

Chapter: Medication Administration	<b>Effective Date: 8/1/15</b>
<b>Title: On-Campus Self-Administration of Medication with Supervision</b>	Page: 1 of 4
ACA: 3-JCRF-4C-08	Replaces: HHS.31.07, 6/15/14

(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 halfway house youth who are prescribed a non-controlled medication for treatment of a physical or mental health condition. (Controlled substances are administered in accordance with procedures in [HHS.31.05.](#))
- (2) This standard does not apply to halfway house youth who are prescribed insulin. (Insulin is administered in accordance with procedures in [HHS.31.15.](#))

(c) **General Provisions.**

- (1) The Multi-disciplinary Team (MDT) decides whether the 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, etc.) 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 (required only if the youth is under age 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, 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 medication self-administration with supervision will cease. The youth will be re-assessed by the MDT when he/she meets the criteria again.
- (7) The superintendent is responsible for ensuring youth privacy and a secure environment are maintained during supervised self-administration of medication.

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

(d) **Approval Procedures.**

- (1) Discuss youth eligibility for supervised self-administration of medication in the MDT meeting. Document review results in the MDT minutes and the CCS-517 screen in the “Any Other Information Not Captured in ICP” section.  
**Person Responsible: TJJJ Case Manager**
- (2) If the youth is determined eligible, discuss the recommendation with the youth.  
**Person Responsible: TJJJ Case Manager**
- (3) For youth under age 18, obtain parent/guardian consent on the Parental Consent for Supervised Self-Administration of Medication form, [HLS-307](#). File the original form in the youth’s masterfile and place a copy in the daily health record binder.  
**Person Responsible: Human Services Specialist (HSS)**
- (4) Notify 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.  
**Person Responsible: HSS**
- (5) Provide medication instruction to the youth in person or by digital medical services that includes the following:
- (A) expectations about self-administration of medication (youth initiation, provision of privacy, responsible handling of medication, consequences for cheating or misuse of medication, right to refuse by signing a refusal form);
  - (B) medication name;
  - (C) medication dose and route;
  - (D) purpose of the medication;
  - (E) medication schedule (time and frequency);
  - (F) anticipated actions and potential side effects; and
  - (G) how to ask for help or report concerns.  
**Person Responsible: HSA/Nurse/Clinical Case Manager**
- (6) Document the instruction in the electronic medical record (EMR).  
**Person Responsible: HSA/Nurse/Clinical Case Manager**
- (7) Obtain the youth’s signature on the Youth Acknowledgement of Instructions for Supervised Self-Administration of Medication form, [HLS-305](#).  
**Person Responsible: Nurse/HSS**
- (8) File the original form in the youth’s masterfile and place a copy in the daily health record binder.  
**Person Responsible: HSS**
- (9) Scan the completed HLS-305 and HLS-307 into the EMR.  
**Person Responsible: Nurse**
- (10) Notify the assigned TJJJ regional nurse manager of the youth’s name, TJJJ number, and initiation date of medication self-administration with supervision.  
**Person Responsible: HSS**

