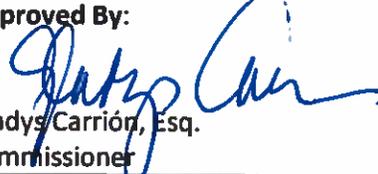


**Medication Administration in Juvenile Justice Placement**

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<b>Bulletins &amp; Directives:</b> NA	<b>Supersedes:</b> Policy and Procedure #2012/02 Medication Administration for Non-Secure Facilities	<b>Related Policies:</b> <ul style="list-style-type: none"> <li>• #2014/08 Medical Consents for Children in Foster Care</li> <li>• Required Log Books and Paper Files for Juvenile Justice Placement Facilities</li> <li>• Incident Reporting for Juvenile Justice Placement</li> <li>• Vulnerable Persons Central Register (VPCR) Reportable Incidents and Notification</li> </ul>	
<b>Related Forms:</b> Medication Administration Record Over the Counter (OTC) Medications and Products for Non-Secure and Limited Secure Placement			
<b>SUMMARY:</b> All youth in the care of the Administration for Children's Services (ACS) in non-secure juvenile justice placement (NSP) and limited secure juvenile justice placement (LSP) facilities who require medication must receive their medication in the manner prescribed by a physician or other licensed health care practitioner authorized to issue prescriptions. To this end, this responsibility shall reside with the NSP or LSP provider. The purpose of this policy is to standardize safe and effective procedures for the storing, administering, accounting, and discarding of medications according to applicable federal, state, and local laws, and regulations commensurate with a physician's or other licensed health care practitioner's order.			
<b>SCOPE:</b> This policy applies to all youth placed in NSP and LSP facilities with ACS pursuant to Article 3 of the Family Court Act.			

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## I. Introduction

- A. The following policy was developed for use in the non-secure placement (NSP) and limited secure placement (LSP) systems of the New York City (NYC) Administration for Children's Services (ACS), the spirit of which rests firmly on the premise that youth placed in residential settings shall be placed in programs that are close to home, and for only as long as is necessary to maintain public safety and impart the skills and tools each youth needs to succeed in the community. All juvenile justice placement settings are to prioritize youth-centered programming and strive to provide youth with the full range of individual supports they need to achieve their treatment goals. Like the youth in NSP and LSP programs, families are to be treated with utmost dignity and respect, and shall be integrated into programming and treatment as full partners throughout the period of each youth's placement and aftercare. Communities and the natural resources they possess are to be valued and relied upon as part of the formula for success in each case. The primary responsibility of all those associated with the juvenile justice placement system is to protect the safety and security of communities, and the safety and security of the youth in placement.
- B. All youth in the care of ACS in NSP and LSP facilities who require medication must receive their medication in the manner prescribed by a physician or other licensed health care practitioner authorized to issue prescriptions (hereafter, "prescriber"). To this end, this responsibility shall reside with the NSP or LSP provider. The purpose of this policy is to standardize safe and effective procedures for the storing, administering, accounting, and discarding of medications according to applicable federal, state, and local laws, and regulations commensurate with a physician's or other licensed health care practitioner's order.

## II. Definitions

- A. Cheeking - Pretending to swallow medication, but actually hiding it between the gum and the cheek or under the tongue.
- B. Direct Care Staff - NSP and LSP non-medical staff members providing care to youth in NSP or LSP facilities.
- C. Epinephrine Auto-Injector - A pre-filled syringe containing a single injectable dose of the stimulant to be used as an emergency measure for the treatment of severe respiratory distress resulting from an allergic reaction.
- D. Medical Staff Member (aka licensed health care practitioner) - A physician, physician assistant, nurse practitioner, licensed practical nurse, dentist, or registered nurse employed by the NSP or LSP provider to provide health care services to youth in NSP or LSP facilities.

