CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
IRONWOOD STATE PRISON

JOINT LOCAL OPERATIONAL PROCEDURE #025
MEDICATION MANAGEMENT

June 2021

I. RESPONSIBILITY

A. The Chief Executive Officer (CEO) and Warden or their designee, are responsible for the evaluation of this procedure.

B. The Chief Nurse Executive (CNE) and Pharmacist-In-Charge (PIC) or designee, are responsible for the implementation and monitoring of this procedure. The Warden is responsible for the implementation and monitoring of this procedure regarding any custody components.

C. Annual Review: June

II. POLICY

A. California Correctional Health Care Services (CCHCS) shall provide prescribed medications accurately and timely to patients with California Department of Corrections and Rehabilitation (CDCR).

III. PURPOSE

A. To establish a standardized process locally to ensure guidelines for ordering, processing, documenting, and administering medication to patients is followed. Ironwood State Prison (ISP) shall provide appropriate medications in a timely manner to patients and prevent a lapse in care during any patient transition.

IV. PROCEDURE

A. **Medication Orders – Prescribing Procedure**

1. Licensed healthcare staff shall administer and record all medications prescribed by authorized prescribers (e.g. Physician, Dentist, Podiatrist, Psychiatrist, etc.) within the scope of their licensure under California Law.

2. Telephone Orders – These orders shall be "read back" to the prescriber by the health care staff and verified. The licensed health care staff enters the orders into the Electronic Health Records System (EHRS) as a telephone order. The licensed health care staff signs the orders in EHRS, which are then routed to the prescriber's Message Center in EHRS. The prescribing provider signs the Telephone order from the Message Center or the Orders Profile in EHRS.

3. When prescribing any medications, the prescriber shall explain to the patient how to take the medication. The prescriber shall ensure that effective communication is provided and appropriately documented in EHRS.

4. Medications for Inmate/patients arriving in Receiving and Release (R&R) - *Refer to Cerner Workflow 500-40* (Attachment A)

5. Medications Renewals – Primary Care Providers (PCPs) are notified through the CERNER Message Center of orders set to expire seven days out. The Daily Huddle Report is another resources that identifies medications soon expiring. The prescriber is responsible for renewing medication orders with appropriately timed follow-up visits to facilitate medication continuity. If the medication nurse notices a medication expiring that has not been addressed by the provider, the nurse shall notify the prescriber via the Message Center in CERNER.

6. Medications Refills – Patients may request medications refills by submitting a CDCR 7362, Heath Care Services Request Form (Attachment B), indicating their medication needs.

    a. Providers should consider discontinuing auto-refills or making the medication as needed for those patients who repeatedly miss doses despite appropriate patient counseling.

    b. The Office Technician (OT) or licensed health care staff send a CERNER message to the Pharmacy Message Pool. The Pharmacist and Pharmacy Technicians process refill requests.

    c. From the Message Pool in EHRS, the Pharmacist will review the message regarding the CDCR 7362.

        1. If the refill request can be completed, the Pharmacist or Pharmacy Technician will add the addendum and sign.

2. If the refill request cannot be completed, the Pharmacist or Pharmacy Technician will add to the message in EHRS indicating the medication and why it is unable to be refilled. The Pharmacist will forward the message to the Care Team Message Pool.

3. Once the message from the Pharmacists or Pharmacy Technician is received by the Care Team, the Care Team will then discuss this message during the Daily Huddle and determine any action required.

7. CDCR Nonformulary Medication Orders – Nonformulary medication orders shall be process in accordance with HCDOM Chapter 3, Article 5, Section 3.5.4, CCHCS Drug Formulary.

B. **Medication Storage and Accountability**

1. Staff shall store and account for medication as outlined in HCDOM Chapter 3, Article 2, Section 3.2.3, Medication Storage and Accountability Procedure. Staff shall monitor the temperature as outlined in HCDOM Chapter 3, Article 5, Section 3.5.11.

2. Medication Refrigerator – The temperature shall be logged everyday on each shift. The completed logs will be stored for three years in the same clinic room of the medication storage refrigerator. The temperature range shall be kept within 36-46 degrees Fahrenheit. If staff are unable to maintain the above range in the Medication Refrigerator, they shall relocate the medication and notify their supervisor on duty. ISP maintains a contract with Remi that provides services and maintenance for medication storage refrigerators. The PIC, Clinic Manager / Supervising Registered Nurse II (SRN II), and Contracts Analysts will be notified when a medication refrigerator requires service.

3. Room Temperature Monitoring – The temperature shall be logged everyday on each shift for any room that has medication located within the room. The staff assigned to the work location shall be the responsible party for completion of the logs. The completed logs will be stored for three years in the same room where the medications are stored. The temperature range shall be kept within 68-77 degrees Fahrenheit, excursions permitted between 59 and 86 degrees Fahrenheit. If staff are unable to maintain the above range in the room, they shall notify their supervisor on duty.

4. Controlled Substance Waste – Any Controlled Substance Waste should be documented in the Automated Drug Dispensary System or clinic perpetual inventory log and cosigned by a second licensed health care staff. Tablets shall

be crushed, capsules shall be opened and crushed, and remainder of vials shall be expressed. All of these shall be placed in the appropriate waste container. Refer to the Ironwood State Prison Medical/Dental Waste Management Chart (Attachment C).

5. Returning Medications to Pharmacy – For this process refer to ISP's LOP 9-16, Return to Pharmacy Medication Disposition.

6. After-Hours Medication - *Refer to Cerner Workflow 700-103* (Attachment D) for After-Hour medication process.

C. **Medication Administration**

1. Staff shall administer medication as outlined in HCDOM Chapter 3, Article 2, Section 3.2.4, Medication Administration Procedure.

2. Medication Line – All patients shall receive their medications, whether picking up Keep-on-Person (KOP) medications or receiving their Nurse Administration (NA) / Directly Observed Therapy (DOT) medications, at the pill window. Cell front medication delivery will only occur when the facility is locked down by Custody. There are four medication administration times:

    a. Morning (AM)

    b. Noon

    c. Evening (PM)

    d. Bedtime - Hours of Sleep (HS)

3. Custody shall be present at the medication window to directly observe the medication process, maintain order, and provide assistance if necessary.

4. After demonstrating self-injection skills, patients on insulin may self-inject while under close observation by a licensed health care staff. Immediately after use, contaminated needles shall be disposed of by the patient in a secured sharps container. These sharps containers should be located in a way to allow custody staff to visually observe the appropriate disposal of the syringe. At no time should the syringe be passed back to the nurse or custody personnel. The licensed health care staff shall observe the injection and document in the patient's health care record. Officers will not be responsible for simultaneously monitoring both injections and medication distribution windows. Should insulin injection and medication distribution times overlap, additional coverage would be required.

5. *Refer to Cerner Workflow 500-90* (Attachment E) for medication line administration process.

