

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.80.24	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 11/01/08	<b>New Effective Date:</b> 10/24/16
	<b>Supersedes:</b> BHS800:24	<b>Dated:</b> 11/01/08
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medication/Medical Supply Refill Requests		

**POLICY**

The Division of Adult Institutions shall be responsible for issuing prescribed medications and medical supplies to inmate patients who are responsible for requesting them.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-D-01 – Pharmaceutical Operations and P-D-02 – Medication Services  
DAI Policy 500.30.11 – Daily Handling of Non-Emergency Requests for Health Care  
DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation  
DAI Policy 500.80.06 – Obtaining Medications  
DAI Policy 500.80.07 – Labeling of Medications

**DEFINITIONS, ACRONYMS AND FORMS**

CPS – Central Pharmacy Services

DOC-3034 – Patient Medication Profile

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3035C – Medication/Medical Supply Refill Request

HSR/MRR – Health Service Request/Medication Refill Request

HSU – Health Services Unit

Medication/Supply Refill Request – Form used by inmate patients to request refills of their medications or medical supplies from HSU.

**PROCEDURES**

- I. **All requests for medication/supply refills by inmate patients shall be submitted on a DOC-3035C – Medication/Medical Supply Refill Request.**
  - A. The adhesive medication reorder tag attached to the prescription label shall be removed at the time the medication is issued to the inmate patient. HSU staff shall use the medication reorder tags to requisition medication refills from CPS per DAI Policy 500.80.06.

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- B. Issuing a prescription shall not be delayed because the inmate patient did not use the DOC-3035C – Medication Refill Request. Inmate patients shall be educated if they are not utilizing the DOC-3035C for refill requests.
- C. A response shall be sent if the refill request was submitted on DOC-3035C.
  - 1. DOC-3035Cs shall be filed in the HSR/MRR folder according to DAI Policy 500.30.11 and 500.50.02.
  - 2. DOC-3035Cs are retained whether submitted by inmate patient or officer.

**II. All triaged requests for medication and supplies are to be forwarded to the proper staff for review and issue to the inmate patient.**

- A. Date stamp or record the date on the DOC-3035C – Medication Refill Request the date it is received in HSU.
- B. Compare the DOC-3034 – Patient Medication Profile with the submitted DOC-3035C to determine if the medication can be refilled, by checking the stop date, and the last date the medication was dispensed.
- C. If medication can be issued:
  - 1. Issue the medication/supply from the inmate patient specific HSU supply or dispense from HSU stock, if necessary per DAI Policy 500.80.07.
  - 2. Mark the box as prescription issued on the DOC-3035C
  - 3. Document on the DOC-3034.
  - 4. Assure delivery to inmate patient per facility policy.
- D. If medication cannot be issued:
  - 1. Mark the appropriate box on the DOC-3035C and return copy to the inmate patient.
  - 2. Inform the inmate patient in person if further discussion is necessary. Request order renewal from the ACP if necessary.
  - 3. Request refill from CPS per DAI Policy 500.80.06.
  - 4. Issue medication upon receipt.
- E. When requesting a medication refill too early the inmate patient shall be directed to submit a DOC-3035C approximately seven days before their current supply is depleted.

**III. Distribution and Retention of DOC-3035C**

The original DOC-3035C shall be filed in the HSR/MRR folder in date order with the most recent on top. A copy of the completed DOC-3035C shall be forwarded to the inmate patient in a confidential manner.

- A. Fold so that only the inmate patient's name and location is visible.
- B. Secure by tape, staple, glue stick or other means as allowed by the facility.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.80.24	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medication/Medical Supply Refill Requests		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
    - 1.
      - a.
  - B.
  - C.
- II.
  - A.
  - B.
  - C.