	POLICY: Timely Initiation of Medication Upon Arrival to a Facility	
	NO. E-02c	**Date of Origin: 4/1/2015** **Revised: 7/15/2015** **Reviewed: 2/10/2017**

REFERENCES: NCCHC Standard (Prison & Jail) E-12 (2014)

PURPOSE:

To ensure that "no miss" medications prescribed for an inmate prior to incarceration are verified and continued if determined to be clinically appropriate.

POLICY:

No-miss medications are those medications which should not be interrupted because of their clinical necessity and which have short enough half lives such that routine initiation within 24 hours of intake may not be quick enough for appropriate continuity of care. Attached to this policy directive is a "no-miss medication" list developed based upon usage, half life, and the possible ill effects of medication interruption. Whenever possible, ongoing treatment regimens currently employing these medications should be continued without a single missed dosage, whether the listed medication or a therapeutic substitution is provided.

This Policy Directive describes an approach to continuity of care in provision of prescribed medication that balances the need to act quickly with the need to verify prior medication regimens and avoid provision of potentially risky medication regimens.

The list of no-miss drugs does not fully address continuity of care after return to a facility from a hospital setting. We are often able to facilitate early release from hospitals by effecting "no-miss" continuity of care, and our obligation to insure that such care continues in effect expands the list of "no-miss medications" for that patient. Site providers are expected to review hospital care prior to or upon discharge; identify medications which need to be continued, can be discontinued, or can be modified; and arrange for timely provision of post-hospital care.

The current listing of no-miss medications is reasonably complete, but it cannot include medications not yet on the market, used in "orphan drug treatment," or in investigational but necessary regimens. Facility providers identifying such circumstances should work to minimize interruptions in care to the extent that accomplishment is reasonable.

PROCEDURE:

1. Facilities are expected to develop site specific processes and supporting procedures for implementation of this Policy Directive.

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2. Processes employed to obtain "no-miss" medications, including stock medication, patient supplies, and immediate provision by contracted pharmacy.
3. Processes to ensure that medication obtained is timely administered.

4. Continuous quality improvement reviews to insure that “no-miss medication” is being properly provided.

5. The ‘No Miss’ medication list should be reviewed annually and changes recommended to inclusions or deletions from the list

Anticoagulant Medications
Commonly employed anticoagulant medications are of two types, those that have immediate effects on the clotting cascade, and those that inhibit production of clotting proteins. Immediate acting anticoagulant medications are listed as no-miss medications simply because each dose is necessary to maintain a consistent level of anticoagulation. Medication that interferes with protein production is also included as no-miss not because there is an immediate effect on anticoagulation, but because missing doses results in bounce several days later.

Clopidogrel (Plavix) is included despite its moderately long half life because it has become such a hot button medication.

Immunosuppressant Medications
These drugs are typically used either in the setting of organ transplant or to modify the immune response in syndromes such as lupus, rheumatoid arthritis, and others. Some of these drugs also find their way into antineoplastic regimens, and so there may be duplication between this category and that one.

Corticosteroid Medications
Systemic corticosteroids in particular should not be interrupted because withdrawal can precipitate an Addisonian crisis. All corticosteroids may be uniformly replaced with prednisone. Dosages above 20 mg prednisone equivalence per day should be adequate to avoid Addisonian crisis unless there is significant physical stress, such as is seen in the immediate postoperative period, no matter which drug was previously employed.

Please note that mineralocorticoids should not be replaced with prednisone; mineralocorticoids are not “no miss medications.”