6. Modified Program / Lockdown –When a facility is on modified program but patients are still able to go to the medication window, *refer to Cerner Workflow 500-90* (Attachment E) for process. When a facility is locked down and medication administration must be done in the buildings, *refer to Cerner Workflow 500-80* (Attachment F) for process. For incidents that occur on weekends, holidays, and/or after normal business hours, the Watch Commander, in consultation with the SRN II on duty and the Administrative Officer of the Day (AOD), will determine an interim method for medication delivery. However, the method will be reviewed by the CEO or designee in consultation with the Warden or designee on the next business day. This interim method of medication delivery will be noted on the CDCR Form 3022, Daily Program Status Report, Part B. Any patients on quarantine, medication administration is to be performed cell side.

7. Keep-on-Person (KOP) Medication – These medications are self-administered by the patients.

    a. The patients shall be able to produce a valid current label for each medication and may be required to return medication containers prior to receiving refills or additional medication.

    b. All inhalers shall be refilled on a 1:1 exchange basis. If the patient does not return the previous inhaler, a new inhaler shall be issued and Custody shall be notified for assistance in locating the missing inhaler.

    c. *Refer to Cerner Workflow 500-91* (Attachment G) and *500-92* (Attachment H) for KOP medication process.

D. **Medication Adherence**

1. No Shows – Licensed nursing staff shall identify any patients who did not report to the medication window during the appropriate time.

    a. If the patient is a “no-show” for an NA/DOT medication, licensed nursing staff shall coordinate with custody to locate the patient.

    b. Once the patient is located, one of the following shall happen:

        1) The medication shall be administered

        2) Documentation of refusal of the medication and reason for refusal. *Refer to Cerner Workflow 500-50* (Attachment I)

3) Documentation of any barriers that may have prevented the patient from reporting to the medication window (i.e. transferred to another institution.)

2. Refusals – Licensed nursing staff shall document in EHRS each refusal for NA/DOT medications. *Refer to Cerner Workflow 500-50* (Attachment I)

    a. Refusing KOP Medications - Licensed nursing staff shall notify the appropriate Primary Care Team (for medical prescriptions) or the Mental Health prescriber (for Mental Health prescriptions) when the patient refuses to pick up KOP medications.

3. Medication Non-Adherence Counseling – Patients repeatedly missing and/or refusing medication doses shall be counseled regarding the implications/consequences of not taking medications as prescribed. *Refer to Cerner Workflow 500-030* (Attachment J)

    a. The prescriber may discontinue the medication or make the medication as needed when a patient who has decision-making capacity continues to refuse medication. All refusals shall be signed by the patient and co-signed by licensed health care staff. The original refusal form shall be forwarded to Health Information Management (HIM) for scanning into EHRS.

4. Medication Hoarding and Cheeking – Patients with a history of, or current indication of hoarding, cheeking, etc. of prescribed medication, the prescriber may order medications in a formulation that can be crushed or emptied into water, unless prohibited by specific medication requirements (e.g., sustained release tablets), or provided in liquid form. Within 10 business days of issuing that order, the provider will develop a plan to schedule an appointment with the patient as clinically appropriate to address this issue (e.g. revise mediation order as DOT, laboratory testing, or Inter-Disciplinary Treatment Team (IDTT), etc.).

E. **Medication Continuity with Patient Movement: Transfer / Parole / Release**

1. The clinic SRN II on duty shall be notified in the event of any difficulties in following this procedure and shall be responsible to ensure appropriate action is taken to resolve medication related orders for these patients.

2. The Facility Sergeant, upon approval and recommendation of all requested bed/housing assignment changes to Central Control, shall print the Pending Bed Assignment Report (IPTR 149 or IPTR 150) within the Strategic

Offender Management System (SOMS). The Facility Sergeant shall forward the IPTR 149/150 to the sending facility health care clinic prior to any movement occurring. If for any reason a requested move is cancelled by Central Control, the Facility Sergeant will notify the sending medical clinic of the cancelation.

3. Navigation within SOMS is as follows:

    a. Prison>Reports>Population Tracking Reports (Internal)>Pending Bed Assignment
    b. Open the 'Output Type' list and click the file format for the report
    c. In the 'Current Location (Institution)' list, select 'Ironwood State Prison' and click on the red arrow to the right.
    d. In the 'Current Location (Facility)' list, select facility needed.
    e. In the 'Report Begin Date' area, input the date
    f. Verify e-mail address in the address box
    g. Select Submit
    h. The job queue screen appears, the first row shows the requested report.

4. Nursing staff will cross reference the IPTR 149/150 Report with the current Medication Administration Record (MAR) to determine the need to have medication relocated with the patient to include NA/DOT and KOP medication.

5. Nursing staff will note the number of KOP medications that will be transferred with the patient to the new housing assignment, sign off on the front of the IPTR 149/150 report to indicate it has been reviewed, and make a copy of the IPTR 149/150 report for tracking purposes.

6. Nursing staff will release the NA/DOT medications in a labeled, sealed envelope/container, along with the signed IPTR 149/150 report to the Custody Officer to deliver to nursing staff at the new medication administration location (clinic). The Custody Officer will ensure that patients have their KOP medication in their possession for the bed assignment change. The Custody Officer will transport the signed report along with any NA/DOT medications given to them by nursing staff to the medication administration location serving the patients' new housing units. All medications and MARs will be moved with the patients.

7. Parole Medication - *Refer to Cerner Workflow 700-110* (Attachment L)

8. Transfer of Medication - *Refer to Cerner Workflow 700-220* (Attachment M)

V. REFERENCES

A. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.1 , Medication Management Policy

B. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.2 , Medication Orders – Prescribing Procedure

C. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.3, Medication Storage and Accountability Procedure

D. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.4, Medication Administration Procedure

E. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.5 , Medication Adherence Procedure

F. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 2, Section 3.2.6 , Medication Continuity with Patient: Transfer-Parole-Release Procedure

G. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 5, Section 3.5.4 , CCHCS Drug Formulary

H. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 5, Section 3.5.5 , Prescription-Order Requirements Procedure

I. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 5, Section 3.5.16, Ordering Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Substances Procedure

