

# MEDICATION ADMINISTRATION GUIDE

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# ICE

ICE Health Service Corps

## FOREWORD

This *U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Medication Administration Guide* supplements IHSC Directive 03-16, *Medication Administration*.

The IHSC Nursing Services Unit authors and maintains the *IHSC Medication Administration Guide*. The guide explains concepts, assigns responsibilities, and details procedures for medication administration.

The intended audience is IHSC health care providers supporting health care operations within ICE-owned and contracted detention facilities.

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## **I. INTRODUCTION**

This guide provides additional direction and describes procedures for the administration of medications to non-citizen detainees. Medication administration is a process that requires organization, planning, and quality management. IHSC-designated health care providers prescribe, fill, administer, and distribute medication to non-citizen detainees for continuity of health care and the promotion of wellness in the detained population. Health care providers prescribe medications only when clinically indicated, and authorized IHSC personnel deliver or administer the medications in a timely and safe fashion.

## **II. RESPONSIBILITIES OF IHSC STAFF**

### **A. Clinical Director (CD)**

Determines prescribing practices for each IHSC clinic.

### **B. IHSC authorized health care providers**

1. IHSC authorizes personnel to administer medications to non-citizen detainees within the limits set by applicable state law and licensing authorities (referred to as medication administrator in this policy).
2. IHSC-authorized health care providers who can administer medications. Include the following:
  - Physicians.
  - Dentists.
  - Pharmacists may administer medication in accordance with their state license(s) and deputy medical director or designee approval.
  - Nurse practitioners (NP) and physician assistants (PA).
  - Registered nurses (RN).
  - Licensed practical nurses (LPN) and licensed vocational nurses (LVN).
  - Certified medical assistants (CMA).

## **III. PROCEDURES**

### **A. Methods for Distribution of Medication to Non-Citizen Detainees/Residents**

1. Authorized health care providers administer medications on a dose-by-dose basis via pill line (PL), or dispense medication to patients as keep-on-person (KOP) for self-administration.

2. An IHSC physician, dentist, advanced practice provider (APP), or clinical pharmacist (CP) orders all prescription medications for distribution or administration to patients.
3. The CD, nurse manager (NM), and pharmacist, or designees, in collaboration with the health services administrator (HSA), develop and implement a distribution system for supervised dosing of PL and KOP medications at their medical facility.

The following medications are restricted and administered only via PL:

- All controlled substance medications.
- All tuberculosis treatment medications.
- Any medication restricted to PL administration in the IHSC national formulary (updated annually, see the [IHSC Policy Library](#) for latest approved 09-02 A-01, IHSC National Formulary). IHSC Directive 09-02, *Pharmaceutical Services and Medication Management*, outlines the process for obtaining formulary medication in a timely manner.
- Any other medication that the local Pharmacy and Therapeutics (P&T) Committee establishes restrictions to mitigate the risk of abuse and/or diversion.
- Any medication that warrants individual patient compliance monitoring, based on medical provider assessment.
- Oral medications provided to a non-citizen detainee in segregation except for nitroglycerin and asthma inhalers (patients with asthma have to have albuterol inhalers on hand).

The prescriber may initiate or continue KOP status for topical creams and ointments; inhalers (and spacers, if issued); suppositories; and eye, ear, and nasal medications unless the prescriber deems pill line use necessary. The prescriber may make an exception for KOP use of other medications on an individualized basis and must document this in the health record.

4. Each facility's governing board (to include HSA, CD, NM, and pharmacist) must establish a local operation procedure (LOP) that identifies the expected time frames from medication ordering to administration, or delivery to the patient. The LOP should include a contingency plan if the pharmacy cannot meet expected time frames. This LOP should also include planned pill line times of administration, while taking into consideration staffing, hours of operation, security collaboration, equipment, and space. See also IHSC

Directive 09-02, *Pharmaceutical Services and Medication Management*, Section 4-9.6.

