

Chapter: Pharmaceutical and Medical Supplies	<b>Effective Date: 7/1/15</b>
<b>Title: Medical Supply List</b>	Page: 1 of 1
ACA: N/A	Replaces: HHS.30.15, 1/19/12
Implements: N/A	

(a) **Standard.**

All Texas Juvenile Justice Department (TJJD) halfway houses must have first-aid supplies and basic medical supplies available.

(b) **Procedures.**

- (1) The following items must be kept on hand at all times:

**Person Responsible: Human Services Specialist (HSS)**

4x4 gauze	Hydrocortisone cream 1%
Adhesive bandages (e.g., BAND-AID®)	Milk of magnesia
Alcohol prep pads	Monistat® vaginal suppositories 100mg, 7-day dosing (as appropriate, based upon population)
Analgesic balm 30 gram tube	Motrin® (Ibuprofen)
Antacid (aluminum/magnesium hydroxide)	Orabase®
Tolnaftate 1% cream (Tinactin®)	Phenylephrine 10mg
Bathroom scale	Refrigerator for medical purposes
Benadryl® (diphenhydramine) capsules 25mg	Refrigerator thermometer
Benzoyl peroxide cream 10%	Salt
Calamine lotion	Tape
Chlorphen 4 mg	Telfa pads
Cotton swabs	Triple antibiotic ointment
Disposable oral or tympanic thermometer	Tylenol® (Acetaminophen)
Electronic blood pressure cuff	Vicks® VapoRub®
Loperamide HCL tabs 2mg	

- (2) Inventory the above weekly and order as needed to maintain the required supply (medications from Correctional Managed Care Central Pharmacy and supplies from Correctional Managed Care Central Warehouse). Benzoyl peroxide cream 10% is obtained from the TJJD warehouse.  
**Person Responsible: HSS/JCO**
- (3) Examine the above supplies at least monthly for integrity or expiration date. Replace outdated or damaged items immediately. Document the check on the Medical Supplies Inventory form, [HLS-911](#).  
**Person Responsible: HSS**
- (4) Order supplies and equipment for special needs youth and maintain an adequate supply.  
**Person Responsible: HSS**
- (5) Monitor all orders for non-prescribed medications and supplies on routine visits.  
**Person Responsible: Nurse**
- (6) Return expired or discontinued medication to UTMB CMC Central Pharmacy weekly (except for controlled substances. See [HHS.30.30](#)). Complete the Pharmacy Return/Reclamation form, [HLS-736](#), including two staff signatures to verify contents.  
**Person Responsible: HSS**
- (7) Record returned information on Nurse Visit Report.  
**Person Responsible: Nurse**