- E. Medication Administration - The process by which a single dose of medicine is provided by medical staff members to and taken by a patient.
- F. Medication Error - Occurs whenever prescribed or over-the-counter (OTC) medication is administered inconsistently with a prescription or order issued for a youth by a qualified licensed health care practitioner. Medication errors include, but are not limited to, incorrect dosages, unauthorized dosages, medication that is contraindicated, and medication administered to the wrong youth.
- G. Over-the-Counter (OTC) Medications - Medications or products that may be purchased without a prescription, such as Tylenol. OTC medications cannot be given to a youth in NSP or LSP without an order or a standing order from a licensed prescribing health care practitioner.<sup>1</sup>
- H. Prescription Medications - Medications that can only be obtained with a written dispensing order from a physician or other licensed health care practitioner authorized to issue prescriptions.
- I. Standing Orders – A pre-written medication order and specific instructions from the licensed health care practitioner to administer a medication to a person in clearly defined circumstances.
- J. Supervised Self-Administration of Medication - The act of a youth taking or applying his or her own medication under the supervision of an NSP or LSP trained direct care staff members.

### **III. Policy and Procedure**

#### **A. Prescribed Medications**

Medications shall be prescribed only by a physician or licensed health care practitioner authorized to issue prescriptions following a medical examination of the youth, and administered according to directions on labels of prescriptions issued by a physician or licensed health care practitioner. Prescribed medications supplied for one youth shall not be administered to another youth.

#### **B. Continuity of Medication**

1. NSP and LSP provider staff shall collaborate with ACS Detention and Intake and Assessment staff to confirm any medications currently prescribed and administered at the time of the youth's transfer from Detention to NSP or LSP facilities, or between NSP and LSP facilities.

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<sup>1</sup> See Section III. G. 5.

2. Each NSP or LSP provider shall designate trained direct care staff to transport and transfer the youth's medications and prescriptions to the NSP and LSP provider site locations during transport of the youth.
3. Upon arrival at the NSP and LSP provider site, medical staff members at an NSP or LSP facility shall review each youth's Health Services records containing screening and assessments conducted prior to the applicable youth's transfer to the NSP or LSP facility; such screening and assessments are conducted by a secure facility, a provider of non-secure detention services, or other residential services.
4. Medical staff members shall verify that the comprehensive health screening and update of the youth contains an assessment of previous treatment, including whether such treatment included medication for any illness or health condition, whether the youth had any mental health conditions, and whether medication was taken on a regular or as-needed basis if such medication was part of the treatment.

C. Self-Administration of Medication

1. Note: Only medical staff may administer medications to youth.
2. Each NSP or LSP provider shall designate trained direct care staff members to supervise the self-administration of medications by youth when there are no medical staff members at the facility, and only those designated trained direct care staff members may supervise the self-administration of medications by youth.
3. Medical staff members shall remain accessible to all direct care staff via phone call and/or email for consultation and additional guidance in the self-administration of medication by youth and/or issues concerning medication errors.
4. Direct care staff must receive training before they may supervise the self-administration of medications by youth. Training shall include a review of the medication administration protocols and procedures. This review shall include how to maintain and update a youth's Medication Administration Record (MAR) [Attachment A] when medication is self-administered by a youth, expectations regarding the MAR, communication between direct care staff and medical staff members, procedures for verifying youth identities prior to supervising the self-administration of medication, and methods for reinforcing medication training (e.g., refresher courses, unit meetings, team meetings, and supervision).
5. **Note: Medication training programs for provider agency staff must be approved by ACS.**

#### D. Photographing Youth and Use of Photographs

1. Direct care or medical staff members shall take two (2) photographs of each youth upon admission to the facility. The photographs must depict the youth's face, head, and shoulders, and may not depict a full body image. Staff shall take updated photographs if the youth's appearance changes. One (1) photograph shall be maintained with the youth's health record, and the second photograph shall be attached to the youth's MAR.
2. Each time a youth is given medication, the medical staff members administering the medication or the trained direct care staff member supervising the self-administration of the medication shall compare the youth to his or her photograph.

