MSRM 140117.01.15.4 (R-4/19)

OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

Medication Counseling / Education

Patient counseling and education begins with, and focuses on, providing information related to the prescribed medication (s), with the final responsibility for following the instructions belonging to the inmate.

Prior to meeting with the inmate, print off the inmates medication(s) and discuss the drug classification (antianxiety, antihypertensive, etc.), common uses, and precautionary warnings. Provide inmate with written material if available. Educational material can help inmates understand their medication(s) and increase adherence.

Inm	ate Name	DOC #
RN/	LPN Signature/Credentials: Date:	Time:
	 □ Counseling was provided and accepted by the inmate. Inmate agrees to medication(s) treat □ Counseling was provided and inmate refused medication(s). □ "Waiver of Evaluation/Treatment" completed. □ Health care provider notified of inmates □ refusal □ acceptance of medication(s) 	·
Dis	position: (check all that apply)	
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effects persist. Inmate verbalizes understanding of instructions. Progress Note:		·
	 Encourage inmate to assist in self –manage their condition. Assess inmates understanding of the reason for medication. Assess inmate understanding of the risks if they don't take their medications. Assess actual and / or potential concerns or problems important to inmate. Ensure the inmate recognizes the importance of medication for his/her wellbeing. Have inmate restate the positive benefits of taking their medications. Instructed inmate on risks and benefits of medication adherence / non-adherence, notify he 	althcare provider if side
Routine Intervention: (check all that apply)		
	 ching Aspects: Discuss the medication(s), how they should be taken, any specific dosage timing issues, a inmate misses a dose. Discuss what the inmate should expect while taking this medication. How is the drug work the inmate can tell if the medication is working. Discuss the benefits of the medication and what may happen if medication(s) are not taken 4. Discuss the consequences of non-adherence. 	ng in the body and how
	Other	
	□ Stress of Pill line □ Time of Pill line □ Lack of immediate benefit of therapy □ Lack of knowledge regarding medication use	
	What is the reason for the missed doses? (check all that apply)	
	Do you feel the medication(s) are working? □ Yes □ No How many times have you missed taking your medications? □ 1 – 5 times □ 6 – 10 □ great	er than 10
2. 3.	Do you know what the medication is for? Yes No Are you experiencing side effects from your medications? Yes No Nausea (Drink plenty of fluids, avoid spicy foods, exercise) Upset stomach (Drink plenty of fluids, avoid spicy foods, exercise) Constipation (Drink plenty of fluids, avoid spicy foods, exercise) Diarrhea (Avoid caffeine and acidic foods and beverages, spicy foods) Drowsiness (Get plenty of exercise, take a brief nap, Dizziness (Rise slowly from a sitting or lying position, take deep breaths to assist blood ox caffeine, drink plenty of fluids) Dry mouth (Drink plenty of fluids suck on sour candy, avoid caffeine) Fatigue or lack of energy (Get plenty of exercise and sleep) Other	ygen level, avoid
	Do you know the name of your medication (s)?	

(Last, First)