



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.70

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Effective Date: August 15, 2011

Distribution: A

Supersedes: 113.70 (5/1/10)

Approved by: Derrick D. Schofield

Subject: MANAGEMENT OF PHARMACEUTICALS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure compliance with state and federal laws governing pharmaceuticals and to promote management of pharmaceuticals in accordance with professional standards of care and sound security practices.
- III. APPLICATION: Wardens, Health Administrators, all health services staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Administer: The direct application of a drug to an inmate by injection, inhalation, ingestion, topical application or any other means.
  - B. Controlled Substance: A drug, substance, or immediate precursor included in Schedule s I through V of the Federal Drug Enforcement Agency's Controlled Substances Act.
  - C. Discontinued Medication: A medication order stopped by the prescribing provider.
  - D. Dispensing Medication: The act of packaging a legend drug, either from a bulk container or as a result of compounding, in a container other than the original container of the manufacturer or distributor, and labeling the new container with all the information required by state and federal law.
  - E. Distribution of Medication: The transfer of prepackaged or labeled medications to an individual for self- administration according to directions provided by the prescribing practitioner.
  - F. Keep on Person (KOP): Medication approved to be kept in an inmate's possession for the purpose of self-administration.
  - G. Legend Drug: Any drug or medication which federal law prohibits dispensing without a prescription.
  - H. Medication Expiration Date: The date that the drug is no longer effective.
  - I. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat inmates and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include a physician assistant certified (PA-C), a nurse practitioner, or a clinical nurse specialist (CNS) with a master level of training and a certificate of fitness.

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- J. Over-the-Counter Medications (OTC) Drug: Any drug or substance which can be legally obtained without a prescription.
- K. Non-Renewed Medications: Medication order that is not re-written upon expiration of the current medication order.
- L. Par levels: The maximum quantity of emergency medications, stock medications, and medications utilized for nursing protocols authorized by the TDOC Pharmacy and Therapeutics Committee to be stocked at the institution.
- M. Perpetual Inventory System: Continuous process for recording the receipt and issuance/removal of medications and medical supplies. For the purposes of this policy, the essential elements of a perpetual inventory system are an adequate description of the items, the date on which the items are received and placed into inventory, the quantity (units) received, the date items are issued/removed or used, the quantity (units) issued/removed or used, the disposition of the items, and the balance on hand.
- N. Stop Date/Discontinue Date: Date the prescribing provider schedules a medication order to be discontinued or renewed.
- V. POLICY: All correctional facilities shall manage the medication used within the facility in accordance with professional standards of care, good security practice, and the appropriate state and federal laws and regulations.
- VI. PROCEDURES:
- A. Health Services Unit Manual: Each correctional institution shall maintain a health services unit manual including written procedures describing the management of pharmaceuticals. It shall be approved by the Warden and the Health Services Administrator and include provisions for the following:
1. Storage: The procedure(s) shall identify and describe the secured storage area provided for pharmaceuticals, and shall provide for safe storage of flammable, toxic, and caustic materials in accordance with Policy #112.09.
  2. Keys: The procedure(s) shall restrict the use of keys and identify staff members who have approved access to the secured storage area.
  3. Inventory: The procedure(s) shall require an accurate perpetual inventory of items covering the following:
    - a. Products containing alcohol
    - b. Controlled substances
    - c. Emergency medications
    - d. Flammables
    - e. Stock medications