#### E. Consent

1. In accordance with federal, state and local laws, regulations, and policies, and ACS Policy and Procedure #2014/08, *Medical Consents for Children in Foster Care*, informed consent for medications prescribed for anything other than routine medical, dental, and mental health services and treatment must first be sought from a youth's parent or caretaker, unless the parent's rights have been terminated or surrendered. Routine mental health treatment shall not include the administration of psychiatric medication unless it is part of an ongoing mental health plan or otherwise authorized by law.
2. Exceptions
  - a. Youth may provide consent in matters regarding their own sexual and reproductive health. For example, consent from a parent or guardian is not required prior to prescribing any form of birth control or treatment for sexually transmitted infections (STIs). NSP and LSP providers must take appropriate measures to protect a youth's confidentiality in these instances.
  - b. Youth who are 18 and older, youth who are married, and youth who are parents may consent for their own medical, dental, and health services.

#### F. Administration and Supervised Self-Administration of Prescribed Medications

1. Medical staff members administering prescribed medications and trained direct care staff supervising the self-administration of prescribed medications by youth shall follow the "Five Rights" of medication administration, which are as follows:
  - a. Right Person: Verify that the picture of the youth on the MAR depicts the youth present to take the medication. The staff member must ask the youth to provide his or her full name and date of birth.

- b. Right Medication: Verify that the medication to be administered matches the prescribed medication for the youth on the medication chart.
  - c. Right Dosage: Verify that the dosage on the chart matches the dosage on the prescription labels.
  - d. Right Route: Verify that the route method of administration or self-administration on the prescription bottle is the same as on the medication chart (e.g., by mouth or topical).
  - e. Right Time: Medications shall be administered or self-administered within the time ordered or within 60 minutes before or after the time designated.
2. All medical staff and trained direct care staff members must wash their hands and/or wear gloves prior to handling any medication, and must wear gloves when handling tablets or capsules.
  3. Medical staff and trained direct care staff members shall read the medication's name, dosage, and interval from the MAR.
  4. Medical staff and trained direct care staff members shall read the label on each package twice.
  5. If the medication is a liquid suspension or emulsion, the medical staff or trained direct care staff must shake the bottle well before pouring a dose, unless otherwise directed by the prescribing physician or other prescriber. To pour a liquid, medical staff members shall hold the bottle with the label in the palm of the hand to avoid staining the label.
  6. When measuring liquid medication using a medicine cup, medical staff or trained direct care staff shall place the medicine cup on a stable surface, observe at eye level, and mark the desired volume on the cup.
  7. If the medications are to be used in the eye, the medical staff members must make every effort to avoid contact between the tip of the dropper or ointment tube and the youth's eye or surrounding area. The trained direct care staff member supervising the self-administration of a medication for the eyes must direct the youth to avoid contact between the tip of the dropper or ointment tube and the youth's eye or surrounding area. Each youth must have his or her own labeled dropper or tube, which shall be indicated on the MAR.
  8. If the medications are packaged for external use (i.e., medications are applied to the skin, eyes, nose, or other mucous membranes), the medical staff members shall use

caution and wear gloves when applying such medications. The contents of these containers shall not be allowed to become contaminated. The containers shall be kept tightly closed when stored and disposed of appropriately prior to the expiration date.

9. The medical staff members administering the medication or the trained direct care staff member supervising the self-administration of medication shall remain with the youth until the medication has been fully administered (i.e., swallowed, topically applied, injected, or inhaled).
10. If a youth has a history of medication cheeking, a staff member shall ask the prescriber to determine if the medication prescribed to the youth allows for crushing and how to best administer or self-administer the medication in a crushed form without impacting the desired effect. If the prescriber determines that the medication may be crushed without losing its effectiveness, the staff member shall crush all of the youth's medications that have been determined to be medically appropriate to be crushed. The staff member shall also ask the prescriber if there is a liquid version of the medication that could be used instead.
11. Whenever medication that must be swallowed is administered or self-administered, medical staff members administering the medication or the trained direct care staff supervising the self-administration of medication shall ask the youth to open his or her mouth in order to check the youth's mouth to confirm the youth swallowed the medication and did not cheek it. This staff member must also ask the youth to lift his or her tongue in order to look under the youth's tongue.

