

Chapter: Medication Administration	<b>Effective Date: 4/15/17</b>
<b>Title: On-Campus Self-Administration of Medication with Supervision</b>	Page: 1 of 5
	Replaces: HHS.31.07, 8/1/15

(a) **Standard.**

The Texas Juvenile Justice Department (TJJD) permits supervised self-administration of medication by youth under certain circumstances.

(b) **Applicability.**

- (1) This standard applies to youth in halfway houses who are prescribed medication for treatment of a physical or mental health condition. Youth prescribed controlled substances are restricted from handling the blister pack of medication.
- (2) This standard does not apply to youth in halfway houses who are prescribed insulin, which is administered in accordance with [HHS.31.15](#).

(c) **General Provisions.**

- (1) The Multi-disciplinary Team (MDT) decides whether a youth is eligible to self-administer medication with supervision.
- (2) To be eligible to self-administer medication, a youth must:
  - (A) agree to self-administer medication under supervision;
  - (B) complete the halfway-house orientation period;
  - (C) be assigned to Stage 4 or above;
  - (D) be within 30 days of his/her minimum length of stay or release, unless all other criteria are met and the MDT approves an earlier start date;
  - (E) have no incidents of medication abuse (e.g., cheeking) in the past 90 days;
  - (F) have no major rule violations within the past 30 days;
  - (G) have no suicide alert history within the past 30 days; and
  - (H) have received parent/guardian consent, if the youth is under the age of 18.
- (3) The MDT may waive eligibility requirements on a case-by-case basis with documented rationale.
- (4) If the youth has minor rule violations within the past 30 days, the MDT considers these violations on a case-by-case basis when determining eligibility.
- (5) The MDT reviews each youth for eligibility during regularly scheduled MDT meetings. However, a called staffing with the MDT may be held to consider the youth's eligibility if initially denied or if special circumstances apply (e.g., the youth is scheduled to be released from the halfway house and needs to become proficient in self-administration of medication).
- (6) If a youth loses eligibility after starting the program, the self-administration ceases and the youth is re-assessed by the MDT when the youth meets the criteria again.
- (7) The superintendent is responsible for ensuring privacy and a secure environment for youth during supervised self-administration of medication.

- (8) A youth authorized to self-administer medication with supervision receives instruction from a health care professional before implementation.

(d) **Procedures.**

(1) **Approval for Youth to Self-Administer Medication with Supervision.**

(A) The **TJJD case manager:**

- (i) discusses youth eligibility for supervised self-administration of medication in the MDT meeting;
- (ii) documents review results in the MDT minutes and the CCS-517 screen in the “Any Other Information Not Captured in ICP” section; and
- (iii) if the youth is determined to be eligible, discusses the recommendation with the youth.

(B) For youth under the age of 18, the **human services specialist (HSS):**

- (i) obtains parent/guardian consent on the [Parental Consent for Supervised Self-Administration of Medication form, HLS-307](#);
- (ii) files the original form in the youth’s masterfile; and
- (iii) and places a copy in the Daily Health Records Binder.

(C) The **HSS** notifies the health services administrator (HSA) or designee that the youth has been approved to self-administer medication with supervision and requires instruction regarding the medication administration process.

(D) The **HSA, institution nurse, or nurse coordinator for health services:**

- (i) provides medication education to the youth in person or by digital medical services, including:
  - (I) expectations about the self-administration of medication, including youth initiation, provision of privacy, responsible handling of medication, consequences for cheating or misuse of medication, and the right to refuse by signing a [Refusal Form, HLS-520](#);
  - (II) medication name;
  - (III) medication dose and route;
  - (IV) purpose of the medication;
  - (V) medication schedule (time and frequency);
  - (VI) anticipated medication actions and potential side effects; and
  - (VII) the process for seeking help and/or reporting concerns; and
- (ii) documents the education in the electronic health record (EHR) on a CM-Progress Note.

(E) The **institution nurse** or the **HSS** obtains the youth’s signature on the [Youth Acknowledgement of Instructions for Supervised Self-Administration of Medication form, HLS-305](#).

(F) The **HSS** files the original form in the youth’s masterfile and places a copy in the Daily Health Records Binder.

