

**INTAKE ONLY TEMPORARY EXTENSION OF NECESSARY MEDICATION**

Skill Level: RN, LPN

Definition: For temporary extension of medication, where discontinuation could cause potential health hazard to patient.

<b>Subjective:</b> <ul style="list-style-type: none"><li>• "I just got here and I am out of medication."</li></ul>	<b>Assessment:</b> <ul style="list-style-type: none"><li>• Lack of current prescribed medication.</li><li>• Intake into Department of Corrections</li></ul>
<b>Objective:</b> <ul style="list-style-type: none"><li>• Patient is medicated for a chronic condition, i.e., seizure disorder, diabetes, psychiatric, pulmonary, endocrine, cardiovascular <u>and</u>;</li><li>• Medication(s) did not accompany inmate</li></ul>	<b>Plan:</b> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"><li>• Verify dosage and type of medication.</li><li>• Renew medication x 15 days.</li><li>• Mental Health Medications may be renewed x 30 days.</li><li>• May not be extended more than 30 days without practitioner review.</li><li>• May not extend controlled medication.</li><li>• Schedule practitioner appointment or chart review.</li></ul>

**Formulary or non-formulary status for these first 30 days after intake is not relevant. May not extend controlled medication. The nursing signature and practitioner counter signature approves the application of this protocol, and not necessarily the appropriateness of the medication (s).**

Nursing Education:

This protocol is not intended to reduce responsibility for timely practitioner appointments.

**APPROVED:**

\_\_\_\_\_  
Medical Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

12/6/2010  
\_\_\_\_\_  
Date

Effective Date: \_\_\_\_\_  
Revised: Dec. 2010