5. According to the Institute for Safe Medication Practices ([www.ismp.org](http://www.ismp.org)), providers should dispense all scheduled medications at a prescribed authorized pill line scheduled time. Providers should pay special attention to time-sensitive medications (e.g., insulin). Providers should administer scheduled medications no longer than one hour before or after scheduled dosing time, if possible. If authorized personnel cannot deliver medications within this time frame (e.g., court), the LOP should include instruction for required notification and documentation.

## **B. General Information**

### **1. KOP Distribution**

- The pharmacy fills the prescription and either dispenses the medication or transfers the medication to a RN, LVN, or CMA for delivery to the patient.
- The RN, LVN, CMA, or pharmacist who delivers the medication to the patient is responsible for also providing appropriate patient education. (i.e., reason medication was prescribed, how to take it, its desired effect, major side effects). Additionally, the RN, LVN, CMA, or pharmacist must also document KOP distribution in the sMART system (see [sMART user guides](#)). Staff members may use interpretation services, as needed.
- A pharmacy technician may deliver KOP medication to the patient after the prescribing provider or the pharmacist educates the non-citizen detainee, discussing the purpose of the medication, how to take it, its desired effect, and major side effects. The pharmacy technician must document KOP distribution in the sMART system.

### **2. PL Administration**

- The pharmacist dispenses a prescription for medication administration as prescribed via pill line.
- Ordering providers specify length of therapy on all medications ordered.
- The ordering provider may prescribe that certain medications need to be crushed or given in liquid form. The pharmacy dispenses the medication in the appropriate form.
- See Section H below for procedures for administering medication via pill line.

3. When IHSC staff review patient profiles in the eMAR (electronic Medication Administration Record), the authorized health care staff who administers the medication must ensure the following information displays:
  - Patient's name.
  - Noncitizen number or other system assigned identification number.
  - Allergy (drug and food).
  - Diagnosis.
  - Name of medication.
  - Dosage and frequency.
  - Route of medication.
  - Date of administration.
  - Date of expiration.
4. The authorized health care staff member administering medications notifies the prescriber, either by telephone or by a locally established refill request process, when a pill line prescription is due to expire within three days. The prescriber determines whether to reorder the medication or make other clinically appropriate changes.
5. Health care staff must report medication errors using the IHSC incident reporting system as soon as the error is found.

**C. Medication Reconciliation and Continuity of Care at Intake**

1. The intake screener processes all medications arriving with non-citizen detainees upon admission to the facility.
2. The RN or LVN/LPN collects all medications, whether provided by the non-citizen detainee during intake, stored in personal property, or brought to the facility by transporting staff.
3. The RN or LVN/LPN must document in the health record, within the intake screening encounter, a list of all medications to include dose, route, and frequency as well as their disposition (e.g., continued, discontinued, new order received). (Reference eCW Intake Screening Encounter User Guide)
4. The intake RN or LVN/LPN should pay special attention to priority medications such as antibiotics, steroids, oral diabetic medications, insulin, anti-hypertensives, HIV medications, anticoagulants, respiratory medications,

psychotropics, anti-tuberculosis medications, and antiepileptic medications. This list is not exhaustive.

5. The RN or LVN/LPN initiates and signs an IHSC 927, Controlled Substances Chain of Command Form, if a patient arrives with controlled substances without an appropriate transfer of custody form. See IHSC Directive 09-02, *Pharmaceutical Services and Medication Management*, for additional information.
6. The RN or LVN/LPN ensures all active, valid prescription medications that arrive with the non-citizen detainee continue via pill line for up to five days, pending IHSC medical provider review and issuance by the receiving facility pharmacy. IHSC considers a prescription active and valid if the medication is packaged appropriately and includes the following information: name of U.S. pharmacy or correctional facility, non-citizen detainee name, name of medication, dose, route, frequency, and expiration date.
7. The RN or LVN/LPN verifies the stop date of antibiotic orders, contacting an IHSC medical provider if this information is not included on the transfer summary or medication packaging.
8. The RN or LVN/LPN initiates an eMAR for any medication placed on pill line, creating a manual order for each medication continued or initiated. (Reference sMARt Guide for Adding a New Patient and sMARt Guide for Manual Orders)
9. The RN or LVN/LPN must schedule an expedited health assessment appointment (commonly called a PE-C) with a medical provider. At this assessment, a medical provider must review all current medications and enter prescriptions as clinically indicated.