- (G) The **institution nurse** scans the completed HLS-305 and HLS-307 into the EHR.
  - (H) The **HSS** notifies the assigned TJJD regional nurse manager of the youth's initials, the youth's TJJD number, and the initiation date of medication self-administration with supervision.
  - (I) The **HSA** documents on the monthly Halfway House Health Services Administrative Committee Report the number of youth currently self-administering medication along with their TJJD numbers.
- (2) **Self-Administration of Medication with Supervision.**
- (A) The **HSS** or a **juvenile correctional officer (JCO)** calls youth one at a time to self-administer medication with supervision. The area for self-administering medication should be quiet, free of other youth, well-lit, and private for the youth administering the medication. If a youth has not arrived at the designated area within 15 minutes after the prescribed medication time, the **HSS** or **JCO** locates and reminds the youth.
  - (B) The **HSS** or a **JCO**:
    - (i) verbally reviews with the youth the procedure for self-administering medication;
    - (ii) instructs the youth to use hand sanitizer;
    - (iii) asks the youth to state the medication name, dose/number of pills, and purpose;
    - (iv) verifies in the Scanned Medication Administration Recording Technology (SMART) system that the medication is correct;
    - (v) encourages the youth to read the prescription label on the blister pack;
    - (vi) provides verbal assistance as needed;
    - (vii) uses the educational handouts developed by medical staff to guide the youth;
    - (viii) verifies that the information reported by the youth is correct; and
    - (ix) repeats this process for each medication immediately before self-administration.
  - (C) The **HSS** or **JCO** verbally commends a youth who provides correct information. If the youth is unable or unwilling to provide the correct information or if a staff member determines the process cannot be implemented safely, the **HSS** or **JCO** offers to administer the medication to the youth in accordance with [HHS.31.05](#).
  - (D) The **HSS** or **JCO** provides the youth with a soufflé cup for the pill(s) and a cup of water. While closely supervising, the **HSS** or **JCO** hands the youth the multi-dose blister pack of medication that corresponds with the medication information provided by the youth.
    - (i) For youth prescribed a controlled substance, which must not be given to the youth while still in the blister pack, the **HSS** or a **JCO**:
      - (I) removes the medication from the blister pack;
      - (II) places it directly into the soufflé cup; and
      - (III) hands the cup of medication to the youth.
    - (ii) For youth prescribed a non-controlled substance, the **HSS** or a **JCO** observes the youth removing the correct number of pills from the blister pack and placing the pill(s) directly into the soufflé cup. This process is repeated for each non-controlled medication prescribed.

- (E) The **HSS** or **JCO**:
- (i) observes the youth swallowing the medication and water;
  - (ii) instructs the youth to cough;
  - (iii) checks the youth's mouth to ensure he/she swallowed the medication; and
  - (iv) documents the medication administration in SMART using the "Custom Entry" tab to record the actual time medication was administered if not documenting at the exact time of medication administration.
- (F) The **HSS** or **JCO** repeats steps (A)–(F) each time medications are given and documents each dose in SMART.
- (3) **Refusal of Medication.**
- If a youth refuses a prescribed medication, refer to the procedures given in [HHS.70.10](#).
- (4) **Medication Cheeking or Misuse.**
- (A) If a youth is caught cheeking, hoarding, or otherwise misusing a prescribed medication, the **HSS** or a **JCO**:
- (i) immediately discontinues self-administration of medication for that youth;
  - (ii) documents the incident on the youth's [HLS-505](#); and
  - (iii) notifies the youth's TJJD case manager, the institution nurse, and the superintendent.
- (B) The **institution nurse** contacts the prescribing provider for direction.
- (C) The **TJJD case manager**:
- (i) meets with the youth within three workdays to discuss the reasons for the medication noncompliance;
  - (ii) documents the discussion on a [Chronological Record: Medication Non-Compliance, CCF-520med](#); and
  - (iii) places the form in the Daily Health Records Binder and in the youth's masterfile.
- (D) The **institution nurse** scans the CCF-520med into the EHR during a routine nursing visit.
- (5) **Process Review.**
- (A) The **institution nurse**:
- (i) reviews SMART for accuracy;
  - (ii) documents review of refusals during routine visits;
  - (iii) initials and dates each refusal form after review; and
  - (iv) scans the refusal forms into the EHR.
- (B) The **TJJD case manager** encourages the youth to review and address medication-related issues in his/her portfolio.
- (C) The **MDT** and the **TJJD case manager**:
- (i) review and discuss recommendations about the youth's continued participation in the process no later than 30 days after the youth begins self-administering medication with supervision, or sooner if the youth does not comply with the process; and

- (ii) document the review and results on:
    - (I) a [Chronological Record, CCF-520](#); or
    - (II) the CCF-517 screen if the discussion occurs during a youth's regularly scheduled MDT meeting.
  - (D) If a decision is made to no longer allow the youth to self-administer medication, the **TJJD case manager** informs the youth.
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