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4. Medication Records: The procedure(s) shall require that medication records, with appropriate dates and signatures, are maintained in accordance with the most current operating procedures manual issued by the pharmacy. Medication records shall include:
    - a. Medication order forms
    - b. Items received at the institution (manifest reports)
    - c. Discontinued medications destruction forms
  5. Discontinued Medications: The procedure(s) shall describe the process for the return or disposal of discontinued medications in accordance with the Tennessee Board of Pharmacy laws and regulations. A record shall be maintained of all medication disposals.
  6. Controlled Substances: The procedure(s) shall delineate, in detail, management of controlled substances: e.g., the ordering and receiving process; inventory and counting procedures; means for staff accountability when doses are ordered, received, counted, discontinued, wasted, lost, dropped, broken, etc.; and any other institutional specific procedure(s) as identified.
  7. Monitoring Audits: The procedure(s) shall describe the auditing system used within the health care unit to ensure compliance with departmental policy.
- B. Pharmacy Contractors: The pharmacy contractor shall provide a pharmacist who shall make documented inspections, at least monthly, of all drugs and pharmaceutical materials kept in the institution, in accordance with state laws. This inspection shall include, but not be limited to, a review of opened medications, expiration dates, destruction of discontinued/outdated controlled medications, and other pertinent information and materials. The pharmacist may also review selected Medication Administration Records (MARs) and/or health records to perform a drug utilization review. Inspection records shall be dated, signed, and maintained by the institutional health administrator and pharmacy for at least two years.
- C. Prescribing of Medication: Medications shall be administered to inmates only on the order of a licensed physician or dentist. However, a physician may delegate the prescribing of certain medications to a mid-level provider under the following conditions:
1. There exists a joint practice agreement and clinical protocols signed by the preceptor physician which authorizes a mid-level provider to prescribe certain medications. (See Policy #113.11)
  2. The joint practice agreement specifies that all drug orders dispensed and administered/distributed according to clinical protocol shall be countersigned and dated by the sponsor physician within a reasonable period of time not to exceed 14 days.
  3. Controlled substances may be prescribed by a mid-level provider under the supervision of a licensed physician if the mid-level has a current DEA number

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4. Psychotropic medications may be prescribed by a psychiatric nurse clinician operating under the supervision of a psychiatrist. The prescribing of medications to treat mental disorders may be delegated to psychiatric nurse clinicians (See Policy #113.11) under the supervision of a Board certified or eligible psychiatrist.
5. Prescriptions for inmates shall be documented on Physician's Orders, CR-1892, or an alternative form as approved by the Director of Health Services and/or designee.

D. Substitutions of Equivalent Drug Products:

1. No substitutions for the specific medicine mentioned in the provider's prescription are allowed other than therapeutically equivalent drug product(s) containing the same active ingredient(s), dosage form, and strength as provided by state law.
2. All non-formulary requests (approved or denied) shall be maintained with the physician's order in the inmate's health record.
3. Any formularies used for TDOC inmates are subject to the approval of the TDOC Medical Director or designee.

E. Duration of Therapy: Each inmate's prescription(s) shall be periodically reviewed to ensure the appropriate medication therapy. Inmates with long term medication requirements shall have their medication reviewed by a physician, dentist, or mid-level provider at least every six months and the medication(s) reordered, changed, or discontinued as appropriate. The medication order should include a prescription duration not to exceed six months (i.e., the order and up to five refills). If no duration is specified, the following automatic stop orders shall apply:

1. Antibiotics - 10 days
2. Psychotropics - 30 days
3. Gastrointestinal Medications - 30 days
4. Cardiovascular Medications - 30 days
5. Antihistamines - 10 days
6. Antihypertensive Medications - 30 days
7. Anticonvulsant Medications - 30 days
8. Analgesics, non-narcotic - 10 days

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9. Nonsteroidal Anti-Inflammatory Drugs (NSAIDS) – 10 day maximum, unless the practitioner indicates that the inmate is in chronic need of NSAIDS, has a history of compliance, and is currently taking no psychotropics. Then a 30-day stop order applies.
10. The automatic stop orders for controlled substances are as follows:
  - a. Class II – 3 days
  - b. Class III – 7 days
  - c. Class IV – 21 days (with the exception of Phenobarbital which will be one month)
  - d. Class V – 30 days

Limitations on the quantities of certain specified narcotic pain medications may be set by the TDOC Pharmacy and Therapeutics Committee. Such limitations will be noted in the approved formulary.