#### G. Over-the-Counter (OTC) Medications

1. A standard supply of over-the-counter (OTC) medications and products shall be maintained under lock and key at each NSP and LSP facility (Attachment B).
2. When a licensed health care practitioner authorized to issue prescriptions orders the use of an OTC product, a medical staff member shall set up the MAR from the order indicating the date, time, youth's name, type of medication(s) administered, quantity of medication administered, and name and contact information of the prescribing licensed health care practitioner authorized to issue prescriptions. An NSP or LSP medical staff or a trained direct care staff member shall indicate the name of the staff administering or supervising the self-administration of the OTC medication.
3. Medical staff members shall administer or the trained direct care staff members shall supervise the self-administration of the OTC medication or product as the label on the medication or product describes, unless otherwise ordered by a licensed health care practitioner. A youth shall not handle the bottles, containers, and/or packaging of the OTC medication. The medical staff members shall administer the correct

dosage to each youth as directed. When there are no medical staff members on-site, a trained direct care staff member may supervise the self-administration of the OTC medication by the youth.

4. The medical staff member shall administer or the trained direct care staff member shall supervise the self-administration of the OTC medication or product only for the period directed. If a medical condition continues to exist and a trained direct care staff member supervised the self-administration of medication by youth, then the direct care staff member must contact a licensed health care practitioner for further instructions.
5. Rather than contacting a licensed health care practitioner multiple times (as in section 4 above), a staff member may do one of the following:
  - a. Request that the licensed prescribing health care practitioner write initial standing orders for OTC medications (including dose, schedule, and target symptoms) that are specific to an individual youth. Such orders will only apply to that specific patient/youth. Then, every time that youth is given the medication, the licensed prescribing health care practitioner can be informed after the fact in order for the administering medical staff member to note it in the progress notes and sign the MAR; or
  - b. Develop specific written protocols at intake for OTC medication, including doses, target symptoms, and symptom/response monitoring. A licensed prescribing health care practitioner must review and approve any such written protocols.
6. Twice a month, a designated staff member must check the locked medical cabinets and storage containers to confirm that adequate supplies of the OTC medications and products are present and that none of the medications have passed their expiration date.

#### H. Recording the Administration and Self-Administration of All Medications

1. The medical staff member administering any medication to a youth or the trained direct care staff member supervising the self-administration of medication by a youth must record the event on the MAR and initial the amount of medication administered or self-administered in the box on the MAR that corresponds to the time that the medication was given.
2. If, for any reason, a youth does not receive the medication (e.g., the youth refused or the medication is not in stock), the staff member must indicate the corresponding reason code as indicated in the instructions section of the MAR. All relevant boxes on the MAR shall be completed.

3. If a youth refuses medication for any reason, then the medical staff members administering the medication or the trained direct care staff member supervising the self-administration of the medication shall sign the form and note on the form that the youth refused the medication. The staff member shall document whether the refusal was prompted by a presenting complaint or whether the medication was part of the youth's treatment plan. A witness shall be present when this form is signed. The witness shall print his or her name and sign the form as well.
4. The staff member shall inform the prescriber that the medication was refused. The staff member shall inform the youth that the staff member must call the youth's parents/guardians to inform them of the youth's refusal to take the prescribed medication. Staff members shall document the youth's refusal to take the medication in the Facility Activity/Communication Log Book.<sup>2</sup>

I. Youth Training

NSP and LSP providers must verify that youth are able to administer their own medication. In the event a youth is unable to do so, a medical staff member shall provide training to the youth on how to administer his or her own medication. Staff members shall document whether a youth has been trained to self-administer medication on the MAR.

J. Daily Inventory by Staff

1. Staff members shall document and maintain an inventory of all medications administered to youth in the NSP or LSP facility.
2. Each day, a designated staff member shall count each remaining dosage of medication in the medication box that is in blister packaging. To facilitate the daily counting of medications, medical staff members shall request that pills be dispensed in blister packaging whenever feasible. Medication that is not dispensed in blister packaging shall be counted daily and handled accurately so that the medication does not become degraded from mishandling. For controlled substances, the pill count shall be witnessed by an additional staff member. Staff members shall record the remaining amount of each medication and their initials on a sheet or in a medication file that coincides with the MAR for each youth who is prescribed and is taking medication.
3. Staff members shall immediately report any discrepancy in the count to the facility director or his or her designee. The facility director or designee shall report the discrepancy to the Division of Youth and Family Justice (DYFJ) Movement

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<sup>2</sup> See ACS Policy and Procedure *Required Log Books and Paper Files for Juvenile Justice Placement Facilities*.

