

<b>DETAINEE HOSPITAL</b> <b>EFFECTIVE DATE: 18 JAN 2004</b>	<b>SOP NO: 010</b>
<b>GUANTANAMO BAY, CUBA</b>	
<b>Title: MEDICATION DISPENSING POLICY</b>	
<b>SCOPE: Detention Hospital</b>	

**I. PURPOSE:**

To provide guidelines for the procedures to be followed in dispensing medications to the detainees located at Camp Delta Clinic and Detention Hospital.

**II. BACKGROUND:**

The pharmacy technician (NEC 8482) provides pharmacy support by dispensing medications pursuant to valid prescriptions written by credentialed providers.

**III. RESPONSIBILITY:**

The Director for Ancillary Services has overall responsibility for pharmaceuticals and reports directly to the Officer in Charge. The Leading Petty Officer (LPO) for the Pharmacy is responsible for the proper organization, efficient inventory management, and proper dispensing and issuance of all pharmaceuticals. Operational procedures shall be in compliance with all provisions of Chapter 21 of the Manual of the Medical Department.

**Security of Pharmaceuticals:** The Detention Hospital pharmacy technician will ensure the proper security of the pharmaceuticals transported to Camp Delta. The pharmacy LPO will ensure that adequate medication stock is kept available at the camp clinic. A satellite pharmacy will be run from the Delta Detention Hospital, which will provide most stock medication to the Camp Delta Clinic and to the Detention Hospital. At the camp, all pre-dispensed medications will be kept in a designated drug cabinet. All controlled substances will be kept in a locked cabinet and the clinic nurse will maintain

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the narcotics log and locker key. A small stock of frequently used immunizations will be stored in the Detention Hospital Pharmacy reefer. Larger quantities of immunizations will be stored at the Naval Hospital GTMO Pharmacy and transferred to Delta Clinic on an as needed basis.

#### IV. DISPENSING OF MEDICATIONS:

1. The Camp Delta medication formulary will be determined by the Senior Medical Officer. The formulary will be reviewed on an annual basis.
2. The medical providers will enter all prescriptions into CHCS. A CHCS terminal and label printer will be available for the pharmacy technician to use in the dispensing of prescriptions. The pharmacy technician will fill all prescriptions and will apply CHCS generated prescription label and auxiliary warning labels to the bottles as appropriate. Medications ordered beyond a one-time use and dispensed by the Hospital Corpsmen will be dispensed from the Detention Hospital pharmacy.
3. The controlled substances are dispensed to the custody of the nursing staff, which will be in charge of counting the drugs and securing them in the locker. All other dispensed medications will be kept a designated area within the clinic and will be stored according to type of drug and patient identification number.
4. Corpsman may pass medications on the blocks after they have completed the five-day Corpsman orientation to the camp and has had direct observation by the Team Leader.

#### V. WASTING OF NARCOTIC MEDICATIONS:

1. When a narcotic medication is returned for any reason, it will not be returned to the Narcotic Locker. The medication will be annotated as wasted on the Narcotic and Controlled Drug Account Record (NAVMED 7610/1) for that particular medication. An arrow will be drawn to the right of the Balance on Hand block pointing to the back of the form. On the back of the Narcotic and Controlled Drug Account Record, at the same level of the arrow, the waste will be annotated as to how much, time and date, and the names of the two people who wasted the narcotic. Two nurses or a nurse and a corpsman are authorized to annotate the waste of the narcotic.

#### VI. DOCUMENTATION OF MEDICATION ADMINISTRATION

1. When the nurse takes orders off the chart, the nurse will initial to the side of each order as it is taken off and transcribed to the Medication Administration Record (MAR). After all of the orders of that provider are transcribed appropriately, the nurse will sign, date and time when he or she completed the transcription of the orders.

