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|  <p><b>CD-171000</b></p> | <h1>NEW MEXICO<br/>CORRECTIONS DEPARTMENT</h1> <p>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."<br/> <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p> |                           |
|   | <b>ISSUE DATE:</b> 03/01/01  | <b>REVIEWED:</b> 09/30/18 |
|   | <b>EFFECTIVE DATE:</b> 03/01/01  | <b>REVISED:</b> 02/16/15  |
| <b>TITLE: Administration of Psychotropic Medication</b>   |  |                           |

**AUTHORITY:**

Policy *CD-000100*

**REFERENCE:**

- A. Handbook of Correctional Mental Health, 2009;
- B. American Psychiatric Association Practice Guidelines, for Treatment of Psychiatric Disorders Compendium, 2006.
- C. Manual of Clinical Psychopharmacology, 2010.
- D. American Psychiatric Press Textbook of Psychopharmacology, Second Edition, 2003.

**PURPOSE:**

To establish guidelines for administering psychotropic medications.

**APPLICABILITY:**

All New Mexico Corrections Department (NMCD) facilities, contract facilities, and all other state, county or private facilities where NMCD inmates are housed.

**FORMS:** Medication Non-Compliance Report *CD-171001.1* or M#205.  
 Physician Order form *CD-171001.2* or M#221.

**DEFINITIONS:**

- A. *Informed Consent*: The process whereby the physician informs the inmate of any potential side effects and risks of a prescribed treatment, the inmate understands all the potential side effects and risks and the inmate agrees to the treatment.
- B. *Keep-On-Person (KOP)*: Medication given to an inmate to self-carry that is not ingested at the time of distribution but is taken later, without medical supervision.
- C. *Medication Administration*: The act in which a single dose of an identified medication is given to an inmate.
- D. *Medication at Risk for Diversion or Abuse (MRDA)*: A medication at risk of diversion or abuse, which has been so identified by the Chief of Psychiatry, but is not elsewhere covered in policy as a psychotropic medication or a Scheduled Medication.

**POLICY:**

NMCD will dispense psychotropic medications to inmates in a safe and controlled fashion in all state, county, and private facilities where NMCD inmates are housed. To assure proper inmate compliance, observed inmate intake of psychotropic medications, and monitoring of psychotropic medications, as well as prevent hoarding of psychotropic medications, misuse of psychotropic medications or, using psychotropic medications as contraband within the correctional facilities.




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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

09/30/18

Date

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|---|---|----------------------------------|
|  <p><b>CD-171001</b></p> | <h1 style="text-align: center;">NEW MEXICO<br/>CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i><br/> <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p> |                                  |
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| <b>TITLE: Administration of Psychotropic Medication</b>   |   |                                  |

**AUTHORITY:**

Policy *CD-171000*

**PROCEDURES:**

**Standard of Care:**

**A. Crushing Psychotropic Medications:**

All psychotropic medications are to be delivered in a form which impedes illicit medication hoarding. This may include the crushing of tablet medication, the immersion, disencapsulation or floating of capsules in water, or other appropriate preparative handling. Extended release or slow release psychotropic medications will not be crushed and will be dispensed in the whole form in the dispensing cup. Nursing staff will have the inmate return the dispensing cup back to nursing staff for disposal.

**B. Administration of Psychotropic Medications:**

Keep-On-Person (KOP) or self-carry prescriptions are **NOT** allowed for psychotropic medications in any facility where NMCD inmates are housed. The purpose of this limitation is to reduce the possibility of potential hoarding, overdose, trading, or non-compliance with psychotropic medications.

**C. Psychotropic Medication Informed Consent:**

The side effects and risks of taking psychotropic medications will be explained to the inmate by the prescribing psychiatrist. The prescribing psychiatrist will obtain a signed informed consent from the inmate for the psychotropic medication during the appointment with the inmate. For continuity of care purposes, inmates currently prescribed psychotropic medications entering the NMCD Reception and Diagnostic area will be continued on psychotropic medications until the first encounter with the psychiatrist when the informed consent and the determination to continue psychotropic medications will be done.

**D. Non-Compliance with Psychotropic Medications:**

Failure of the inmate to pick up three consecutive doses of a psychotropic medication shall be recorded by nursing staff on the inmate Medication Administration Record (MAR) and documented in the medical chart. Psychotropic medication non-compliance shall be reported to the psychiatrist and assigned mental health staff.

The inmate will be scheduled to be seen by the nursing staff for discussion of reasons for non-compliance with the psychotropic medication. A Medication Non-Compliance Encounter and Review NMCD form *CD-171101.1* or #M-205 will be completed by a licensed nurse and forwarded to the psychiatrist.

The psychiatrist will review the reasons for psychotropic medication non-compliance and determine action regarding continuation of the psychotropic medication(s). The psychiatrist will document the outcome on NMCD form *CD-171101.1* or #M-205 and return it to the appropriate nursing staff for review. If indicated, the psychiatrist will write orders on the Physician Order form *CD-171101.2* or #221.

**E. Administration of Medications at Risk for Diversion or Abuse**

The Chief Medical Administrator or Chief Psychiatrist may identify any medications determined to be a risk of diversion as contraband or abuse within the NMCD, when not otherwise specified or indicated herein. Any medication designated as a MRDA will be administered in the same manner of psychotropic medications as described above in Procedure A.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

09/30/18

Date



**NEW MEXICO CORRECTIONS DEPARTMENT  
MEDICATION NON-COMPLIANCE REPORT**



**SUBJECTIVE**    **Inmate non-compliant with medication(s);**

**OBJECTIVE**    **Not seen**

**ASSESSMENT:**

Inmate is non-compliant with the following medication(s):

Number of Doses Missed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Nurse Signature

**PLAN:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date:    /    /

Time: \_\_\_\_\_

|                    |               |            |                 |
|--------------------|---------------|------------|-----------------|
|                    |               |            |                 |
| <b>INMATE NAME</b> | <b>NMCD #</b> | <b>DOB</b> | <b>Facility</b> |



**NEW MEXICO CORRECTIONS DEPARTMENT**



**PHYSICIAN'S ORDERS  
(USE BLACK PEN ONLY)**

**4. Name:** **NMCD#** **DOB** **Site**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Noted by \_\_\_\_\_ Date/Time \_\_\_\_\_

**3. Name:** **NMCD #** **DOB** **Site**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Noted by \_\_\_\_\_ Date/Time \_\_\_\_\_

**2. Name:** **NMCD #** **DOB** **Site**

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\_\_\_\_\_

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\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Noted by \_\_\_\_\_ Date/Time \_\_\_\_\_

**1. Name:** **NMCD #** **DOB** **Site**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Noted by \_\_\_\_\_ Date/Time \_\_\_\_\_

|             |        |     |          |
|-------------|--------|-----|----------|
| Inmate Name | NMCD # | DOB | Facility |
|-------------|--------|-----|----------|