



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-171000 Administration of Psychotropic Medication	Issued: 03/01/01 Effective: 03/01/01	Reviewed: 03/22/23 Revised: 03/22/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-000100*

## REFERENCE:

- A. ACA Performance standards 5-ACI-6C-08, Performance Based Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition. 2021
- B. NCCHC Medication services standards P-D-02, National Commission on Correctional Health Care, Standards for Health Services in Prison, 2018

## 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 or Provider 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:**

- A. NMCD will ensure all psychotropic medications are administered to inmates in a safe and controlled fashion in all state, county, and private facilities where NMCD inmates are housed.
- B. To ensure inmates compliance with psychotropic medication administration, ingestion of all medication shall be directly observed by both medical and security staff members.
- C. The administration and use of psychotropic medication shall be monitored by correctional staff to prevent hoarding and/or misuse across all facilities where NMCD inmates are housed.
- D. Any deviation from the authorized use of medication shall be reported to the immediate supervisor who shall take the necessary investigative and corrective actions as the case may require.



# NEW MEXICO CORRECTIONS DEPARTMENT

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CD-171001 Administration of Psychotropic Medication	Issued: 03/01/01 Effective: 03/01/01	Reviewed: 02/16/23 Revised: 02/16/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-171000*

## PROCEDURES:

### Standard of Care:

#### A. **Crushing Psychotropic Medications:**

**There shall be no blanket crushing of psychotropic medications.** All psychotropic medications administration shall be monitored and managed to prevent medication hoarding and/or misuse. This may include the crushing of tablet medication, the immersion, the removal of encapsulation 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 mental health provider. The provider 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 on verified prescribed psychotropic medications entering the NMCD Reception and Diagnostic Center area will be continued on psychotropic medications until the first encounter with the mental health provider when the informed consent and the determination to continue/discontinue psychotropic medications will be done.

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

Failure of the inmate to present themselves and receive any dose of a psychotropic medication shall be recorded by nursing staff on the inmate Medication Administration Record (MAR) and maintained in the medical chart. Psychotropic medication non-

compliance shall be reported to the psychiatrist or mental health provider and assigned mental health staff no later than after missing three consecutive doses. However, depending on the medication and the clinical presentation of the inmate patient missing a single dose may necessitate reporting to the 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 or mental health provider

The psychiatrist or mental health provider will review the reasons for psychotropic medication non-compliance and determine action regarding continuation of the psychotropic medication(s). The psychiatrist or the mental health provider 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 or mental health provider 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 medication(s) determined to be a risk for diversion as contraband or abuse(MRDA) within the NMCD, when not otherwise specified or indicated herein. Such determination must be data-driven and aimed at improving patient outcomes and/or safety. Any medication designated as a MRDA will be administered and managed in the same manner as psychotropic medications as described above in Procedure A.



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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date:    /    /

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

INMATE NAME	NMCD #	DOB	Facility
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**NEW MEXICO CORRECTIONS DEPARTMENT**



**PHYSICIAN/PROVIDER 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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\_\_\_\_\_

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
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