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LPN Weekend Day Shift and Stat Holiday Routine

0600 Save MARs. Read communication book.

0605 Narcotics and methadone count.

0615 Pull methadone and get insulin ready.

0625 Pour transfer list meds and leave all meds in H/C.

Note: IMs get unlocked at 1000 on weekends and stat holidays. Because of this, there is only 1 med run during these days. Do not double up doses unless specified by MD under comments section on MAR. If an IM gets a dose at am and at lunch, only pour the higher dose of the two. EXCEPTION: If an IM is on concerta/Ritalin for am and lunch or antibiotics QID then call up these IMs in am with the IMs on methadone.

0640 Pour all meds.

1000 Call prowl and deliver meds to the units in the following suggested order: s.15
(if intermittent IMs), s.15

Note: When calling for a prowl, if one does not appear in about 10 minutes you can call again as at times we do get forgotten.

1130 Continue with remaining shift duties such as:

- Sign off MARs. For the lunch MAR if med not given select withheld in drop down box and add in comments section “withheld med as per w/e or holiday protocol”.
- Charting as needed.
- Do narcotic and methadone count with RN.
- Complete daily task as per sheet on methadone cupboard door.
- Clean up, restocking.
- At end of shift print off MARs for next shift but do not save these MARs.

1300 Complete Seg/Obs checks. See Seg/Obs section for more details.

GUIDELINE TITLE

Guideline for the Administration and Monitoring of Priority Medications

REFERENCES

1. #7.2 of Health Care Services Manual, Adult Custody Division, Corrections Branch
2. BC Corrections Drug Formulary Jan-08
3. American Hospital Formulary System Pharmacologic-Therapeutic Classification
4. Health Canada Drug Product Database

AUTHORIZATION

BC Corrections Medications and Therapeutics Committee.

DATE APPROVED

15 October, 2012

DATE(S) REVISED

“Priority medications” are used to treat acute or serious medical conditions where a missed dose may result in significant harm. Priority medications are classified as Class A, B, and C medications, depending on the severity of medical complications resulting from their abrupt cessation. Refer to the Appendix for the priority medications list.

The guideline is to be used only as a reference, and posted in every BC Corrections health care centre.

Any questions regarding priority medications should be directed to either a physician or pharmacist.

Objectives

To assist nurses in the administration and monitoring of priority medications.

To reduce the risk of medical complications resulting from abrupt cessation of drug therapies.

Definitions

In the guideline:

“centre” = BC Correctional Centre

“health care centre” = BC Corrections health care centre

“nurse” = BC Corrections nurse

“officer” = BC Corrections officer

“patient” = BC Corrections patient

“pharmacist” = Product Distribution Centre pharmacist

“physician” = BC Corrections physician

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1. Identification

If a patient fails to provide appropriate identification (ID) for receiving priority medication(s), the nurse may locate the patient's Picture ID on CORNET, or allow the patient to retrieve their Picture ID from their unit. If the patient returns to their unit for ID, they must be escorted back to receive their medications.

2. Missed Medications

Class A, B, and C medications have different levels of urgency which determine actions to undertake if missed.

1. If a patient misses one dose of Class A medications or 24 hours of Class B medications, the following actions must occur:
 - The nurse must locate and interview the patient to determine the cause of interruption.
 - Depending on the duration of action and dosing interval of the missed medication, in some cases the missed dose may be offered to the patient. When in doubt, nurses should consult a pharmacist or physician.
 - If the patient consents to the continuation of their drug therapy, nurses should emphasize the importance of taking medications as directed.
 - If the patient refuses the continuation of their drug therapy, nurses should contact the centre physician or on-call physician for further instruction.
 - All actions must be documented on the patient's medical record.
2. If a patient misses three days of Class C medications, the following actions must occur:
 - The nurse must locate and interview the patient to determine the cause of interruption.
 - The patient should be seen by a physician, or the case will be reviewed by a physician as soon as possible.
 - All actions must be documented on the patient's medical record.

