more urgent) and determine the clinically appropriate treatment plan and the youth's medication needs.
6. All new orders written by DYRS advanced level providers shall be noted in the youth's medical record by a licensed medical professional by their signatures, date and time, prior to the end of that tour of duty and administered within 24-hours of the order having been written (with the exception of psychotropic medication which may require medical or other laboratory tests prior to their initiation).
7. Youth who arrive at intake with prescribed medication from a non-DYRS physician shall receive the medication as prescribed if the following requirements are met:
  - a. The medication is in a labeled medication bottle or blister pack with the name of the youth, prescribing physician, pharmacy, date, medication name, strength, and dosage information;
  - b. The medication can be clearly identified using the Physician's Desk Reference (PDR) or another recognized drug reference;
  - c. The RN has verified the medication with the pharmacy and/or physician; and,
  - d. An advanced level provider gives a verbal or written order to continue the medication.

After meeting the above requirements in a-d, the medication shall be administered to the youth. Thereafter, confirmation of medication will be completed within 24 hours of admission, and a new prescription shall be obtained from the contract pharmacy.

### **C. NEW MEDICATION ORDERS**

1. All newly recommended and prescribed psychotropic medication require the consent of the youth and, if under 18 years of age, the consent of their legal guardian prior to the administration of the medication, unless the medication is essential to the health and safety of the youth or others. (See Section F. CONSENT/REFUSAL FOR MEDICATION TREATMENT)
2. Given consent, and as noted above, all new orders shall be transcribed in the MAR by a licensed medical professional prior to the end of that tour of duty and administered within 24-hours of the order having been written, or sooner if necessary.<sup>1</sup>
3. Medication orders written by non-DYRS physicians shall be reviewed by a DYRS advanced level provider for clinical appropriateness and, if warranted, the DYRS advanced level provider shall rewrite the order. At YSC, the review shall take place as soon as necessary to avoid a missed dose, and at NB, the review shall take place within 12 hours of admission (unless the assessment is more urgent). Only DYRS MD, PA or NP medication orders shall be accepted and taken off by the HSA nurses.
4. All new medication shall be entered on the MAR in black ink only indicating the order date, medication, dose, route, and frequency of administration and expiration date. The expiration date and final dose shall be noted in red ink.
5. No medication order may be written for more than a 30-day period, and all youth must be evaluated at least every 30 days, or sooner if clinically indicated, by a physician or advanced-level practitioner regarding the need to continue the medication.
6. All prescribing advanced level providers must be familiar with the DYRS formulary and must check on the availability of stock medication to initiate immediate treatment. If the preferred medication is not an "In-stock" medication, an order to the pharmacy shall be placed..
7. Detailed instructions for the transcription of medication orders on the MAR shall be completed in accordance with the Transcription of Physician's Orders. (See Attachment A).

### **D. MEDICATION ADMINISTRATION**

1. Only qualified medical professionals (i.e., MDs, PAs, NPs, RNs or LPNs) may administer medication in DYRS secure facilities.
2. The RN or LPN shall seek physician's renewal orders when medication is within 3 days of expiring.

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<sup>1</sup> Note that if psychotropic medications are ordered, requisite tests (e.g., EKG) and other laboratory tests must be performed prior to the initiation of the medication

3. Specific procedures for the administration of medication via various routes are detailed in the Administration of Medication Protocol. (See Attachment B)

Preliminary steps to the administration of ALL medications shall include the following:

- a. Wash hands and apply gloves;
- b. Accurately identify the youth to whom medication is to be administered by checking the youth's armband and confirming identity with the YDR;
- c. Assemble all paraphernalia;
- d. Explain the reason and/or procedures for the medication to be administered in language the youth will understand; and
- e. To the extent possible, ensure privacy for youth receiving medication.

#### **E. THE SIX "RIGHTS" OF MEDICATION**

1. **RIGHT CLIENT** — Medical staff shall verify the identity of the youth by checking armbands and checking date of birth.
2. **RIGHT MEDICATION** - Medical staff shall check the label of the medication to ensure that the name on the label is the name on the MAR for that youth. If any discrepancies are identified, medical staff shall:
  - a. Not give the medication;
  - b. Re-check the medication order;
  - c. Notify their supervisor; and
  - d. Follow facility policy.
3. **RIGHT DOSAGE** — Medical staff shall ensure that the amount of medicine prescribed on the label is the same on the MAR for that youth. If any discrepancies are identified, medical staff shall:
  - a. Not give the medication;
  - b. Re-check the medication order;
  - c. Notify their supervisor; and
  - d. Follow facility policy.
4. **RIGHT TIME** — Medical staff shall check the medication label for the time of day for the youth to take the medication and verify with the MAR. Medication must be given within 60 minutes on either side of the prescribed time. If any discrepancies are identified, medical staff shall:<sup>2</sup>
  - a. Not give the medication;
  - b. Re-check the medication order;
  - c. Notify their supervisor; and
  - d. Follow facility policy.