F. Controlled Medication Procedures:

1. Controlled medications shall be administered only on the order of a licensed physician or dentist. A mid-level provider may order only those controlled medications specifically listed in the protocols approved by their supervising physician. All practitioners who prescribe controlled medications must be individually registered under applicable federal and state laws. Practitioners' DEA numbers must be maintained on file at the institution and a signature card bearing the practitioner's full name, specialty, and DEA number shall be maintained by the pharmacy.
2. Controlled medications shall be administered only on a dose-by-dose basis (under water if specified by the provider), and under no circumstances shall an inmate be provided multiple doses for self-administration. Any other medications considered to be of high abuse potential shall be handled in a similar manner.
3. The CR-2264 or other approved contractor form shall be properly annotated by the responsible licensed nurse each time one or more doses of a controlled drug are removed from the supply or storage location.
4. Controlled medications may only be continued by obtaining a written or phone order from the prescribing provider or an institutional physician. Orders expiring prior to the prescribing provider's scheduled visit may be continued via a telephone order until he/she is able to examine the inmate. Verification of a prescription shall consist of checking the health record for a valid order/prescription for each medication and/or following the procedures outlined in Section VI. (F) of this policy.

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5. Perpetual Inventory

- a. A perpetual inventory for controlled medications kept as stock shall be maintained by health services staff on a Control Drug Administration Record, CR-2264 or other approved contractor form.
- b. If a controlled medication is prescribed for a specific inmate, a perpetual inventory shall be initiated and maintained for that medication on the CR-2264 or other approved contractor form.
- c. One licensed nurse going off duty and one licensed nurse coming on duty shall inventory and initial/sign the CR-2264 or other approved contractor form at the change of each shift.
- d. Each institution shall specific procedures for the counts of controlled drugs on each shift. Discrepancies in the controlled drug inventory shall be immediately reported to the health administrator and the TDOC Director of Health Services verbally, followed by a written report.

G. Psychotropic Medication Procedures

1. Medications prescribed to treat mental disorders shall be prescribed only by a psychiatrist or psychiatric nurse clinician after physically examining the inmate and after reviewing the health record and ordering diagnostic testing, if necessary. In emergency psychiatric situations, a phone order may be obtained from the psychiatrist by a licensed nurse.
2. Psychotropic drugs shall be prescribed only when clinically indicated as one facet of a program of treatment or therapy. Under no circumstances shall any medication be prescribed and/or administered for chemical restraints, programmatic control, experimentation, or research.

H. Emergency and Stock Drug Procedures:

1. Each TDOC institution shall maintain the TDOC Universal Stock Medication List, approved annually by the TDOC Pharmacy and Therapeutics Committee.
2. The TDOC Medical Director or designee shall approve a list of medications to be utilized for nursing protocols.
3. Facilities are not required to stock all medications on the TDOC Universal Stock Medication List; nor are the medications required to be stocked at maximum par levels.
4. Emergency medications shall be securely maintained in the health services clinic emergency/treatment area in a mobile crash-cart. The stock medications kept on hand shall be securely maintained in the medication preparation room in a secure cabinet or mobile medication cart.

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5. Perpetual inventories shall be maintained by the health care staff for medications utilized for nursing protocols, emergency medications, and stock medications and reconciled at least twice a month. When emergency medication is used, a re-order shall occur within 72 hours. Stock medications shall be signed out when issued (or removed for any reason) and reordered or disposed of per institutional and pharmacy procedures.
6. The nurse shall receive a physician's order for all administered emergency (including emergency nursing protocol medications) and stock medications within 72 hours (excluding weekends and holidays).
7. Under no circumstances shall a facility procure or maintain bulk stocks of prescription medications. Stock medication shall be appropriately packaged and labeled by the sending pharmacy and ordered from a list approved by the TDOC Pharmacy and Therapeutics Committee.

I. Storage of Medications:

1. There shall be a secure area designated for storage of all medication that is physically separate from other health care areas. The medication storage room shall be located in an area which is not accessible to inmates or unauthorized personnel and which provides for adequate security of the drugs. Access to medications shall be limited to health care personnel, as authorized by the health administrator.
2. The drug storage area must be temperature controlled at 68-77 degrees F. Insulin and other medications requiring refrigeration shall be stored in a locked or secure refrigerator at 36-46 degrees F. The refrigerator used for drug storage shall not be used for food, lab specimens, or other storage. Light sensitive drugs shall be stored in opaque or amber containers.
3. Controlled substances and narcotics must be stored in double locked cabinets in a locked room, to ensure maximum security and control.
4. Over-the-counter drugs and/or prescription medications may be stored in limited supply in examination rooms, emergency rooms, and/or other designated areas as authorized by the health administrator and the Warden/designee.
5. External preparations shall be stored separately from oral preparations, and ear (otic) preparations shall be stored separately from eye (ophthalmic) preparations. All drugs must be in secure containers and clearly labeled.