Communication and Control Unit (MCCU). An incident report shall be written and submitted in accordance with ACS policy.<sup>3</sup>

K. Delivery and Receipt of Medications from a Pharmacy

1. All medications delivered to an NSP or LSP facility from a pharmacy when medical staff are on site must be received by medical staff members. When medical staff members are not on site, all medications delivered to an NSP or LSP facility from a pharmacy shall be received by trained direct care staff.
2. Medical staff members and trained direct care staff members who are accepting medications shall sign for receipt of the medications. The receipt must indicate the name of each medication and the amount of each medication received. This receipt must be maintained in a designated area located with or near the prescribed medication.
3. Prescribed medications delivered from pharmacies must have the youth's name and the prescriber's name and contact information on the label. This shall be verified by medical staff or trained direct care staff members.
4. Upon the receipt of prescribed medication, a medical staff member must check the label on the bottle or packaging to confirm that it includes the following information:
  - a. The youth's name;
  - b. The date the prescription was filled;
  - c. The name of the medication;
  - d. The dosage;
  - e. The total dosages packaged;
  - f. Instructions on when and how often to administer the medication;
  - g. Special instructions, if applicable (e.g., take with food, take on empty stomach, shake well before using); and
  - h. Warnings, if applicable (e.g., medication may cause constipation, headache, or other drug reactions).
5. Medical staff members shall immediately report any discrepancy in the labeling of medications to the facility director or his or her designee. The facility director or designee shall contact the pharmacy to address the discrepancy and to resolve it.<sup>4</sup>
6. When no medical staff members are on site, trained direct care staff must document in the Facility Activity/Communication Log Book that a prescription shipment was

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<sup>3</sup> See ACS Policy and Procedure *Incident Reporting for Juvenile Justice Placement*.

<sup>4</sup> The facility director can designate medical staff to report discrepancies.

delivered and that the facility director and medical staff members have been informed of the delivery.

- a. As soon as possible, staff shall appropriately secure the medications in a designated locked cabinet, refrigerator, or freezer, as appropriate, inaccessible to youth.
- b. Trained direct care staff must inform medical staff members via phone call and/or email that a delivery was received. The delivery shall be recorded on a sheet or medication file for the medical staff members to review upon arrival to the facility.

L. Transfer of Medications Between Juvenile Justice Facilities

1. Prior to transport to another facility, medical staff members shall determine that the youth's health record is up to date and complete, including the MAR.
2. When a youth is transferred to another juvenile justice placement facility (e.g., a lateral transfer or transfers between NSP and LSP facilities),<sup>5</sup> a medical staff member shall place all of the youth's remaining medication, a prescription for 30 days of medication, and the youth's MAR in a sealed envelope, labeled or stamped "confidential," with a receipt. All medication must be in the original pharmacy containers or manufacturer packaging. The receipt must be signed and dated, including the time, by the medical staff member who seals the envelope. The medical staff member must provide the sealed envelope to the direct care staff member transporting the youth to the new facility.
3. A medical staff member at the transferring facility shall indicate on the MAR the date the medication was transferred and to whom from the receiving facility was the medication transferred.

M. Medication for Youth on Trips, Home Visits, and Court Appointments

1. Medical staff members shall administer medications as prescribed (within 60 minutes before or after the designated time) before youth go off-site on trips, home visits, or court appointments.
2. When a youth is on a home visit for more than a day or longer than the dosage time period and a prescribed medication is required, the following procedure shall be followed:

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<sup>5</sup> See ACS Policy and Procedure, *Transfers in Juvenile Justice Placement*.