If the non-citizen detainee arrives with sublingual nitroglycerin or short-acting bronchodilator inhalers (such as albuterol), the intake RN or LVN/LPN provides these medications to the non-citizen detainee for KOP use. The intake nurse must document any KOP medication provided to the non-citizen detainee in the electronic health record (EHR).

10. Once the pharmacy processes new medication orders, the pill line RN or LVN/LPN must review each new order processed by the pharmacy for accuracy of transcription and dispensing, prior to administering the medication to the patient. The RN or LVN/LPN should also assess the patient's medication profile and discontinue any duplicate manual orders.



11. IHSC staff routes patients' personal medications back to custody for storage in non-citizen detainee property as soon as health staff provide IHSC-sourced medication in accordance with local procedures.

If a non-citizen detainee arrives with medications that do not meet the requirements outlined in section C.1 above, self-reports additional medications that are unverified, or arrives with (or reports) a controlled substance prescription, the intake RN or LVN/LPN must contact a medical provider.

12. The intake RN or LVN/LPN must document this interaction in the health record in a telephone encounter and include the outcome and the method of contact used.
13. The RN must use the after-hours medication administration and cabinet use process to obtain and initiate medications (see Procedures, section F and G below).
14. The intake RN or LVN/LPN initiates monitoring for certain chronic care conditions during intake screening as specified in the IHSC Directive 03-10, *Intake Screening and Intake Reviews*, located in the [IHSC Policy Library](#).

Disposition of medications that not administered via pill line.

15. The intake RN or LVN/LPN provides improperly labelled and over-the-counter medications that arrive with the patient to custody staff, in addition to any medications the medical provider reviewed and ordered as discontinued.
16. Custody staff must secure the medication in the non-citizen detainee's property per custody policies and procedures.

#### **D. Manual Order Reconciliation**

1. The HSA, NM, and lead pharmacist for each facility establish a procedure for eMAR manual order reconciliation. A designated staff member prints the manual order report every business day and compares it to the verified orders processed for each patient.
2. The designated staff member must discontinue any remaining duplicate manual orders in the eMAR and remove the medication from the patient's pill line storage area.
3. When verifying new medications, the pill line RN or LVN/LPN should also choose "show entire profile" under the eMAR patient profile to review the

patient's medication orders. The pill line RN or LVN/LPN should resolve all duplicate or unaddressed orders.

- The pill line RN or LVN/LPN should alert the medical provider through the tele-encounter process in the EHR of any manual order that remains active for five days or more, for evaluation of continuance.

#### E. Verbal Orders/Telephone Orders

Refer to the IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, located in the [IHSC Policy Library](#) for appropriate procedures for documentation of verbal and/or telephone orders.

1. The after-hours or remote fill medication administration pharmacist verifies and dispenses the medication. This applies to all medication orders, including but not limited to: the start of a new medication; increase or decrease in dosage of medication; and renewal or discontinuation of medication.
2. To avoid critical delays in treatment, prescribers must make the on-site clinic coordinator aware of any medications that must start, stop, or change prior to completion of the pharmacy verification and dispensing processes.
  - Prescribers use an eCW action assigned to "RN, facility" to communicate the medication orders that must start, stop, or change prior to completion of the pharmacy verification and dispensing processes. The clinic coordinator must communicate medication orders to the designated on-duty nurse responsible for medication administration. The clinic coordinator should check the "RN, facility" action nursing bucket in eCW at least every four hours and prior to the end of each shift. The outgoing clinic coordinator informs the incoming clinic coordinator of any pending medication orders at the change of each shift.
  - The designated on-duty nurse responsible for medication administration enters manual orders into the eMAR ([refer to sMARt Guide: New Manual Order](#)). All nurses (RN or LVN/LPN) must follow medication safety standards (Six Rights of Medication Safety) to ensure accurate transcription and safe administration of orders.
  - If the prescriber provides medication orders to the nurse via telephone or verbally, the RN or LVN/LPN documents the order

within a telephone encounter in the EHR, and assign the encounter to the provider for review and concurrence in accordance with IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*. Review the guide for appropriate procedures to document verbal and/or telephone orders.