J. Conformance with Practitioners' Prescription Medication Orders:

1. The attending physician, dentist, or mid-level provider shall be notified by the medication nurse of an automatic stop order prior to the last dose so that the prescriber may decide if the order/prescription for the drug is to be continued or altered.

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2. The provider's verbal/telephone orders for drugs shall be given only to licensed nurse, pharmacist, or mid-level provider, immediately recorded in the health record on Physician's Orders, CR-1892, (or approved alternative form) and signed by the person receiving the order. Telephone orders for Schedule II drugs are permitted only in the case of an actual emergency situation. The physician must personally telephone the pharmacy utilized and order the drug. Telephone orders for Schedule II drugs shall be signed by the physician and received by the dispensing pharmacist within 72 hours.
  3. Medication and Treatment Errors/Omissions, CR-1891, shall be completed in each case of medication administration/distribution error or omission. The nurse responsible for the error or finding the error, or the supervising nurse, shall document the error. The nurse that finds the error shall ensure that the inmate is not in danger of an adverse reaction related to the error, and report the error to the prescriber. The CR-1891 shall not be placed in the health record. The Health Services Administrator or Director of Nursing shall utilize this confidential information for Continuous Quality Improvement (CQI) and risk management.
  4. Dispensing or delivery errors shall be documented and the dispensing pharmacy notified. The health administrator shall retain a copy of any dispensing and/or delivery error forms for use in CQI studies. A copy of dispensing or delivery error(s) documentation shall be promptly sent to the Statewide Continuous Quality Improvement Coordinator (SCQIC).
  5. The contract pharmacy shall be given written notification of adverse reactions. When a medication is obtained from a local pharmacy and a severe adverse reaction occurs, that pharmacy shall be notified in writing. The health administrator shall retain a copy of these notifications for use in CQI studies.
- K. Disposition of Medications :
1. Intake: Prescription medications brought in with the inmate at intake may be administered upon health professionals' confirmation that:
    - a. The drug can be identified by a registered nurse, licensed practical nurse, physician, or pharmacist.
    - b. The container is airtight, light resistant (if applicable), and appropriately labeled with the name, strength of the drug, name and address of the dispensing pharmacy or practitioner, dispensing date, stop date, and directions for use. The nurse identifying the medication shall consult with the facility primary care provider and obtain an order prior to administration of the medication.
    - c. Prescriptions that have not met their labeled expiration date (i.e., ointments, inhalers, etc.) and/or have a relatively recent dispensing date (six months) give reasonable assurance of stated potency.
    - d. The manufacturer's identification codes for oral solids are verified against the labeled drug name and strength prior to administration.

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- e. Written or telephone orders are obtained from the responsible practitioner for any medication for which appropriateness is doubted.
2. A licensed nurse shall contact the institutional primary care physician or psychiatrist (or designated on-call staff) for clinical direction if an inmate is received at an institution without medication(s) that he/she reports being prescribed, or the transfer form has medication(s) documented but not transferred with the inmate.
3. Non-Renewed, Discontinued, Expired, or Excess Medications:
- a. Medications shall be inspected at least monthly for removal of non-renewed, discontinued, expired, and excess medications.
  - b. All expired medications shall be set aside for destruction or return to the appropriate pharmacy within two months.
  - c. Under no circumstances shall expired medications be administered to an inmate. Such drugs shall be properly removed from stock and disposed of in accordance with Tennessee Board of Pharmacy Laws and Regulations.
  - d. If the prescribing provider orders discontinued or non-renewed medications restarted, the medication may remain at the institution for up to two months for future use by the same inmate. After two months, all non-renewed, discontinued medications shall be returned to the pharmacy.
  - e. Each medication to be disposed of or returned to the pharmacy shall be listed by drug name, strength, and quantity on a medication disposal/return form.
  - f. All refrigerated medication requiring return to the contracting pharmacy shall be returned in accordance with the process established by the contracting pharmacy.
  - g. Once a multi-dose vial has been opened, or a needle inserted, it shall be dated and properly discarded after 30 days. Insulin shall be discarded after 28 days.
  - h. A record of the destruction of legend drugs and controlled medications shall be maintained for at least two years.
  - i. Controlled medications
    - 1. Controlled medications that are expired, unused, excessive, discontinued, non-renewed, or otherwise unusable shall be destroyed in accordance with Tennessee Board of Pharmacy Laws.