- a. The medical staff members shall provide only the amount of medication necessary for the period of the home visit to the parent, legal guardian, or other person(s) approved for home visits. Medications in cream or liquid form shall be sent in their entirety with instructions and with the directive to return the entire medication at the end of the home visit.
  - b. The following information must be provided to the parent or guardian or other person(s) approved for home visits and shall include:
    - i. The medication's purpose and possible side effects;
    - ii. The method by which the youth must take the medication (e.g., swallowing tablets, whether the medication must be crushed, and the use of protective gloves with ointments);
    - iii. The importance of giving medication at the prescribed time and its safe storage, including refrigeration as needed;
    - iv. Instructions for returning unused medication to the facility; and
    - v. The name and contact information for a staff member at the facility so that the parent/guardian can call if he or she has questions or concerns about how to administer the medication or about adverse reactions.
  - c. The parent, legal guardian, or other person(s) approved for home visits shall sign for the medication for each visit and a copy of the parent's or legal guardian's signature shall be maintained in the youth's health record.
3. Direct care staff members who accompany youth on off-site trips shall supervise the self-administration of medication by a youth if the youth must take his or her medication during the period away from the facility. Staff shall carry emergency medications for allergic reactions and asthma of those youth on off-site trips.

N. Medication Storage

1. All medications shall be stored in secure areas that are not accessible to youth, but are readily accessible to medical staff members for the administration of the medications or to trained direct care staff members who supervise the self-administration of medication by youth.
2. All medications, including controlled substances, shall be stored in double-locked storage containers or cabinets. Controlled substances shall be kept in stationary, double-locked cabinets. Both inner and outer cabinets shall have double key-locked doors with separate keys for each door.
3. Medication requiring refrigeration must be kept inside a locked box in a refrigerator that medical staff members use solely for the purpose of storing medications.

O. Disposal of Medication

1. Each facility shall have a documented process for the disposal of medication that is approved by a prescriber. The process for the destruction of controlled substances must comply with the New York State Department of Health's regulations and applicable federal, state, and city laws, rules and regulations. Medical staff members at each facility shall be responsible for the disposal of medication.
2. The disposal process for medications must include procedures for the disposal of outdated, spoiled, and contaminated medications.

P. Medication Errors and Drug Reactions

1. If a medication error and/or drug reaction occurs, a staff member must contact a medical staff member immediately in order to determine what, if any, treatment must be provided to the youth as a result of the medication error. If the staff member cannot reach the youth's physician or the treating physician affiliated with the NSP or LSP provider, the staff member must immediately contact emergency medical personnel or a poison control center (1-800-222-1222 or 212-POISONS [212-764-7667]) for assistance.
2. Staff members must immediately report medication errors and/or drug reactions to the facility director or designee and shall record the information in an incident report. Once a medication error and/or drug reaction is discovered, the event must be reported to MCCU within **one (1) hour** of the occurrence.
3. In addition, medication errors that result in an adverse effect on a youth shall be reported to the New York State Vulnerable Persons Central Register (VPCR).<sup>6</sup>
4. If a youth is not administered his or her medication by a staff member for a reason other than refusal, the staff member shall record the information in an incident report and report the incident to MCCU.
5. If a staff member cannot account for the youth's medication, the staff member shall record the information in an incident report and report the incident to MCCU.

Q. Allergic or Adverse Reactions to Medication

1. Direct care staff must consult with a medical staff member and contact emergency medical personnel immediately if a youth has an allergic or adverse reaction to medication. If the youth's physician or a physician affiliated with the NSP or LSP

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<sup>6</sup> See ACS Policy and Procedure *Vulnerable Persons Central Register (VPCR) Reportable Incidents and Notification*; see ACS Policy and Procedure *Incident Reporting in Juvenile Justice Placement*.

provider is unavailable for consultation, staff must contact emergency medical personnel.

2. The medical staff member must consult with a licensed prescribing health care practitioner immediately if a youth has an allergic or adverse reaction to medication.
3. Medical staff members administering medications must document all allergic or adverse reactions in the MAR.