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3. Primary Assessment and Care (PAC) Medication Administration Record (MAR)

- Nurses may use PAC MAR to indicate Priority Medications.
- Physicians may indicate whether the medication is Class A, B, or C at the beginning of the prescription comment, in order to alert nurses to the ordering of a priority medication.

4. Emergency Situations (e.g. prison riots)

During emergency situations (e.g. prison riots), patients' movements are restricted and drug therapies may be interrupted. In order to prevent severe medical complications resulting from drug therapy interruptions during emergency situations, the nurse should review the medication administration records and administer Class A medications to inmates first, followed by Class B and C medications, as able. Class A medications take highest priority, and must be administered with no interruptions even during emergency situations. Class B, C, and other medications (i.e. drugs not listed as Class A, B or C) should be administered to patients in that order, following the administration of any Class A medications. Please refer to the Appendix for Class A, B and C medications.

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Appendix: Priority Medications List

Class A Medications

- Alpha and Beta Adrenergic Agonists – e.g. Epinephrine (Epipen)
- Anti-Arrhythmics - e.g. disopyramide (Rythmodan)
- Anti-Coagulants – e.g. warfarin sodium (Coumadin)
- Anti-Infective Agents (Systemic) – e.g. amoxicillin (Amoxil)
- Anti-Manic Agents – e.g. lithium carbonate (Carbolith)
- Anti-Retroviral Agents - e.g. indinavir (Crixivan)
- Anti-Tuberculosis Agents – e.g. isoniazid
- Beta-Adrenergic Agonists – e.g. salbutamol inhaler
- Cardiovascular Drugs - e.g. digoxin, propranolol HCL, nitroglycerin sublingual spray
- Hemorrhologic Agents – e.g. pentoxifylline (Trental)
- Hemostatics – e.g. tranexamic acid (Cyklokapron)
- Insulins
- Interferons – e.g. interferon alfa-2B (Intron A)
- Opiate Agonists – e.g. Tylenol #3, methadone
- Opiate Antagonists – e.g. naloxone
- Opiate Partial Agonists – e.g. Suboxone
- Platelet-Aggregation Inhibitors – e.g. clopidogrel (Plavix)

Class B Medications

- Adrenals – e.g. prednisone, fluticasone propionate inhaler (Flovent HFA)
- Anti-Convulsants – e.g. phenytoin (Dilantin)
- Anti-Diabetics – e.g. glyburide (Diabeta)
- Anti-Diarrhea Agents – e.g. loperamide HCL (Imodium)
- Anti-Gout Agents – e.g. colchicine
- Anti-Hypertensive Agents – e.g. hydrochlorothiazide
- Anti-Inflammatory Agents - e.g. mesalazine (Asacol)
- Anti-Malarials - e.g. quinine sulphate
- Anti-Parkinsonian Agents – e.g. levodopa and carbidopa (Sinemet)
- Antipsychotic Agents – e.g. olanzapine (Zyprexa)

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- Anti-Thyroid Agents – e.g. propylthiouracil
- Benzodiazepines – e.g. diazepam (Valium)
- Biguanides – e.g. metformin HCL (Glucophage)
- Digestants – e.g. amylase, lipase and protease (Cotazym)
- Eye, Ear, Nose & Throat Preparations – e.g. chloramphenicol (Pentamycetin) eye drops, timolol (Timoptic) eye drops
- Immunosuppressive Agents – e.g. azathioprine (Imuran)
- Neuraminidase inhibitors – e.g. oseltamivir (Tamiflu)
- Nucleosides and nucleotides – e.g. valacyclovir (Valtrex)
- Respiratory Smooth Muscle Relaxants – e.g. theophylline
- Skin and Mucous Membrane Agents - e.g. silver sulfadiazine cream (Flamazine Cream)
- Thyroid Agents – e.g. levothyroxine sodium (Eltroxin)

Class C Medications

- Anti-Depressants – e.g. amitriptyline (Elavil), paroxetine (Paxil)
- Anti-Ulcer Agents and Acid Suppressants – e.g. ranitidine (Zantac), pantoprazole (Pantoloc)
- Cathartics and Laxatives – e.g. mineral oil (Fleet Enema Mineral Oil)
- Nonsteroidal Anti-Inflammatory Agents – e.g. ibuprofen (Motrin)

Other Medications

- Those not listed in Class A, B or C medications.