#### **F. After-Hours Cabinet Use**

1. When the prescriber deems it necessary to obtain medication from the After-Hours Cabinet (AHC), the prescriber, the clinic coordinator, or pill-line nurse can remove medication from the after-hours cabinet for dose-by-dose administration via pill line.
2. The prescriber, clinic coordinator, or designated on-duty nurse responsible for medication administration, should remove enough medication to provide care for 3-5 days from the AHC. The staff member who removes the medication from the AHC must document the facility's after-hours medication perpetual inventory log, and another health care provider must co-sign the log to reflect that they verified that the correct medication was removed from the AHC.
3. The medication removed must either be placed on pill line for administration or dispensed to the patient for keep on person self-administration in accordance with order received. The prescriber, clinic coordinator, or pill-line nurse must document this in the sMART system (see Section III-B-1).
4. All staff must follow medication safety standards to ensure the correct medication is obtained from the after-hours cabinet. The Six Rights of Medication Safety include: right medication, right dose, right time, right patient, right route, and right documentation.

#### **G. Procedures for Administering Medications**

1. All prescriptions entered into eCW will be reflected on the computer-generated Medication Administration Record (MAR). All new medication orders will require nurse verification prior to administration ([see sMART Guide: Medication Order Nurse Verification](#)).
2. Before administration of medications via pill line, the administrator must review the patient's medication prescriptions carefully to properly prepare and administer the medication in accordance with the Six Rights of Medication Safety. If in doubt, the administrator seeks clarification from the prescriber.

3. Administrators store the prescribed medication in a properly secured area and within the temperature parameters set by the manufacturer and U.S. Pharmacopeia before administration.
4. The administrator must identify the patient by a minimum of two identifiers, with a facility issued arm band or facility ID card that may include identification photo, date of birth, or noncitizen number. The administrator involves the patient in the identification process verbally, such as having the patient state their name, noncitizen number, and/or date of birth. The administrator uses interpretation services, as applicable.
5. During medication administration, the administrator maintains patient privacy.
6. The administrator reviews patient allergies before administering any medications.
7. The administrator prepares medication only after the patient presents themselves to the pill line and the administrator properly identifies the patient.
8. If the prescriber ordered the administration of crushed medication, the administrator should show the intact tablet or capsule to the patient prior to crushing/opening. Administrators must crush the medication at the time of administration, never in advance.
9. The administrator, in collaboration with custody staff, directly observe the patient swallowing the medication and complete a thorough mouth inspection, or direct observation of therapy. The administrator also observes the patient's palms to prevent "palming" of the medication.
10. The administrator documents medication delivery in the eMAR, in accordance with the sMARt User Guides, at the time of administration.
11. The administrator reports any unusual side effects to the prescriber as soon as possible.
12. If a non-citizen detainee refuses scheduled medication, the administrator obtains a refusal form signed by the patient and staff. The administrator explains the risks of not taking medication as prescribed. The administrator documents the patient's refusal in the health record and assign this note to the prescriber. The administrator annotates the eMAR to reflect that the patient refused the medication.
13. The administrator discards all unused or contaminated medications after removing them from its packaging.