J. Health Care Department Operations Manual (HCDOM), Chapter 3, Article 5, Section 3.5.28 , Transfer Medications

VI. ATTACHMENTS

A. Attachment A – Cerner Workflow 500-40

B. Attachment B – CDCR 7362, Health Care Services Request Form

C. Attachment C – Ironwood State Prison Waste Management Chart

D. Attachment D – Cerner Workflow 700-103

E. Attachment E – Cerner Workflow 500-90

F. Attachment F – Cerner Workflow 500-80

G. Attachment G– Cerner Workflow 500-91

H. Attachment H – Cerner Workflow 500-92

I. Attachment I – Cerner Workflow 500-50

J. Attachment J – Cerner Workflow 500-030

K. Attachment K – CDC 7225, Refusal of Examination and/or Treatment

L. Attachment L – Cerner Workflow 700-110

M. Attachment M – Cerner Workflow 700-220

VII. APPROVAL DATES

A. Reviewed and Approved by Joint Local Operational (JLOP) Committee on **07/07/2021**

B. Reviewed and Approved by the Patient Safety Committee on **06/25/2021**

C. Reviewed and Approved by the Quality Management Committee (QMC) on **07/22/2021**

MARA WINSICK
Chief Nurse Executive
Ironwood State Prison
7-22-21
Date

AUSTIN ATIYOTA
Pharmacist In Charge (A)
Ironwood State Prison
7-29-21
Date

ERIC ANDERSSON
Chief Executive Officer
Ironwood State Prison
7-22-21
Date

NEIL MCDOWELL
Warden
Ironwood State Prison
7/29/21
Date

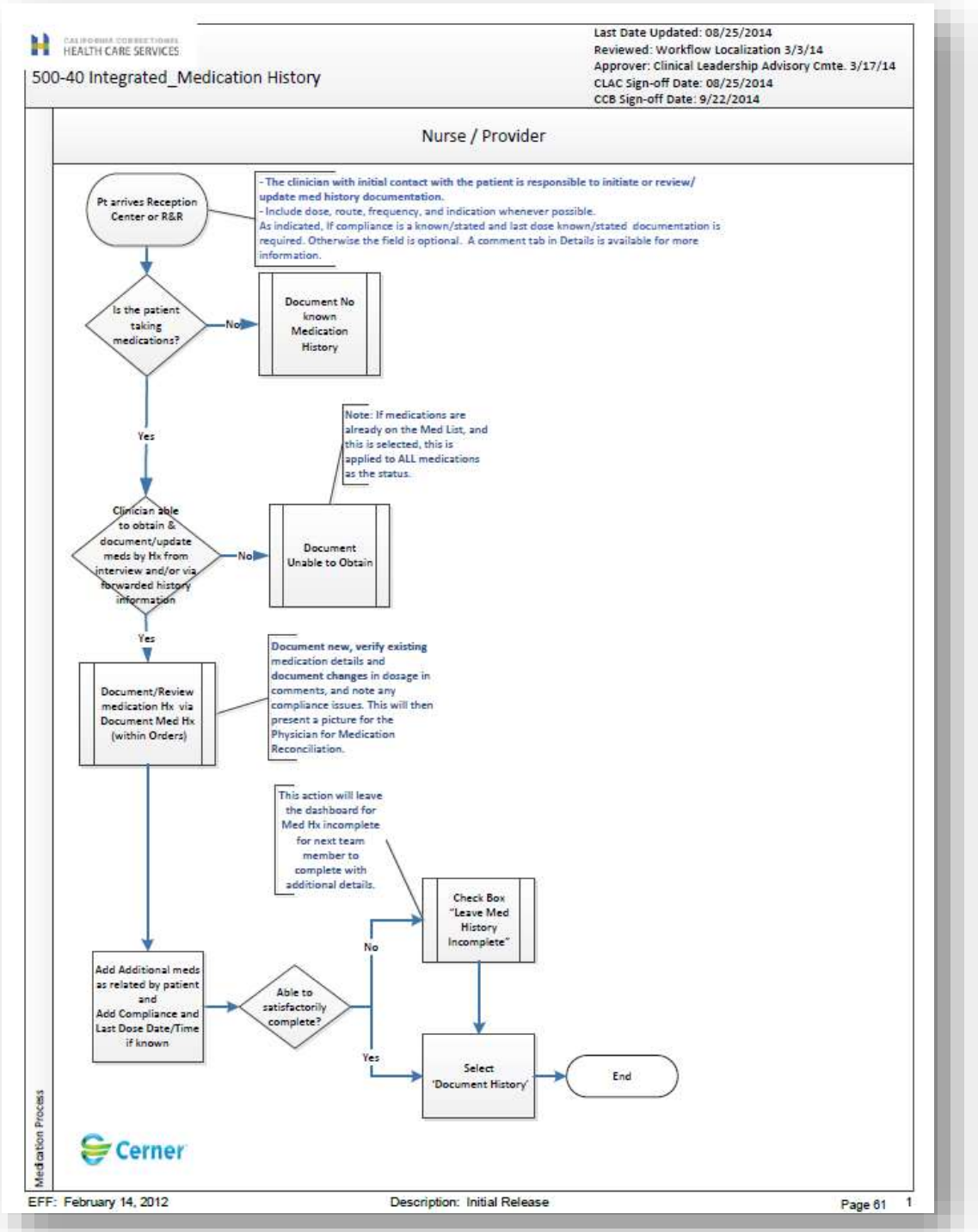
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT A –

Cerner Workflow 500-40

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook

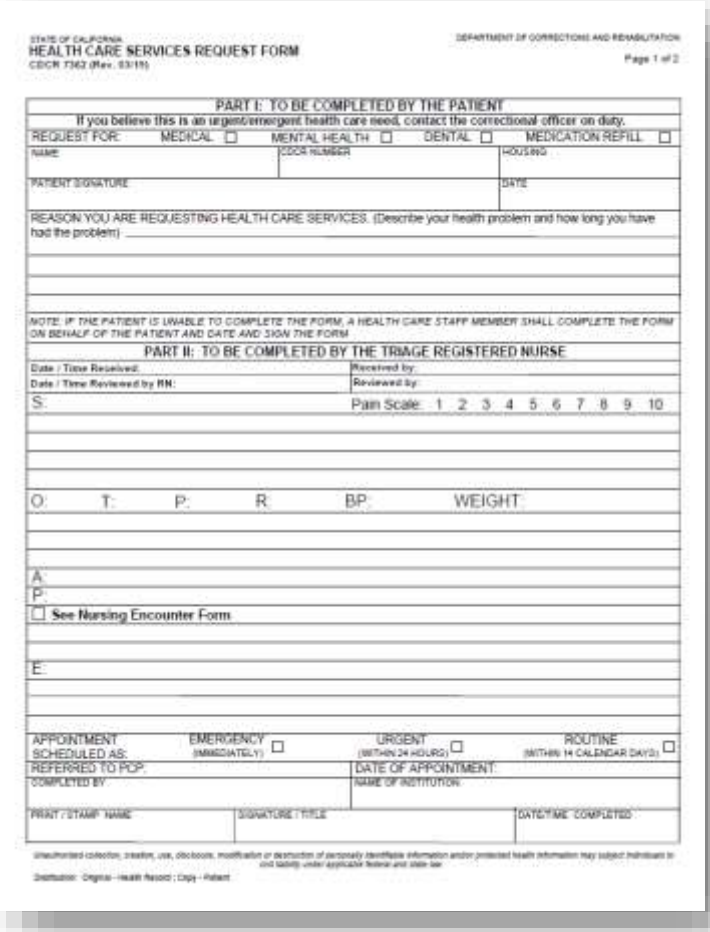


CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT B –

CDCR 7362, Health Care Services Request Form



STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST FORM
CDCR 7362 (Rev. 03/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

PART I: TO BE COMPLETED BY THE PATIENT
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.
REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐
NAME | CDCR NUMBER | HOUSING
PATIENT SIGNATURE | DATE
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem)
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE
Date / Time Received: | Received by:
Date / Time Reviewed by RN: | Reviewed by:
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10
O: T: P: R: BP: WEIGHT:
A:
P:
☐ See Nursing Encounter Form
E:
APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐
REFERRED TO PCP: | DATE OF APPOINTMENT:
COMPLETED BY: | NAME OF INSTITUTION:
PRINT / STAMP NAME | SIGNATURE / TITLE | DATE/TIME COMPLETED