#### R. Epinephrine and Other Emergency Medications

1. The NSP or LSP provider may maintain a supply of prescription medications for use in emergency situations, such as albuterol and other drugs that may be needed to respond to medical emergencies when there is a medical staff member on site. Medical staff members must review the expiration date of these medications twice a month.
2. Epinephrine shall be administered by medical staff members to youth or youth shall self-administer under the supervision of medical staff members or trained direct care staff. Trained designated direct care staff or medical staff members shall administer epinephrine if the youth is incapable of doing so. Designated trained direct care staff shall administer other, non-injectable emergency medications when the medication is prescribed by a physician or other licensed health care practitioner authorized to issue prescriptions and there is an accompanying order that is documented in the MAR.
3. Immediately following the use of epinephrine, direct care or medical staff members shall call 911 and the youth must be transported by ambulance to an emergency room. As soon as is practicable, provider agency staff shall contact the facility director and the youth's parent or guardian.

#### S. Medication Refusal

Each NSP and LSP provider must enact a policy approved by ACS for when youth refuse to take prescribed medications, including OTC medications. The policies must:

1. Prohibit the use of force in medication administration;
2. Require that staff consult a supervisor in these instances;
3. Require that staff inform the youth's prescribing doctor;
4. Require staff to witness the staff member documenting and signing that the youth refused to take his or her medication;
5. Require staff to notify the youth's family; and
6. Describe the steps that staff must take when a medication refusal is life-threatening.

ACS Division of Youth and Family Justice (DYFJ)

Medication Administration Record

<b>CONSENT GRANTED</b>	
<b>By</b>	
<b>On</b>	<b>at</b>
<b>As per</b>	

Facility:																											
Name:							DOB:							Dorm/Unit:													
Allergies:																											
Medication Name & Dosing Schedule:																											
Diagnosis:							Date Ordered:							Start Date:							Stop Date:						

Prescriber:																												
Administrative Date:																												
Administration Time:																												
Remaining amount of Medication:																												
Staff Supervising Administration																												
Staff Initials																												

<b>CONSENT GRANTED</b>	
<b>By</b>	
<b>On</b>	<b>at</b>
<b>As per</b>	

Allergies:																											
Medication Name & Dosing Schedule:																											
Diagnosis:							Date Ordered:							Start Date:							Stop Date:						

Prescriber:																												
Administrative Date:																												
Administration Time:																												
Remaining amount of Medication:																												
Staff Supervising Administration																												

When medication is not administrated, staff administrating the medication must indicate reason:

Key: 1-Patient Refused    2-Medication Unavailable    3-Patient in Court    4-Other: \_\_\_\_\_

ACS Division of Youth and Family Justice (DYFJ)

Medication Administration Record

<b>CONSENT GRANTED</b>	
<b>By</b>	
<b>On</b>	<b>at</b>
<b>As per</b>	

Facility:																											
Name:							DOB:							Dorm/Unit:													
Allergies:																											
Medication Name & Dosing Schedule:																											
Diagnosis:							Date Ordered:							Start Date:							Stop Date:						

Prescriber:																												
Administrative Date:																												
Administration Time:																												
Remaining amount of Medication:																												
Staff Supervising Administration																												
Staff Initials																												

<b>CONSENT GRANTED</b>	
<b>By</b>	
<b>On</b>	<b>at</b>
<b>As per</b>	

Allergies:																											
Medication Name & Dosing Schedule:																											
Diagnosis:							Date Ordered:							Start Date:							Stop Date:						

Prescriber:																												
Administrative Date:																												
Administration Time:																												
Remaining amount of Medication:																												
Staff Supervising Administration																												

When medication is not administrated, staff administrating the medication must indicate reason:  
 Key: 1-Patient Refused    2-Medication Unavailable    3-Patient in Court    4-Other: \_\_\_\_\_

**Over The Counter (OTC)  
Medications and Products for Non-Secure and Limited Secure Placement**

All NSP and LSP facilities shall maintain the OTC medications and products listed below on hand in a locked cabinet:

- **Robitussin Cough Syrup (decongestant) Alcohol-free, where possible\***
- **Advil/Motrin 200 mg\***
- **Tylenol\***
- **Chloroseptic Throat Spray\***
- **Pepto-Bismol\***
- **Hydrocortisone Cream**
- **Bacitracin\***
- **Metamucil\***
- **Benadryl\***
- **Salt for gargling**
- **Peroxide Ben-gay\***
- **Bandages**
- **Melatonin**

*\*Generic substitute permitted*