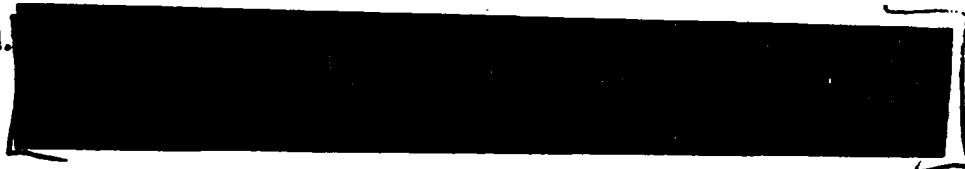
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2. When verifying the day's charts, the RN will compare the MAR with CHCS and will annotate: "Chart verified with MAR, CHCS (and, when appropriate, profile)" and then sign and time on the doctor's order sheet.
3. When medications are discontinued by a provider, nursing staff will ensure all discontinued medications are pulled from the patient's drawer at the time the order is transcribed.
4. Each evening, in the absence of a pharmacy technician, the RN and an HM will go through all the patient med drawers with the MARs to assure the correct medications are in the proper drawers and no drugs are past their expiration date.
5. When medications are given to a detainee, nursing staff will annotate by signing initials on the MAR to indicate medications were given.
6. Whenever a narcotic is given, annotation will be made in the nurses notes stating the reason why the narcotic was given, including a patient-perceived pain scale (1-10), and, 30 minutes or so later, the patient's reaction to the medication (e.g. less pain, patient asleep, etc).
7. Whenever possible, no detainee will have more than one MAR at any given time. When more than one MAR is necessary because of the space required by medications already discontinued, a new MAR is to be transcribed to reduce the number of MAR pages necessary.
8. When more than one MAR is necessary, each page will be numbered - "one of two, two of two . . . , and so forth.
9. When MARs are transcribed, either at the end of the month, or at points during the month, a nurse shall verify and initial the new MAR to indicate it accurately reflects the current provider orders for the detainee.
10. At change of shift, the oncoming RN will review the MAR with the off going RN to ensure all medications have been passed and to ask questions generated by the MAR documentation.

**VII. REFUSAL OF MEDICATIONS BY DETAINEES**

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2. Any medication refusals in the hospital, and on the block need to be brought to the attention of the MP on duty. They have to log this information in to DIMS system for tracking purposes. On the blocks, a MP MUST be with you as you pass meds, taking note of any refusals. Let the Clinic Nurse know if this is not happening
3. Certain types of medication refusals must be brought to the M.O. 's attention immediately after the medication pass. List I contains important medications that need to be addressed as soon as possible with the Medical staff. List II consists of all others that do not severely impact the health of the detainees immediately.

List I:

- a. Cardiac medications- Ex. - Verapamil, NTG, Isordil, etc.
- b. High blood pressure medications- Ex.- Atenolol, Calan SR, etc.
- c. Tuberculosis medication- INH
- d. Diabetic medications- Ex. - Glucophage, Metformin, Glipizide, Avandia, etc.
- e. Psychiatric medications- Ex.- Olanzapine, Klonopin, Prozac, Zoloft, etc.
- f. Anti-seizure medications- Ex. - Tegretol, Dilantin, Depakote, etc.
- g. Antibiotics - Ex.-Amoxicillin, Ancef, Dioxycillin, etc.
- h. Endocrine medications- Synthroid
- i. Asthma medications - Flovent, Azmacort, Advair, Serevent, Albuteral, Singular, etc.

List II:

- a. All other medications, i.e. Surfak, Artificial tears, Zantac, Prilosec, Morn, Mylanta, Motrin, etc.

3. If the detainee refuses medication from List I, the corpsman, at the end of that medication pass, will annotate a note in the chart stating which med was refused and hand it **DIRECTLY** to the MO.
4. If the detainee refuses meds from List II more than three times in one week, the corpsman will annotate a note in the chart and place it in the "MO to Sign" bin. The corpsman shall inform the detainee that if he continues to refuse the medication, the MO will be notified and the decision to continue the medication will be made.

005159

NOV00317

STANDARD OPERATING PROCEDURES  
Detention Hospital  
Guantanamo Bay, Cuba

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<b>Officer In Charge</b>	<b>Date</b>
<b>IMPLEMENTED BY:</b>	
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<b>Director for Administration</b>	<b>Date</b>
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<b>Senior Enlisted Advisor</b>	<b>Date</b>
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