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state law.
Distribution: Original - Health Record ; Copy - Patient

CDCR 7362, Health Care Services Request Form (Page 1 of 2)

STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST FORM
CDCR 7362 (Rev. 03/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 2 of 2

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CDCR 7362, Health Care Services Request Form (Page 2 of 2)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT C –

Ironwood State Prison Waste Management Chart

IRONWOOD STATE PRISON

MEDICAL / DENTAL WASTE MANAGEMENT CHART

Regular Waste	Biohazardous Waste	Sharps Waste	Pharmaceutical (Rx) Waste	Trace Chemotherapy Waste	RCRA Hazardous Waste
Clear Plastic Bag	Red Biohazard Bag	Red & White Sharps Container	Blue & White Sharps Container	Yellow Container	Black & White Container
✦ Trash ✦ Paper, Wrappers ✦ Food / Formula Containers ✦ Disposable Patient Items ✦ Empty Foley & Other Drainage Bags ✦ Empty IV Bags	✦ Blood & All Other OPIMs ✦ Blood Administered Tubing & Bags ✦ Hemovacs ✦ Pleur Evacs ✦ Dressing w/ Recognizable Blood ✦ Ressing w/ Recognizable OPIMs ✦ Suction Liners w/ Bloody Fluid or OPIMs	✦ Sharps, Needles, Broken Glass Vials, Ampules, Blades, Scalpels, Razors, Pins, Clips, Staples ✦ All **EMPTY** Syringes, Tubexes, Carpujects or those with trace amount of medication ✦ Trocars, Indroducers, Guide Wires ✦ Full or Partially used and/or Empty Packaging in Sharps Container: Twinrix, Varivax/ Varicella Virus Vaccine	✦ Syringes/Needles **CONTAINING RESIDUE** ✦ Tublexes, Carpujects, IV Bags and Tubing with pourable medication ✦ Parially used or waster prescriptions or Over-the-Counter (OTC) medication to include: o Vials o Tablets o Capsules o Powders o Liquids o Creams/lotions o Eye drops o Suppositories o ½ tablets o Vitamins, etc. ✦ Keep on Person (KOP) Medication **Nitroglycerine & Epinephrine have recently been moved from RCRA to RX Waste** **Do not place RCRA Waste in this container** **Unopened / Unused or Expired Medication must be returned to the Pharmacy**	✦ **All items that come into contact with any Chemotherapeutic agents:** o Empty Vials o Ampules o Syringes o Needles o Empty IVs o Gowns o Gloves o Tubing o Aprons o Wipes o Packaging ✦ **Empty packaging of:** o Capecitabine o Cyclophosphamide o Fluorouracil o Hydroxyurea o Lupron o Mercaptopur o Methotrexate o Nexavar o Votrient **EXCEPTIONS:** ✦ Dispose in RCRA container or return to Pharmacy: o Chlorambucil o Cyclophosphamide o Daunorubicin o Mitomycin	✦ **Full or partially used packages of:** o Afluria o Ammonia Inhalant o Betadine o Calcipotriene o Clindamycin o Clobetasol o Cyclophoshamide o Duofilm / Wart Remover o Ethyl Chloride o Flourouracil o Fluvirin / Flu Vaccine o Humalog / Lispro o Humulin o Hydroxyurea o Isopropyl Alcohol o Lantus o Lupron o Mercaptopur o Methotrexate o Neomycin o Polymixin o HC o Gramicidin o Nexavar o Novolog o Permethrin o Phenol / Phenol Swabs o Podofilox o Preservision Cap Aredss 2 o Selenium Sulfide Lotion o Silver Nitrate o Potassium Nitrate o Silver Sulfadiazine Cream o Tetanus Toxoid Adsorbed o Trifluridine o Votrient ✦ **Full or partially used packages of:** o Alvesco o Atrovent o Demoplast o Dulera o Flovent o Jantoven o Levalbuterol o Warfarin o Xopenex
Universal Waste ✦ Batteries & Light Bulbs Turn-In to AHMS					
COLLECTED BY:					
HFM	HFM	HFM	CENTRAL SUPPLY	HAZMAT	HAZMAT

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT D –

Cerner Workflow 700-103

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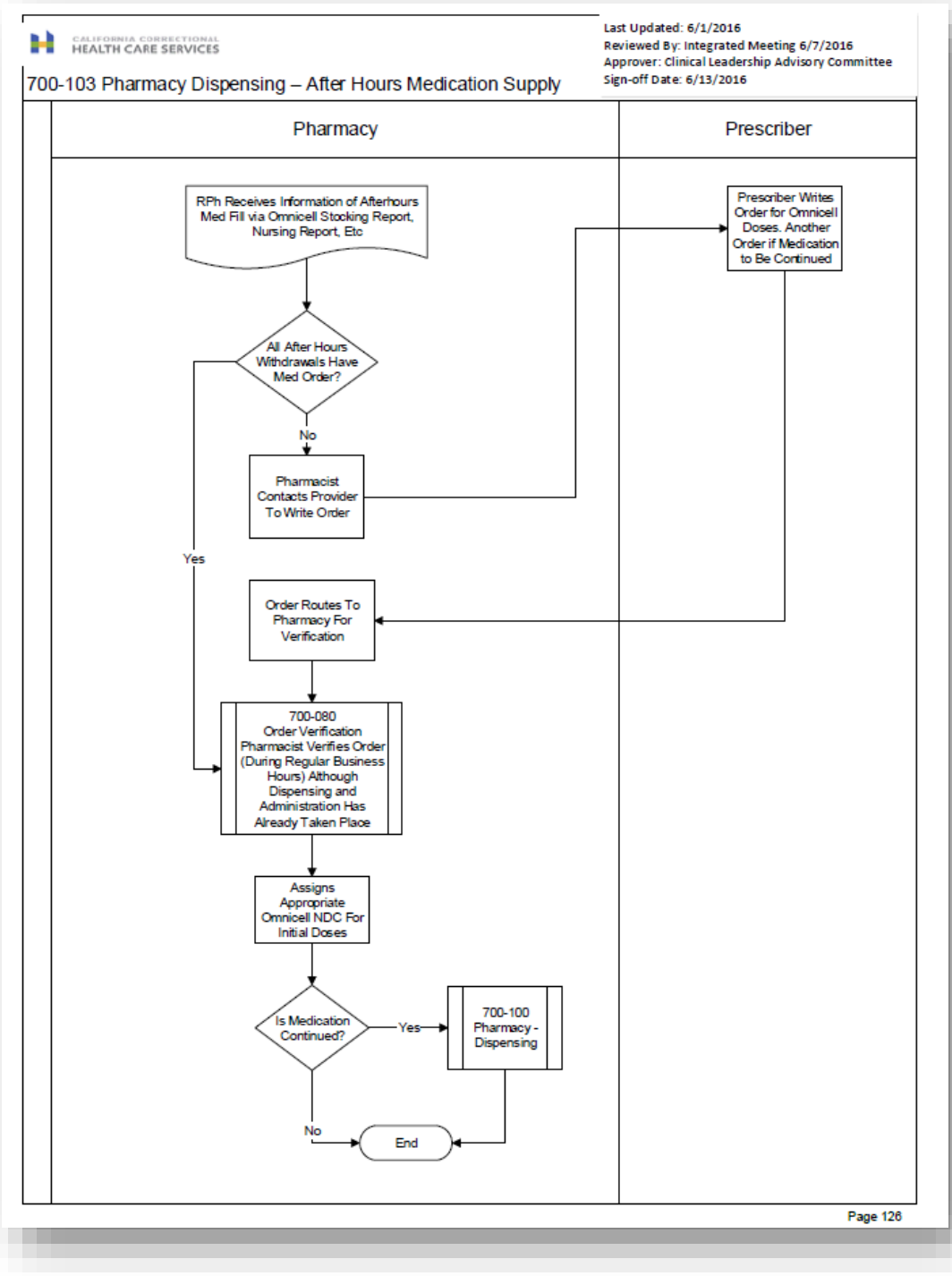