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<sup>2</sup> In rare instances, youth may miss a noon dose of a medication if they are sent off site for court, medical or other appointments. In such instances, the youth shall receive the medication upon their return to the facility.

5. **RIGHT ROUTE** — Medical staff shall ensure that oral medication is swallowed; eye medication is placed in the eye, etc. Watch-take procedures shall include direct observation, checking the youth's mouth, and utilizing a flashlight if necessary.
6. **RIGHT RECORD** — Medical staff shall ensure medication administration is documented on the youth's MAR. The following **MUST** be documented:
  - a. Your initials in the appropriate box;
  - b. Your full signature in the appropriate space;
  - c. PRN medication documented as indicated on the MAR; and
  - d. Specific reasons for missed doses, using number system on the MAR in accordance with Attachment A.

## **F. CONSENT/REFUSAL FOR MEDICATION TREATMENT .**

### 1. Consent for medication treatment

- a. Only psychotropic medication and immunizations require the consent of the parent or caregiver if the youth is less than 18 years of age (See exception for psychotropic medication in Section V11.1.1., below).
- b. The Consent for Medication Treatment Form (See Attachment C) should be completed after explaining to the parent/guardian why the medication is being prescribed, what symptoms the medication is being used to target, and the potential side effects.
- c. All medication consent obtained over the phone shall be documented in the medical record with signed consent to follow within 15 business days.
- d. Youth who are 18 years of age or older may give their consent for psychotropic medication. If, and only if, the youth so authorizes, the parent/guardian shall be given notification of the use of psychotropic medication. The Consent for Medication Treatment Form should be completed after explaining to the youth why the medication is being prescribed, what symptoms it is being used to target, and the, potential side effects.

### 2. The right to refuse medication

- a. Youth and/or their parents)/guardian(s) have a right to refuse medication treatment.
- b. Refusal of medication treatment by youth and/or parent(s)/guardian(s) must be documented in the medical record and, whenever possible, DYRS providers shall obtain a signed Refusal of Health Care Services Form. (See Attachment D).
- c. Youth who refuse medication shall have this documented on the MAR with a circle in the appropriate date box and the appropriate code indicated in the circle. The initials of the professional attempting to administer the medication also should be placed under the relevant date box.<sup>3</sup>

## **G. PSYCHOTROPIC MEDICATION**

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<sup>3</sup> Note that there are many reasons for a youth missing a dose of medication. Beyond refusal, medications may be missed because of court appearances, off-site medical encounters, etc. These missed doses shall be documented on the MAR using the codes provided on the MAR.

1. Prior to initiating psychotropic medication, all youth shall have initial laboratory work completed, including Complete Blood Count (CBC) with differential, platelets, hepatic, thyroid and chemistry panels, and a pregnancy test. Exceptions may be made by the prescribing psychiatrist, if based on their documented clinical judgment; the youth should receive the medication concurrent with medical or other laboratory tests.
2. Other tests shall be ordered prior to the initiation of specific psychotropic medication according to established Medical Protocols. (See Attachment E1—E6)
3. All youth receiving psychotropic medication will be monitored daily by the nurse administering the medication for pulse, blood pressure (BP) and weight, rash, etc., for at least three (3) days or until stabilized.
4. All youth receiving psychotropic medication shall be observed daily by the nurse administering medication regarding any changes in orientation, dystonia, or other abnormal or involuntary movements. The nurse shall question the youth as to whether they are experiencing any side effects. Any changes or concerns shall be brought to the immediate attention of the prescribing physician or advanced level provider on-site.
5. Findings shall be documented on the MAR. In the event of abnormal findings, these shall be documented in the medical progress notes and brought to the immediate attention of the prescribing physician or other advanced level provider on-site.
6. Both newly admitted youth on verified psychotropic medication and those with new psychiatric orders for psychotropic medication shall be seen at least once weekly by the psychiatrist for the evaluation of the efficacy of the medication.
7. Said youth shall be seen weekly by the psychiatrist until stabilized<sup>4</sup>, and there must be documentation that so indicates in the medical record.
8. Upon stabilization, youth shall be seen by the psychiatrist on a clinically appropriate schedule, but at least every 30 days.
9. Youth on psychotropic medication are particularly susceptible to the phototoxic effects of the medication and should be provided with appropriate sunscreen or shade during days with intense sunlight. The extent of sun exposure shall be a medical decision.
10. Youth on psychotropic medication known to experience anticholinergic side effects, such as impaired ability to sweat, shall be kept out of intense heat.

#### **H. MEDICATION ADMINISTRATION**

1. Licensed professionals administering the medication shall check the MARs to identify youth on prescribed medication to be given on a particular schedule (i.e., AM, N, PM, MN).