**(e) Procedures for Medication Self-Administration with Supervision.**

- (1) Call youth one at a time to self-administer medication with supervision. The area should be quiet, free of other youth, and private for the youth administering medication. If a youth has not arrived at the designated area within 15 minutes after the prescribed medication time, locate the youth and remind him/her.  
**Person Responsible: HSS/Juvenile Correctional Officer (JCO)**
- (2) Verbally review the medication self-administration procedure with the youth. Instruct the youth to use hand sanitizer.  
**Person Responsible: HSS/JCO**
- (3) Ask the youth to state the medication name, dose/number of pills, and purpose. Verify in the Pharmacy Replacement System (PRS) that the medication is correct. Encourage the youth to read the prescription label on the blister pack and provide verbal assistance as needed. Use the educational handouts developed by medical staff to guide the youth and verify that the information reported by the youth is correct. (Repeat this process for each medication immediately before self-administration).  
**Person Responsible: HSS/JCO**
- (4) Verbally commend youth who provide correct information. If the youth is unable or unwilling to provide the correct information or staff determines the process cannot be implemented safely, offer to administer the medication to the youth in accordance with [HHS.31.05](#).  
**Person Responsible: HSS/JCO**
- (5) Provide the youth a soufflé cup for the pill(s) and a cup of water. With close supervision, hand the youth the multi-dose blister pack of medication that corresponds with the medication information provided by the youth.  
**Person Responsible: HSS/JCO**
- (6) Observe the youth removing the correct number of pills from the blister pack and placing the pill(s) directly into the soufflé cup. Repeat this process for each pill prescribed.  
**Person Responsible: HSS/JCO**
- (7) Observe the youth swallow the medication. Check the youth's mouth at the end of the process to ensure he/she swallowed the medication.  
**Person Responsible: HSS/JCO**
- (8) Document medication administration in the PRS using the "Custom Entry" tab to record the actual time medication was administered if not documenting at exact time of medication administration.  
**Person Responsible: HSS/JCO**
- (9) Repeat steps (1)-(8) each time medications are given and document each dose in the PRS.  
**Person Responsible: HSS/JCO**

**(f) Refusal Procedures.**

- (1) If a youth refuses a medication, ensure the youth completes a Refusal Form, HLS-520. File the form in the daily health record binder. Report the refusal to the superintendent and the nurse in accordance with [HHS.70.10](#).  
**Person Responsible: HSS/JCO**
- (2) If a youth refuses **one dose** of medication for a **life-threatening** condition (e.g., diabetes, seizure disorder, etc.), notify the nurse and superintendent immediately.  
**Person Responsible: HSS/JCO**
- (3) If a youth refuses any other prescribed medication three times consecutively:

- (A) notify the youth's TJJD case manager, the superintendent, and the nurse as soon as feasible and document the notification on the Treatment and Intervention Record form, [HLS-505](#);  
**Person Responsible: HSS/JCO**
- (B) for psychotropic medication refusals, meet with the youth within three business days to discuss reasons for the medication refusal, document the discussion on a Chronological Record: Medication Non-Compliance form, [CCF-520med](#), and place the form in the daily health record binder and the youth's masterfile;  
**Person Responsible: TJJD Case Manager**
- (C) notify the ordering provider, if indicated, within 24 hours; and  
**Person Responsible: Nurse**
- (D) scan the CCF-520med into the EMR during routine nursing visits.  
**Person Responsible: Nurse**

(g) **Procedures for Medication Cheeking or Misuse.**

- (1) If a youth is seen cheeking, hoarding, or otherwise misusing a prescribed medication, document the incident on the youth's Treatment and Intervention Record form, HLS-505, and notify the youth's TJJD case manager, the nurse, and the superintendent as soon as feasible.  
**Person Responsible: HSS/JCO**
- (2) Contact the prescribing provider for direction as soon as feasible.  
**Person Responsible: Nurse**
- (3) Meet with the youth within three business days to discuss reasons for the medication non-compliance, document the discussion on a Chronological Record: Medication Non-Compliance form, CCF-520med, and place the form in the daily health record binder and the youth's masterfile.  
**Person Responsible: TJJD Case Manager**
- (4) Scan the CCF-520med into the EMR during routine nursing visits.  
**Person Responsible: Nurse**

(h) **Process Review.**

- (1) Review the PRS for accuracy and document review of refusals during routine visits.  
**Person Responsible: Nurse**
  - (2) Encourage youth to review and address medication-related issues in their community re-integration plan.  
**Person Responsible: TJJD Case Manager**
  - (3) Review and discuss recommendations about the youth's continued participation in the process no later than 30 days after the youth begins the process or sooner if the youth does not comply with the process.  
**Person Responsible: MDT/TJJD Case Manager**
  - (4) Document the review and results on:
    - (A) a Chronological Record, [CCF-520](#); or
    - (B) the CCF-517 screen if the discussion occurs during a youth's regularly scheduled MDT meeting.  
**Person Responsible: MDT/TJJD Case Manager**
  - (5) If a decision is made to remove the youth from the program, inform the youth.  
**Person Responsible: TJJD Case Manager**
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