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
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IRONWOOD STATE PRISON

ATTACHMENT E –

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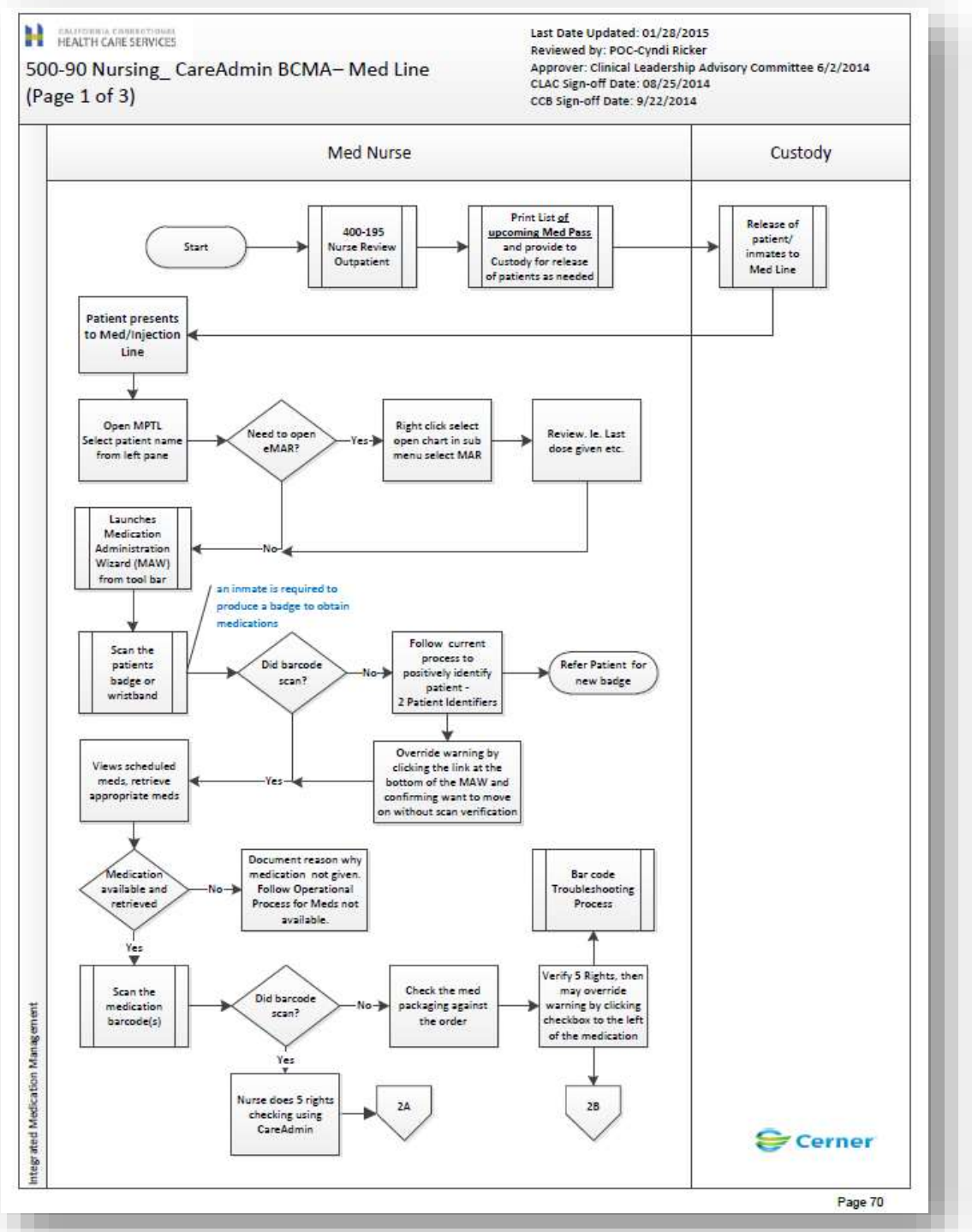

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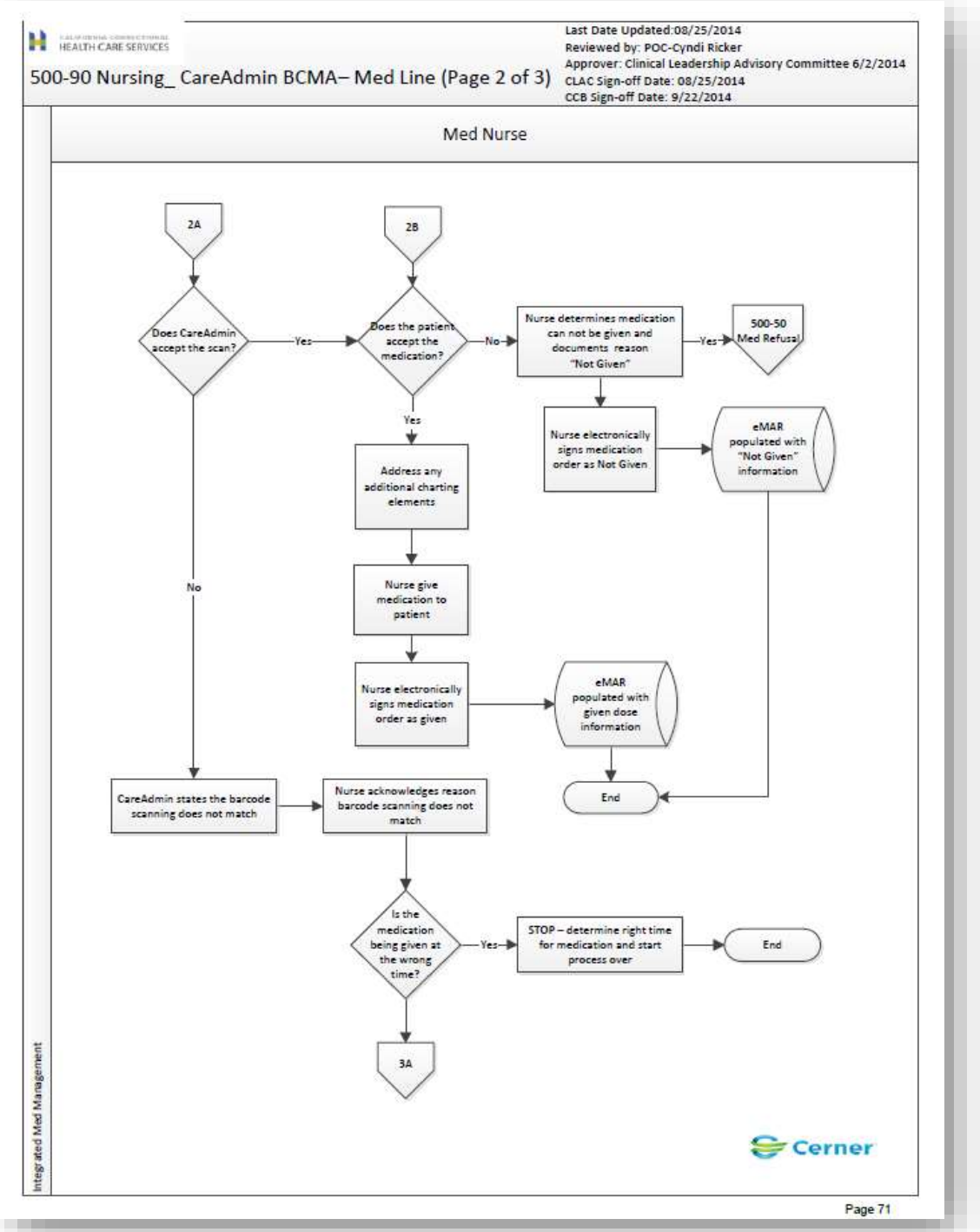