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2. If controlled medications are destroyed onsite, the destruction shall be accomplished by a licensed pharmacist in the presence of a witness and appropriate documentation shall be maintained in accordance with law. If an off site destruction service is employed, all appropriate documentation shall comply with Tennessee law.

b. If an inmate being released is on medication to treat an identified mental disorder and has an established appointment with a community-based mental health provider, the health services staff shall obtain sufficient medication for the inmate to take until that appointment date. It is expected that the appointment will occur within the first 30 days after release; therefore, the inmate shall be provided medication not to exceed a 30-day supply.

L. Inmate Release:

1. When an inmate is released from TDOC custody and is not being assumed by another agency or jurisdiction, the health services staff shall order a minimum 14-day supply of medication to be transferred with the inmate.

a. If the release will occur before the receipt of the 14- day minimum supply of medications, nursing staff shall issue to the inmate the balance of his/her current medications on hand.

b. If the supply of the inmate's medication on hand exceeds 14 days, the entire supply should be transferred with the inmate.

c. The quantity of medication released with the inmate shall not exceed the number of doses needed to complete the duration of therapy authorized on the original prescription order on the Physician's Order, CR-1892.

d. Inmates shall receive instructions on the use of all medications.

2. All medications shall be packaged in their original labeled containers.

3. The clinician shall review the instructions on the "non-child resistant packaging" statement with the inmate. The inmate shall sign the statement verifying his/her understanding and acceptance of responsibility.

4. In the event the health care staff does not receive timely notification of an inmate's release and is unable to accomplish discharge planning and prepare discharge medications, the prescription container(s), a clearly marked copy of the physician's orders, or a list of medications shall be sent with the inmate to take to the health care provider who will be assuming his/her care.

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5. All discharge information including disposition, medications and amounts, TST and immunizations, instructions given to the inmate, and contacts made to health care providers at the next level of care shall be documented by the nurse on the Progress Note, CR-1884 and the Discharge/Transfer Health Summary, CR-1895. A copy of the Discharge/Transfer Health Summary, CR-1895 shall be given to the inmate upon release.

M. Transfer of Medication:

1. When an inmate is transferred to another TDOC facility or to a non-TDOC facility but is remaining in TDOC custody, the sending institution shall send the unused balance of current medications in their originally labeled containers to the receiving institution. A written notification advising the receiving institution of any prescription renewals required shall be included with the medications.
2. When an inmate is transferred, either permanently or temporarily, from one TDOC facility to another, any medications which have been individually packaged by the pharmacy for that inmate shall be sent to the receiving institution at the time of transfer.
3. Health Services staff shall package all the inmate's transferring medications in their possession into a manila envelope or other suitable manner for transfer with the inmate's health record and complete the Transfer/Discharge Health Summary, CR-1895 and the Health Record Movement Document, CR-2176.
4. Health services staff shall indicate the prescriptions, along with the quantity of each contained in the package, on the CR-1895. The inmate shall be allowed to retain possession of all "keep on person" (KOP) prescriptions listed on the CR-1895.
5. At the time of the health screening at the receiving institution, health services staff shall receive the CR-2176 and the contents of the manila envelope to ensure that prescribed medications have been transferred and that the inmate is in possession of all his/her "keep on person" medications. If the prescribed medications in the appropriate remaining amounts as indicated on the MAR are not sent with the inmate, the receiving institution shall contact the sending institution to obtain the medications immediately.
6. Individuals transporting or receiving the packaged medications shall sign for such so that a "chain of custody" is maintained.
7. When an inmate is discharged, released, or transferred to another jurisdiction or agency (e.g., a federal agency, another state, or a mental health facility) and the TDOC relinquishes custody of the inmate, the health services staff shall ensure that, at a minimum, a 14 day supply of medications is transferred with the inmate. If the supply of the inmate's medication on hand exceeds 14 days, the entire supply shall be transferred with the inmate.

