

MANUAL: JR3 340, 380-382	JOB AID
SUBJECT: Medication Administration in Residential Juvenile Justice Facilities (FAQ)	X New Issue Partial Revision Complete Revision

FAQ

Q: I hear the state may be changing the Licensing rules. Is this medication policy change part of that change?

A: Yes and no. The policy change was prompted by review of field practices. This led to a review of medication administration practices by other facilities and states. Licensing rules are undergoing the final stages of revision and approval and relevant content was incorporated into the policy.

Q: I keep hearing about the 6Rs; what are they and what do they have to do with medication administration?

A: The six Rs are the core of safe, reliable medication dispensing:

Right youth.

Right medication.

Right route.

Right time.

Right dose.

Right documentation.

Q: Should we use photographs of the youth to verify that they are who they are and receive the correct medications?

A: The requirement is for the person administering the medications to know that the youth is the right youth. Photographs may help in cases where the staff is unfamiliar with the youth or the youth is new.

Q: Revised policy adds requirements for medications when the youth is admitted to the facility. What is the background for this change?

A: The intent is to address the case when a youth may already be taking medication. The policy takes steps to verify medications to ensure properly prescribed medications are continued and questionable cases are identified and acted upon.

Q: Policy requires various communications with parents/guardian related to medication for their children. What is the reasoning behind this? Why is certified mail required when seeking informed consent for psychotropic medication?

A: Absent death or termination of parental rights, parents still have legal rights for juveniles less than 18 years of age. Additionally, many of the youth in the facility will be returning to the home of the parent or guardian. Therefore it makes sense to honor both the legal and practical aspects of medication administration by involving the parents/guardian. Seeking informed consent for psychotropic medications is a requirement of state law. Certified mail, while more expensive than regular mail, actually costs very little in terms of the cost of care, and is viewed as worth the cost in terms of the formality and accountability it provides.

Q: The new policies add new requirements including those for the inventory of medications. At times, staffing resources may be challenging yet the inventory requirements remain. Can social workers, group leaders, and management get involved in medication dispensing, inventory and disposal?

A: Yes, during development of these policy changes, feedback from facility staff resulted in expanding the classifications of staff who could, if trained and designated, participate in medication administration. As long as they are trained and designated by the facility for medication administration duties, social workers, group leaders, and shift supervisors/program managers can participate and help resolve staffing issues.

Q: I prefer putting my key ring in a desk drawer in a room where only staff are allowed. Is this okay?

A: This practice is prohibited and likely violates other facility procedures and sound general security practices. Keys must be maintained in the custody of the person to whom they are issued unless transfer to another person is authorized; key transfer may trigger additional medication inventory requirements.

Q: One of the youth I work with regularly refuses a prescribed medication? What should I do?

A: The short answer is to write the letter "R" in the appropriate blank on the medication administration record, notify the prescribing physician and complete an incident report to document the medication refusal. While medication refusal cannot be used to impose disciplinary consequences on the youth, this youth's chronic medication refusal already should have been detected and brought to the attention of supervision, the prescribing authority, and the treatment team. Policy requires notification in the event of any refusal and additional reporting and action for multiple refusals.

Q: I think a youth may be cheeking medications; what can I do?

A: Cheeking involves hiding dispensed medication so that the medication route is interrupted or delayed. Policy describes that you should be looking in the youth's mouth as a routine matter of practice to verify oral medications have been swallowed. If there is a question about swallowing, it is appropriate to ask for the youth to pull their cheeks away from their gums and position their tongue to afford a good view. Using an orderly process in a quiet, well-lit dispensing area will also aid in eliminating distractions and focusing on the medication issue at hand. If cheeking is a concern, you should also consult your supervisor so that this behavior is made known to the prescribing authority and treatment team.

Q: We have a relatively new youth who is taking insulin for diabetes. There are times when the staff is required to administer the injection. Is this allowed?

A: Yes, state regulations allow staff to administer insulin to diabetics or glucagon for cases of hypoglycemia (low blood sugar). These medications must be prescribed and staff trained in the use of the injector (syringe, pen, or pump).

Q: I supervise a group of youth every day and often go outside with them for recreation. The facility issues a pack I wear that includes an Epi-pen. What do I need to know about this device?

A: The Epi-pen, which releases Epinephrine, is used for rapid response to allergic reactions (for example Bee sting). Staff may administer an Epi-pen to a youth as long as they are trained to do so. If you have not been trained, contact your supervision to obtain the training.

Q: How do I avoid running out of medications?

A: The medication administration packaging should include labeling features that prompt reorder. Attention to detail and communication with supervision should help ensure a steady supply or appropriate medications is always available.

Q: We have some antibiotics that were not used; what can we do with them?

A: Ideally, the unused medications should be turned in to the vendor for credit to the facility account. Consult your supervision for disposal procedures.

Q: We have some other antibiotics that the vendor will not take for credit; what do we do? Can I destroy them by flushing them down the facility toilet?

A: Medications must be destroyed by two persons using procedures referenced in the policy or on the medication label. Absent specific written instructions for disposal, toilets, which often flow into public water supplies or other environmentally sensitive areas, must not be used for medication disposal.

Q: Can I give a youth one of my Tylenols? He has a bad headache.

A: Staff is never authorized to give a youth one of their medications. Seek medical attention for the youth from facility resources.