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Chapter 9 Inmate Health Care Services Authorized by: E.Vike	

9.6 Medication Distribution Guidelines

9.6.1 Medication Distribution

Refer to Corrections Branch Adult Custody Policy for entire policy

- The primary correctional staff position used for escorting the medication nurse during unit medication distribution at KRCC is the unit support officer (USO). Other correctional staff positions may be deployed as secondary escorts at the discretion of the assistant deputy warden of regulations.
- Medication is distributed by a registered nurse or licensed practical nurse.
- The medication nurse will enter the living unit with the USO and proceed to the living unit office.
- The USO will stay at the living unit office door with the nurse during medication distribution.

Not Responsive

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Not Responsive

9.6.1.3 Medication Distribution Times

- Medication for all inmates are distributed in the units four times a day at approximately the following times:
 1. Breakfast:
 - s.15 from 0700 -0800 hours.
 - s.15 from 0830 0945 hours.
 2. Lunch:
 - s.15 from 1045 1145 hours.
 3. Supper:
 - s.15 from 1600 1700 hours.
 4. Evening:
 - s.15 from 1915 - 2000 hours.
 - s.15 from 2030 - 2130 hours.

9.6.1.4 Escorting Officer's Duties During Code Responses

- Should a s.15 code yellow response be required in the unit where the escorting officer is currently escorting the medication nurse, the escorting officer will s.15 and respond to the code.
- Should a s.15 code yellow response be required in a unit other than the unit where the escorting officer is currently escorting the medication nurse, the escorting officer will remain with medication nurse and medication tray. The escorting officer will not respond to the code.

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- Should a s.15 code yellow response be required, the escorting officer will escort the medication nurse to s.15 The escorting officer will then respond to the identified s.15 code yellow staging area.
- Should a code blue response be required, the escorting officer will escort the medication nurse to s.15 The medication nurse will then respond to the code blue.

Not Responsive

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Not Responsive

9.6.6 Methadone and Suboxone Distribution

Refer to Corrections Branch Adult Custody Policy sec. 9.6.6 and Health Care Services Manual sec. 10 and sec. 11 for entire policy

Not Responsive

- On weekends the shift scheduler will schedule designated staff for the methadone and suboxone supervision.

Not Responsive

7. Medication

7.1. Medication distribution (revised: Apr-13)

1. Qualified personnel must distribute medication. This includes nurses, physicians, nurse practitioners and pharmacists. Other persons, whose job description requires them to distribute medication, must be certified as having completed the required training.
2. A pharmacist, physician, nurse practitioner or a nurse using the Medication Distribution Handbook conducts this training.
3. Prior to the patient receiving medication, corrections staff and health care staff independently verify the inmate's identity.

7.2. Priority medication (revised: Sep-12)

1. Priority medications are those used in the treatment of acute or serious medical conditions where a missed dose may result in significant harm to the patient. In consultation with the Medication and Therapeutics Committee and the health care contractor, the director, Health Services determines periodically which medications are deemed to be priority medication.
2. Health care staff make direct contact with a patient who is scheduled to receive priority medication to ensure proper administration. When a patient does not attend the health care unit to obtain priority medication, health care staff see the patient in person to determine why the medication is being refused. The reason for refusal is documented. Correctional staff facilitate requests by health care staff to make direct in-person contact with the patient regarding the administration of priority medication. Refer to section 9.6.1, *Adult Custody Policy*.

Not Responsive