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8. All discharge information including disposition, medications and amounts, TST and immunizations, instructions given to the inmate, and contacts made to health care providers at the next level of care shall be documented by the nurse on the Progress Note, CR-1884 and on the Discharge/Transfer Health Summary, CR-1895. A copy of the Discharge/Transfer Health Summary, CR-1895 shall be given to the inmate upon release from the TDOC.

VII. ACA STANDARDS: 4-4378 and 4-4379.

VIII. EXPIRATION DATE: August 15, 2014.







**TENNESSEE DEPARTMENT OF CORRECTION  
MEDICATION AND TREATMENT ERRORS/OMISSIONS**

Date Error Discovered \_\_\_\_\_ Time \_\_\_\_\_ By Whom \_\_\_\_\_

Patient's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication or Treatment Involved \_\_\_\_\_

Description of Error (How discovered, effect on patient, sequence of events and other persons involved)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician Notified \_\_\_\_\_ By Whom \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Examined Patient? \_\_\_\_\_

Medication or Treatment given to counteract error \_\_\_\_\_

Name of Supervisor Notified \_\_\_\_\_

Other Person(s) Notified \_\_\_\_\_

Person(s) Who Made Error \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Counseled By \_\_\_\_\_

Documentation of Counseling, if applicable \_\_\_\_\_

Cause(s) of Error(s) – Check Below:

1. Failure to follow procedure:
  - A. Identification of patient \_\_\_\_\_ ( )
  - B. Didn't check med. Label with ticket \_\_\_\_\_ ( )
  - C. Didn't check route of administration \_\_\_\_\_ ( )
  - D. Didn't observe patient take medication \_\_\_\_\_ ( )
  - E. Not charted correctly \_\_\_\_\_ ( )
  - F. Not charted promptly \_\_\_\_\_ ( )
  - G. Stop order policy not followed \_\_\_\_\_ ( )
2. Communication failure:
  - A. Not written correctly \_\_\_\_\_ ( )
    - (1) Medication card \_\_\_\_\_ ( )
    - (2) Kardex \_\_\_\_\_ ( )
  - B. Not read correctly \_\_\_\_\_ ( )
  - C. Not heard correctly \_\_\_\_\_ ( )
  - D. "Stat" order not given immediately \_\_\_\_\_ ( )
3. Wrong Calculation \_\_\_\_\_ ( )
4. Drug not available \_\_\_\_\_ ( )
5. Other \_\_\_\_\_ ( )

**TO BE COMPLETED BY CHARGE NURSE OR SUPERVISOR**

TYPE OF ERROR – CHECK BELOW

1. Wrong medication \_\_\_\_\_ ( )
2. Wrong dosage \_\_\_\_\_ ( )
3. Wrong day / time \_\_\_\_\_ ( )
4. Wrong patient \_\_\_\_\_ ( )
5. Error in transcribing \_\_\_\_\_ ( )
6. Omission \_\_\_\_\_ ( )
7. Other (explain) \_\_\_\_\_ ( )

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Who Made Error

\_\_\_\_\_  
Signature of Person Reporting Error

\_\_\_\_\_  
Signature of Charge Nurse or Supervisor







TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH RECORDS MOVEMENT DOCUMENT

DESTINATION: \_\_\_\_\_

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

CHECK ALL THAT APPLY

	<u>Inmate Name</u>	<u>Number</u>	<u>Health Record</u>	<u>Dental Record</u>	<u>Medication</u>	<u>* Purpose</u> (Indicate A, B, C or D)
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* PURPOSE OF RECORDS MOVEMENT:

- A. Permanent Transfer
- B. Temporary Transfer for Clinical Services
- C. Record to Archives
- D. Other (See Comments)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sending Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared / Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Transported by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**\* THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION \***