

<p style="text-align: center;">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER D-02.7</p>	<p style="text-align: center;">PAGE NUMBER Page 1 of 2</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED ACA STANDARDS: P-D-01 & P-D-02/4-4378, 4-4382 (ESSENTIAL)</p>	
<p>APPROVED BY THE COMMISSIONER:</p>	<p>SUBJECT: CRUSHED MEDICATIONS</p>	
<p>EFFECTIVE DATE: 11/14/2007</p>	<p>REVISED: 4/13/2009, 1/01/2010, 2/16/10</p>	
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS); 11 *Del. C.* §§ 6504 and 6536

- II. PURPOSE: Provide clinicians a means of administering medications to patients requiring distribution of medications other than in their original form. (Inability to take medication in whole form, or persons who cheek or hoard medication.)

- III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

- IV. DEFINITIONS: See glossary.

- V. POLICY:
 1. Medications must be provided in a manner that allows patients to benefit from the therapeutic intent of the medication. Patients who cannot take a medication in whole form may have medications crushed to provide an alternate route of administration.
 2. Those patients including, but not limited to elderly, disabled, patients with oropharyngeal motor impairment, patients with history of cheeking, hoarding, or any other abuse of medication may be included under this policy.
 3. The Regional Medical Director and Regional Psychiatric Director should provide to BCHS, and to their medical and nursing staff, quarterly up-to-date lists of medications that should not be crushed. In general, medications that should not be crushed are those that are extended-release, slow-release, or any other medication whose clinical function would be unacceptably changed by the crushing process. A

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medication is not included on the “do not crush” list solely for having a bad taste, provided there is no clinical contraindication to crushing. Medications on the do not crush list will be dispensed in the whole form in the dispensing cup. Nursing staff require the patient to return the dispensing cup for disposal. At the time of medication administration a Correctional Officer will conduct an oral check under the observation of the nursing staff.

4. Medications may be delivered in a form that impedes illicit medication hoarding. This may include the crushing of tablet medication, the immersion, disencapsulation or floating of capsules in water, or other appropriate preparative handling.
5. Crushing of medication will be authorized and the policy implemented by the site Medical Director or Site Psychiatrist. Patients whose psychotropic medications are crushed will have their cases reviewed by a psychiatrist at least quarterly to determine whether continued crushing of their medication is appropriate. Patients having non-psychotropic medications crushed (including narcotics) will have their cases reviewed by a medical doctor at least quarterly to determine whether continued crushing of their medications is appropriate.

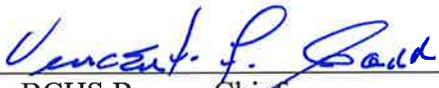
References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-D-01 & -02

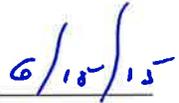
American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement. 4-4378

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER D-02.7	PAGE NUMBER Review Addendum
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I have reviewed this policy and it is scheduled to be incorporated into BCCHS Policy D-01, Pharmaceutical Operations.



Acting BCCHS Bureau Chief
Vincent F. Carr, DO, FACP



Date