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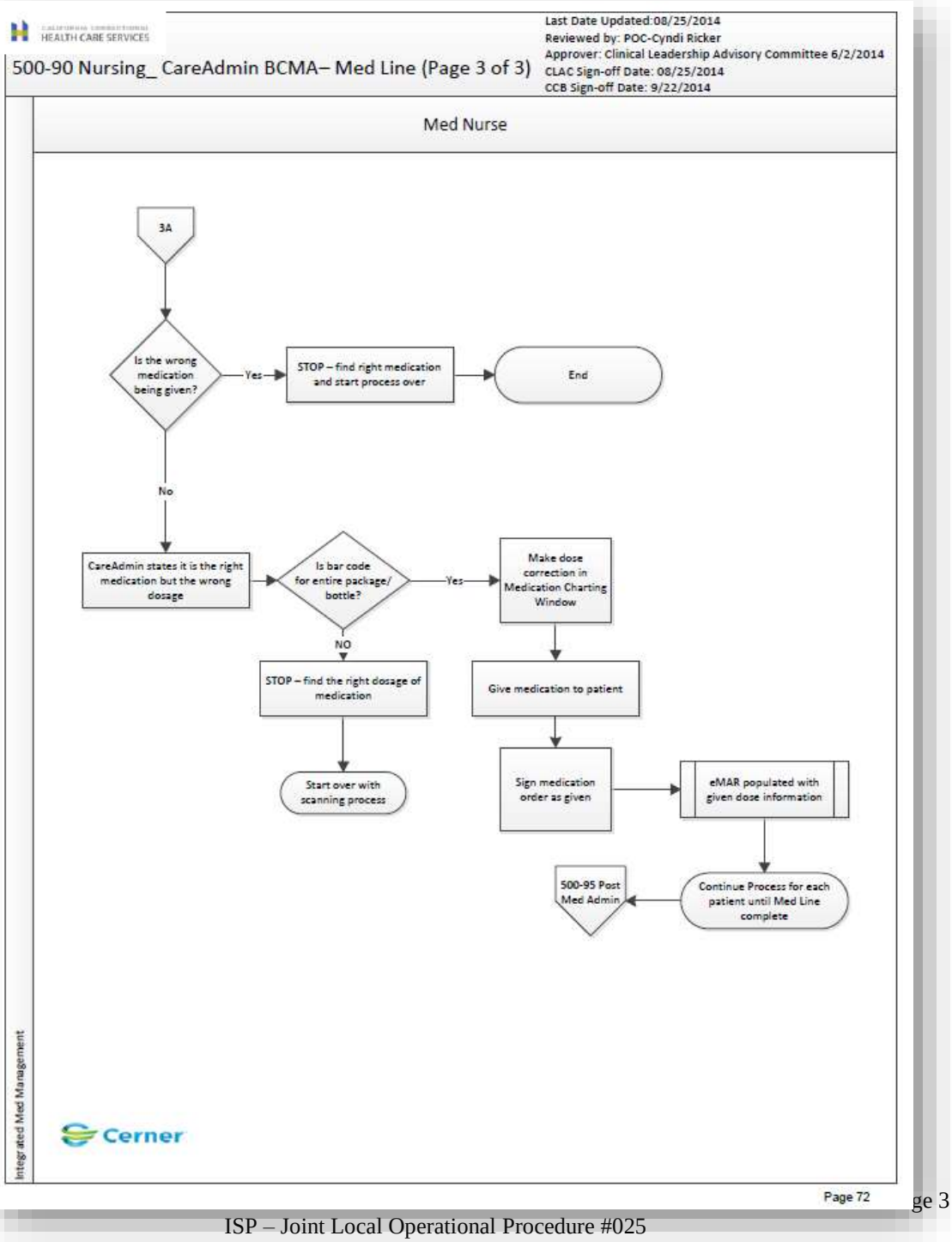

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
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IRONWOOD STATE PRISON