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<sup>4</sup> For the purposes of this policy, a youth shall be considered stabilized if the target behaviors or symptoms for which the medication has been prescribed have abated.

2. Licensed professionals administering the medication shall then identify a youth's location by utilizing the Facility Roster located in the medical or control units.
3. At the YSC, the administering professional, using the most recent list of youth to receive medication, shall contact the Control Unit to inform them that s/he is going to pass medication.
4. The medication cart shall be stationed outside each pod and youth are called to the exit door of the pod one at a time.
5. The following items must accompany the Mobile Medication Team to units/pods:
  1. Water cups
  2. Roster by pod/unit
  3. Medication cups
  4. MAR
  5. Trash bag and refusal forms.
6. At NBYDC all medication is administered from the medication room in the medical unit.
7. At the YSC and NBYDC, the nurse administering the medication shall document each dose given (or refused) to youth on the MAR immediately following administration and before moving on to the next youth.

#### **I. EMERGENCY MEDICATION ADMINISTRATION**

1. Psychotropic medication may be administered without parental consent if the youth is willing to take the medication voluntarily for 72 hours and if the medication is clinically determined to be critical to the health or safety of the youth.
2. During the 72 hours, medical or behavioral staff shall exhaust all efforts to obtain consent from both the youth and his/her parent/guardian.
3. Absent consent, youth with an emergent need for psychotropic medication shall be considered for inpatient psychiatric hospitalization throughout the 72 hour period.
4. Absent consent for youth with sub-acute mental health needs, the Chief of Health Services staff shall seek legal counsel regarding the possibility of pursuing substituted judgment to ensure the continuance of a medication(s) clinically determined to be necessary.
5. Involuntary medication administration is strictly forbidden, except as authorized and articulated in the Medical Restraint Policy.

#### **J. IMMUNIZATIONS**

1. Medical staff shall obtain youth's immunization history from the youth, the parent/guardian, school records and/or the Immunization Registry System as part of the comprehensive medical

examination conducted for all newly admitted youth to DYRS secure facilities, to determine if youth are up-to-date or overdue on their vaccinations.

2. Upon identification and verification of overdue vaccinations, medical staff shall obtain parental/guardian consent for the administration of overdue vaccinations. Vaccinations shall be administered consistent with the provisions in this policy.
3. DYRS medical staff shall make notification to the Immunization Registry System to update their records.

#### **K. MEDICATION NOT REQUIRING PARENTAL CONSENT**

1. Except for psychotropics and immunizations, most medication does not require prior parental consent. These include, but are not limited to, over the counter medication, antibiotics, antifungal medication, inhaled steroids, antihistamines, creams and lotions.
2. When used, these medications are to be ordered by an advanced level provider and documented on the MAR and in the youth's medical record.
3. The Medical Services Manager shall establish a list of approved formulary medications for use in DYRS secure facilities.

#### **L. RECEIVING ORDERED MEDICATION**

1. Nursing staff must be notified immediately upon the arrival of medication shipments to the facility and shall determine the correctness of the order received by comparing the contents of package and the packing slip to the original hand-delivered or faxed order.
2. Nursing staff will also verify that individual medication is labeled appropriately indicating the physician, pharmacy, date, medication name, and strength and dosage information.

#### **M. PROCEDURES FOR MEDICATION STORAGE**

1. Medication shall be stored in a separate room behind two (2) locks.
2. Medication that does not require refrigeration shall be stored in medication carts.
3. Medication that requires refrigeration shall be stored in a refrigerator at 36-45 degrees Fahrenheit in containers that are labeled with youth's name, DOB, name of medication, route and frequency of administration.
4. Medication shall be checked monthly for their expiration dates and discarded upon expiration.

#### **N. PROCEDURES FOR MEDICATION DISPOSAL**

1. Upon identification of an expired medication, medical staff shall crush and dispose of the medication in the biohazard waste container or return uncrushed to the pharmacy of origin.

2. All controlled substances shall be counted by two RNs before being crushed. Controlled substances must be disposed of on-site and documented in the Controlled Substance Log Book by both RNs.
3. Non-expired, surplus medication is to be returned to the pharmacy of origin.

#### **O. PROCEDURES FOR TRANSPORTING MEDICATION**

The transfer of medication between the YSC and NBYDC shall be carried out according to either of two scenarios presented below:

1. Medication shall be placed in the black portable locked mail box used for transport of medication, supplies, and medical records between facilities. Only medical staff has the authority and the combination to open the portable mail box's lock.
2. The medical staff (MD, PA, NP, and RN) has the authority to transport all medication, including controlled substances, between YSC and NBYDC.
  - a. All controlled substances being transported must be signed out by an RN in the presence of a witness in the red controlled substance log book. The controlled substance log books are located in the pharmacy of each facility.
  - b. Controlled substances must be logged in to the red controlled substance log book at the receiving facility by an RN in the presence of a witness.

