



**Department of Juvenile Justice
Health Services Operating Procedure**

HSOP VOL IV – 4.3 – 3.05	Statutory Authority: Title 66 of the <u>Code of Virginia</u>
Subject: Inventory of Medications	Regulations: 6VAC35-71-1070
	Board Policy: None.
	ACA # 4-JCF-4C-28 NCCCHC # Y-D-01

3.05-1.0 PURPOSE

To ensure adequate control of and accountability of all medication.

3.05 -2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

3.05-3.0 DEFINITIONS

Controlled Medication – Drugs that come under the jurisdiction of the Federal Controlled Substances Act. They are divided into five schedules (I through V). Requirements of the Controlled Substances Act and a list of controlled drugs can be obtained from any office of the Drug Enforcement Administration (DEA).

Health Services Staff – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, dental assistants, and providers who provide health services to residents.

Local Health Authority – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

Medical Department – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department may include nursing stations, examination rooms, infirmary, and dental office.

Nursing Protocols – A system of written nursing documentation developed for the evaluation of a resident’s health status and providing intervention based on nursing diagnosis and standing orders, as approved by the Chief Physician.

Over-The-Counter Medication (OTC) – Any medication that normally does not require a physician's prescription. Examples include the types of medications, which may be purchased in a retail store, such as Tylenol, Motrin, Advil, etc.

Perpetual Inventory – An inventory that begins with a known total quantity of medication, where the number of remaining medication is decreased each time the medication is used.

Provider – The Physician, Nurse Practitioner, Physician’s Assistant, or Dentist providing health services to residents.

Provider Clinic – A provider-directed clinic through which residents receive medically necessary services for illnesses or injuries.

Standing Orders – Written orders which specifies the course of treatment that may include the use of specific medications, as ordered by the Chief Physician, based on nursing assessment and nursing diagnosis.

3.05-4.0 PROCEDURES

3.05-4.1 Prescription and Over-The-Counter Medications

1. Documentation of each individual dosage of medication administered to residents shall be maintained on the resident’s Medication Administration Record (MAR).
2. The nurse shall be responsible for monitoring and documenting the routine administration of prescription and over-the-counter medication and reporting any discrepancies to the nurse supervisor, Local Health Authority, Chief Physician, Chief Nurse, Health Services Administrator, and facility superintendent in accordance with HSOP VOL VI-4.3-3.10 (Medication Incidents).

3.05-4.2 Controlled Medications

1. When controlled medications arrive from the pharmacy, the nurse processing the pharmacy delivery shall document the medication on the Controlled Medication Inventory Sheet.
 - a. The inventory sheets are not resident specific.
 - b. Each blister pack shall be documented individually on the inventory sheet.
 - c. The inventory sheets shall be maintained in the Narcotics Count Book.
 - d. The inventory sheets shall be paired with the Controlled Medication Flow Sheets alphabetically. There may be more than one inventory sheet for each letter of the alphabet.
2. When a controlled medication is administered to a resident as ordered through a prescription, the nurse shall document the number of pills, tablets, or dosages remaining after each administered dosage on the resident’s Controlled Medication Flow Sheet. Additionally, the administration of the medication shall be documented on the resident’s MAR.
3. A simultaneous shift-to-shift inventory count shall be conducted by the off-going and on-coming nurse for each controlled medication shall be performed and documented on the

resident's Controlled Medication Flow Sheet and the Controlled Medication Inventory Sheet. Strict control and accountability of the running balance for each controlled medication shall be maintained. The simultaneous shift-to-shift inventories require signatures for both the on-coming and off-going nursing staff.

4. When a new sheet is started, the count must be simultaneously verified by two nurses.
5. The nurse shall report any discrepancies with the controlled medication inventory count in accordance with HSOP VOL IV-4.3-3.10 (Medication Incidents).

3.05-5.0 RESPONSIBILITY

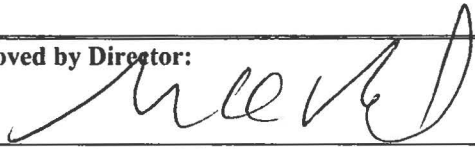
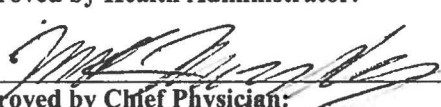
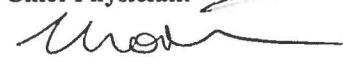
The Local Health Authority shall be responsible for implementing this procedure.

3.05-6.0 INTERPRETATION

The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

3.05-7.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 9/10/2014
Approved by Health Administrator: 	Date: 9/9/14
Approved by Chief Physician: 	Date: 9/15/14
Effective Date: October 13, 2014	Office of Primary Responsibility: Health Services
Supersedes: July 8, 2013	Forms: Controlled Medication Flow Sheet; Controlled Medication Inventory Sheet