ATTACHMENT F –

Cerner Workflow 500-80

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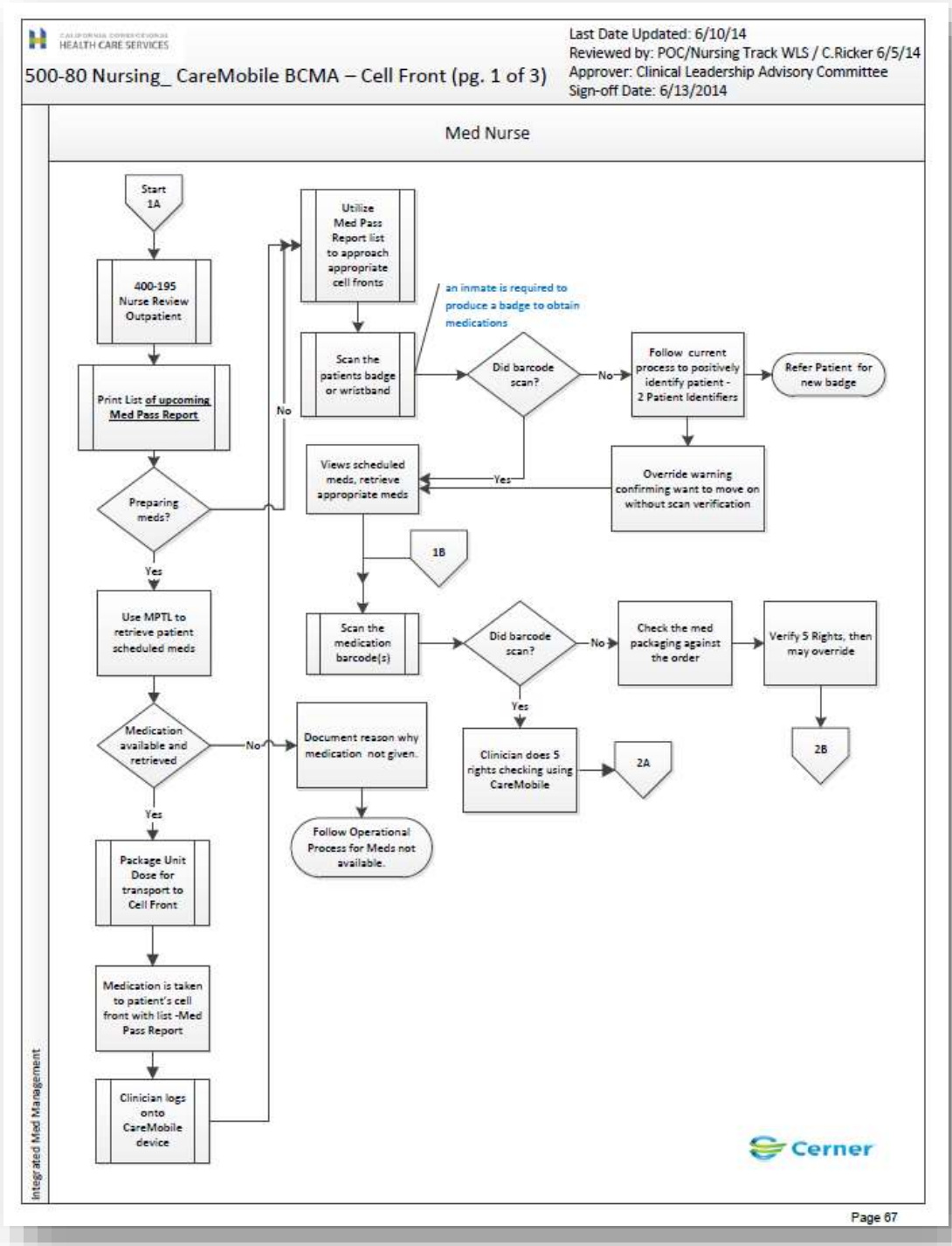

IRONWOOD STATE PRISON

ATTACHMENT F –

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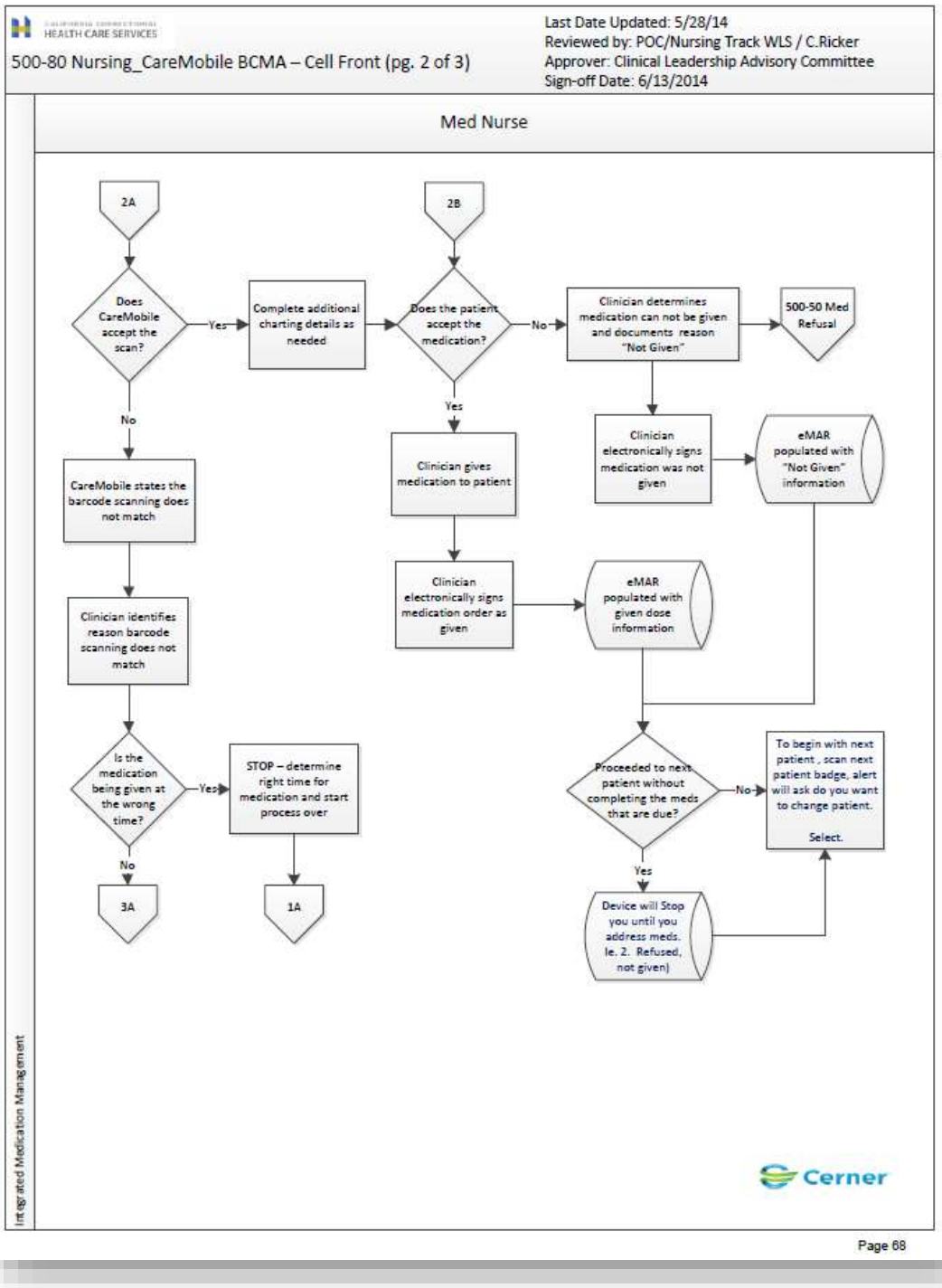