#### **P. EMERGENCY MEDICATION**

1. Emergency needs for medication shall be met by using the facilities approved medication supply or by special order from the pharmacy.
2. The telephone numbers for emergency pharmacy services shall be posted in the health services unit.
3. Each facility will have an emergency supply of medication that is secured at all times and that is approved by the Pharmacy and Therapeutics Committee.
4. All medication removed from the emergency supply shall be documented and routinely reviewed by the Pharmacy and Therapeutics Committee.

#### **Q. PROCEDURES TO ENSURE CONTINUITY OF CARE**

1. Youth Going to Court
  - a. Medical shall be given a "court list" at least 8 hours in advance of those youth expected to be going to court.

- b. Youth going to court who are on medications shall be seen by medical staff on the morning of their court appearance. Youth with chronic conditions that may require acute treatment (i.e., AM medication or rescue inhalers for asthma) shall be provided treatment as needed prior to their departure and the inhaler shall accompany the youth to court). The transporting officer shall be given the youth's inhaler (if applicable) and the DYRS YSC At Risk Court List (See Attachment F) that lists all youth thought to require housing in the at-risk unit at the court.
- c. Youth with noon medication shall have this dose administered upon their return to the DYRS facility. In the event a youth has a critical condition requiring a noon dose, a DYRS medical provider shall be deployed to administer it to the youth in the Court cell block.

## 2. Youth Transferring from One DYRS Secure Facility to Another

- a. When a youth is transferred from one secure facility to another, his/her medication shall be transferred concurrent with or immediately upon notification of the youth's transfer.
- b. Youth shall receive scheduled medication prior to transport.
- c. All medication shall be placed in a sealed envelope along with the MAR to be transported with the youth.
- d. The medication of transferred youth shall be opened by receiving health care staff promptly upon the arrival at the receiving facility.

## 3. Youth Released to Shelter or Group Homes

- a. The Discharge Summary Form (See Attachment G) shall be completed prior to the youth's release. The Discharge Summary Form shall indicate what medication the youth is being treated with and the route and frequency of administration.
- b. Youth receiving medication shall be linked to medical clinical homes or Department Mental Health (DMH) Core Service Agencies, as appropriate.
- c. Unused medication shall be transported with the youth to the shelter/group home along with a prescription for a 30-day supply of medication, as clinically appropriate.

## 4. Youth Released to their Homes or Community

- a. Youth receiving medication shall be linked to medical clinical homes or DMH Core Service Agencies, as appropriate.
- b. Upon release or immediately thereafter, remaining medication shall be given to the parent/guardian or other adult receiving custody of the youth upon their release. In addition, a prescription for a 30-day supply of medication will be given to the responsible adult, as clinically appropriate. In this event, the Receipt of Medication form (See Attachment H) shall be completed. If the parent/guardian is not available to receive the medication, an order should be telephoned into the youth's community pharmacy.
- c. HSA staff (medical or behavioral health) shall ensure that the parent/guardian and the youth's probation officer or case manager are notified that a medication order has been called in (indicating the pharmacy) for the youth.
- d. All medication being provided to the parent/guardian shall be recorded on the Discharge Summary Form.
- e. Note that medication is not to be given to the youth directly.

- f. The parent/guardian shall be given the patient advisory pamphlet regarding the medication.

## **R. QUALITY IMPROVEMENT**

1. The Pharmacy and Therapeutics Committee shall have the designated responsibility to oversee implementation of this policy and for developing peer review and other strategies to monitor the on-going effectiveness, timeliness, and appropriateness of medication administration.
2. The Pharmacy and Therapeutics Committee shall make recommendations, as clinically indicated, for the revision or development of new protocols for medication administration.
3. Medication errors shall be documented on the Medication Adverse Event Report Form (See Attachment I) and these shall be reviewed at least quarterly by the Pharmacy and Therapeutics Committee.
4. MARS shall be regularly reviewed for instances of missed doses. The number and frequency of missed doses shall be discussed at the Pharmacy and Therapeutics Committee.

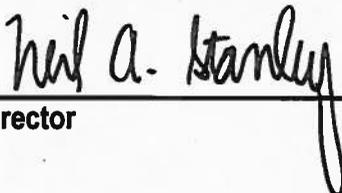
## **VIII. REFERENCES**

Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and any amendments, thereto.

## **IX. ATTACHMENTS**

- A. Transcription of Physician's Orders
- B. Administration of Medication Protocol
- C. Consent for Medication Treatment
- D. Refusal of Health Care Services
- E. Medical Protocols
- F. DYRS - YSC At Risk Court List
- G. Discharge Summary Form
- H. Receipt of Medication Form
- I. Medication Adverse Event Report

**Approval of the Agency Director:**

  
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**Director**