## H. Controlled Substance Accountability

1. At each change of shift, the outgoing designated on-duty nurse (RN or LVN/LPN) responsible for medication administration prints a report from the eMAR system of all controlled substances issued. Both the oncoming designated on-duty nurse responsible for medication administration and the outgoing duty nurse must count the controlled substances stored in the sub-stock area and compare the inventory and issuances against the eMAR report. They must document and co-initial the inventory record on the perpetual inventory form and attach the eMAR report. IHSC staff maintain the current perpetual inventory records in a secure location, such as a medication storage room, within proximity of the controlled substances sub-stock.
2. If the balances listed on the inventory form do not correspond with the current inventory, the oncoming duty nurse must review this discrepancy with the outgoing duty nurse and resolve the situation.
3. If the nurses performing the audit cannot resolve the discrepancy, they must submit an incident report and alert the nurse manager, or designee, immediately.
4. The administrator reviews the patient-controlled substance medications to ensure the proper quantity is dispensed as ordered and verifies an adequate supply remains for the next shift. The administrator must immediately notify the pharmacy of a projected insufficient supply.
5. The nurse manager, or designee, reviews the controlled substance inventory records at least weekly. The NM may also request the monthly controlled substances report from the pharmacy to validate the quantities of controlled substances received by the medication administration staff. Staff must immediately report any discrepancies to the HSA, CD, and pharmacist.
6. The nurse manager must maintain all archived controlled substances inventory records in a secure location for at least two (2) years from the date staff generate the records, for inspection or audit purposes. The nurse manager must keep the records separate from pharmacy-controlled substance records. See IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section IV.B.
7. IHSC requires two health care staff members to dispose of controlled substances. One provider disposes of the controlled substance while another provider witnesses the disposal. Each provider documents on the Controlled

Substances Inventory Form with their signature to confirm witnessed disposal.

**I. Intravenous (IV) Medications**

1. The administrator prepares and administers the IV medication as ordered following *Lippincott Procedures*.
2. The administrator checks intermittent infusion device (IV saline lock) for patency and condition of vein prior to beginning the administration of the drug.
3. The administrator flushes the IV saline lock with 10ml pre-filled preservative-free normal saline syringe after administering the medication.
4. The administrator documents intravenous (IV) fluids given throughout the day in the health record via an encounter and on flow sheets as appropriate. The administrator monitors IV flow rate as prescribed and checks the IV site at least once per shift for signs of infection or infiltration. The administrator monitors vital signs as ordered by the prescriber and observes the patient for any adverse reactions.
5. The administrator disposes used syringes and needles in an appropriate Biohazard Sharps receptacle under security measures. No one should recap or break needles prior to disposal. The administrator avoids passing used syringes and needles from person-to-person.

**J. Procedures for Administering Insulin**

1. The administrator performs insulin administration in an area that promotes patient privacy and security of syringes and needles; appropriate sharps disposal containers must be available. Only one patient may be in the area at a time when administering insulin.
2. The administrator provides patient education on safety syringes, insulin administration, and disposal of equipment to any patients who will self-administer insulin. The administrator documents all health education given in the health record.
3. The administrator supervising the self-administration visually tracks the syringe from preparation of medication to administration of medication to disposal of syringe and needle.
4. The administrator must check all insulin doses three times: 1-before removing insulin from multidose vials; 2-while preparing insulin syringe with prescribed

dose; and 3-before administration to the patient. This ensures patient safety with these high-risk medications.

5. Another RN, LPN/LVN, CMA, APP, dentist, pharmacist, or physician must verify all insulin doses for accuracy prior to administration. Both staff members document their initials in the eMAR.
6. The administrator disposes used syringes and needles in an appropriate biohazard sharps receptacle under security measures. No one should recap or break needles prior to disposal.
7. The administrator avoids passing used syringes and needles from person-to-person.

#### **K. Medication Administration Training**

1. The IHSC chief nurse or designee develops medication administration training. This training includes matters of security, proper storage, accountability, common side effects, and documentation of medications.
2. The deputy medical director or designee reviews and approves medication administration training, and the facility administrator or designee reviews and is aware of the training. The Nursing Services Unit notifies facility leadership (CD, HSA, and NM) when annual updates to medication administration training are available. Staff members who administer or deliver prescription medications to patients must complete medication administration training before beginning to administer or deliver medications, and annually thereafter.
3. The HSA or discipline supervisor maintains documentation of training in the training records of IHSC staff members who administer medication.

#### **IV. TERMS AND DEFINITIONS**

See definitions for this policy in the IHSC Glossary located in the IHSC Policy Library.

#### **V. IMPLEMENTING TOOLS (FORMS AND WORKSHEETS)**

[eCW User Guides](#)

[sMARt eMAR Guides](#)

[Lippincott Procedures](#)

[Lippincott Advisor \(Drug reference and Lexicomp Drug handouts\)](#)