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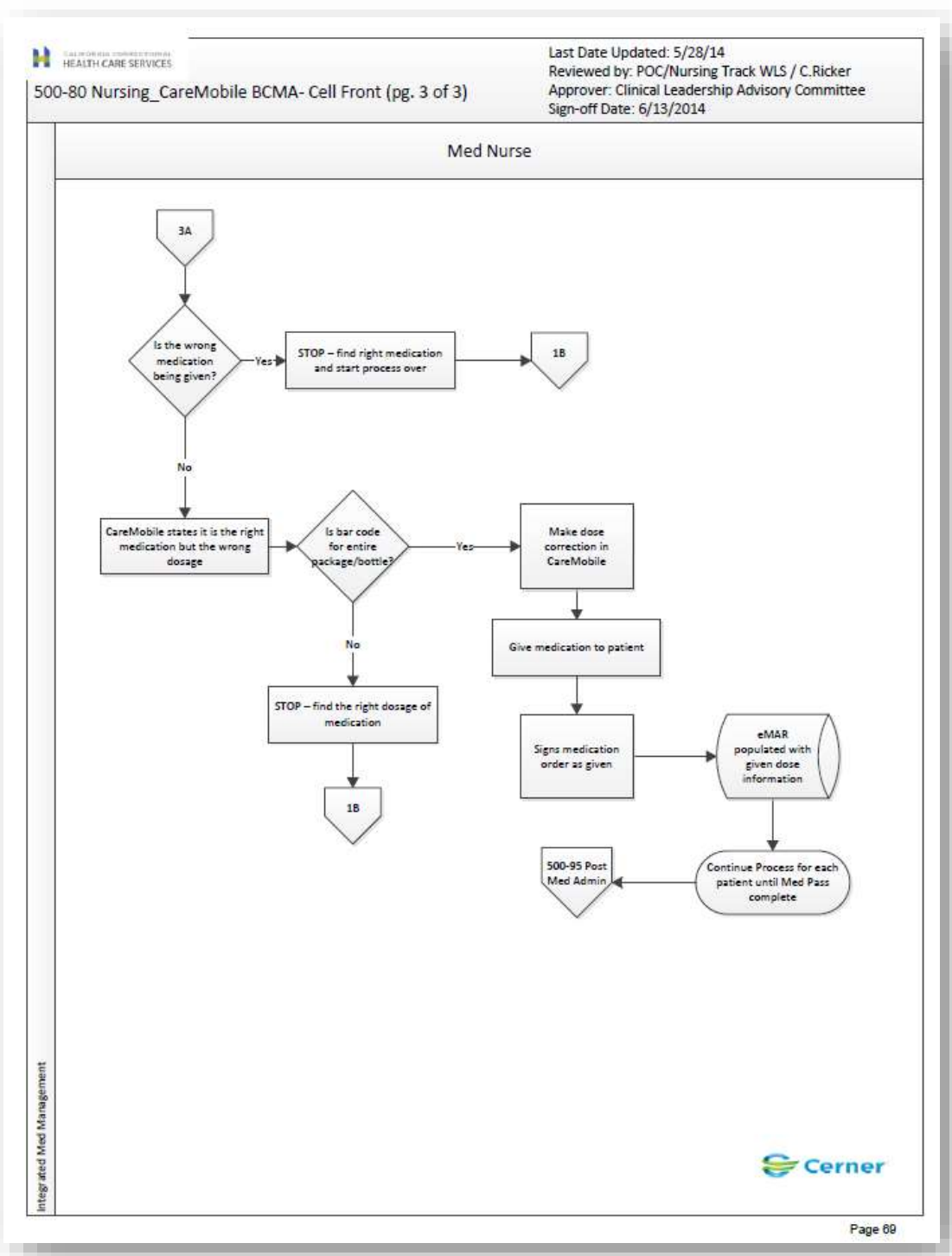

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ATTACHMENT G –

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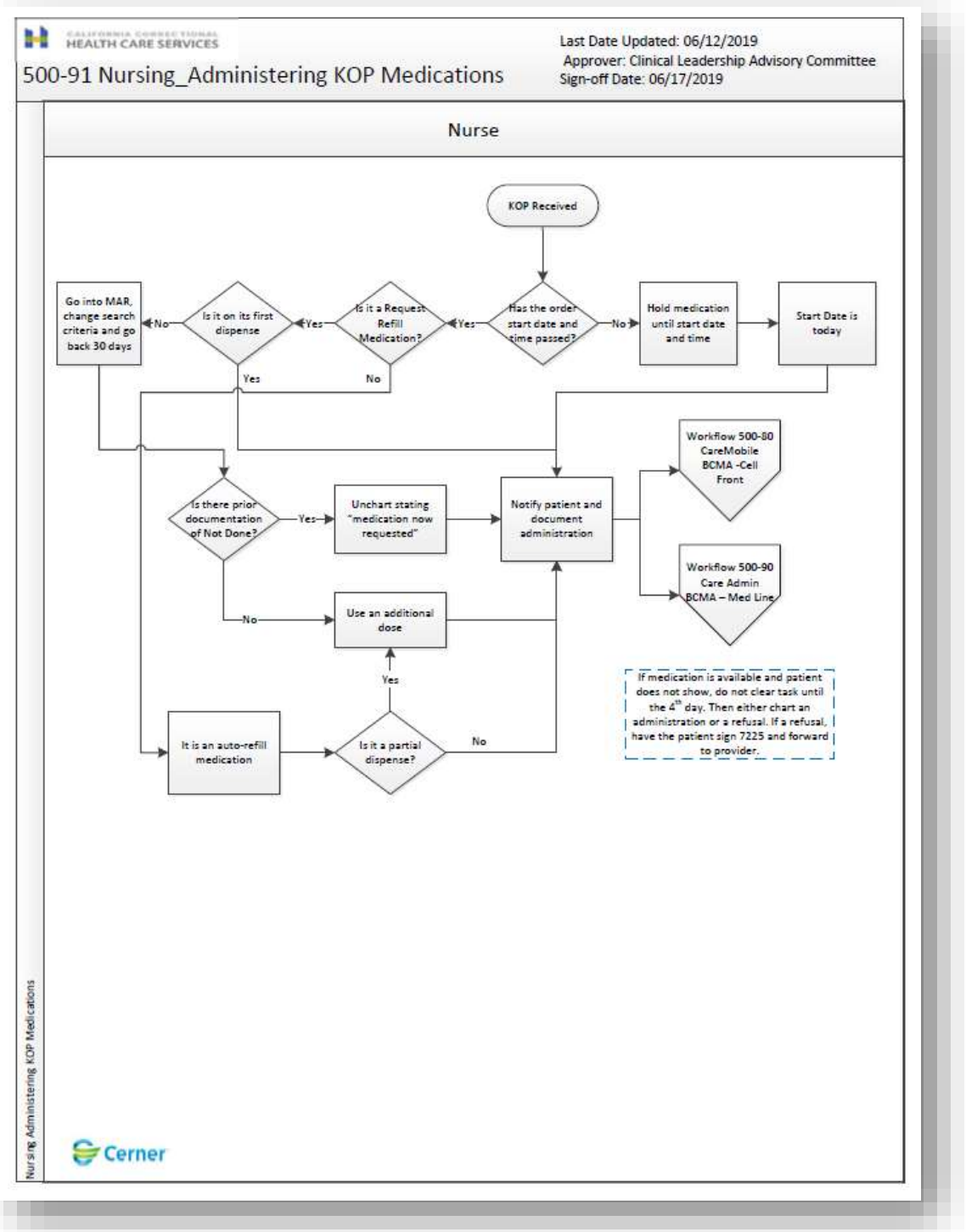

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
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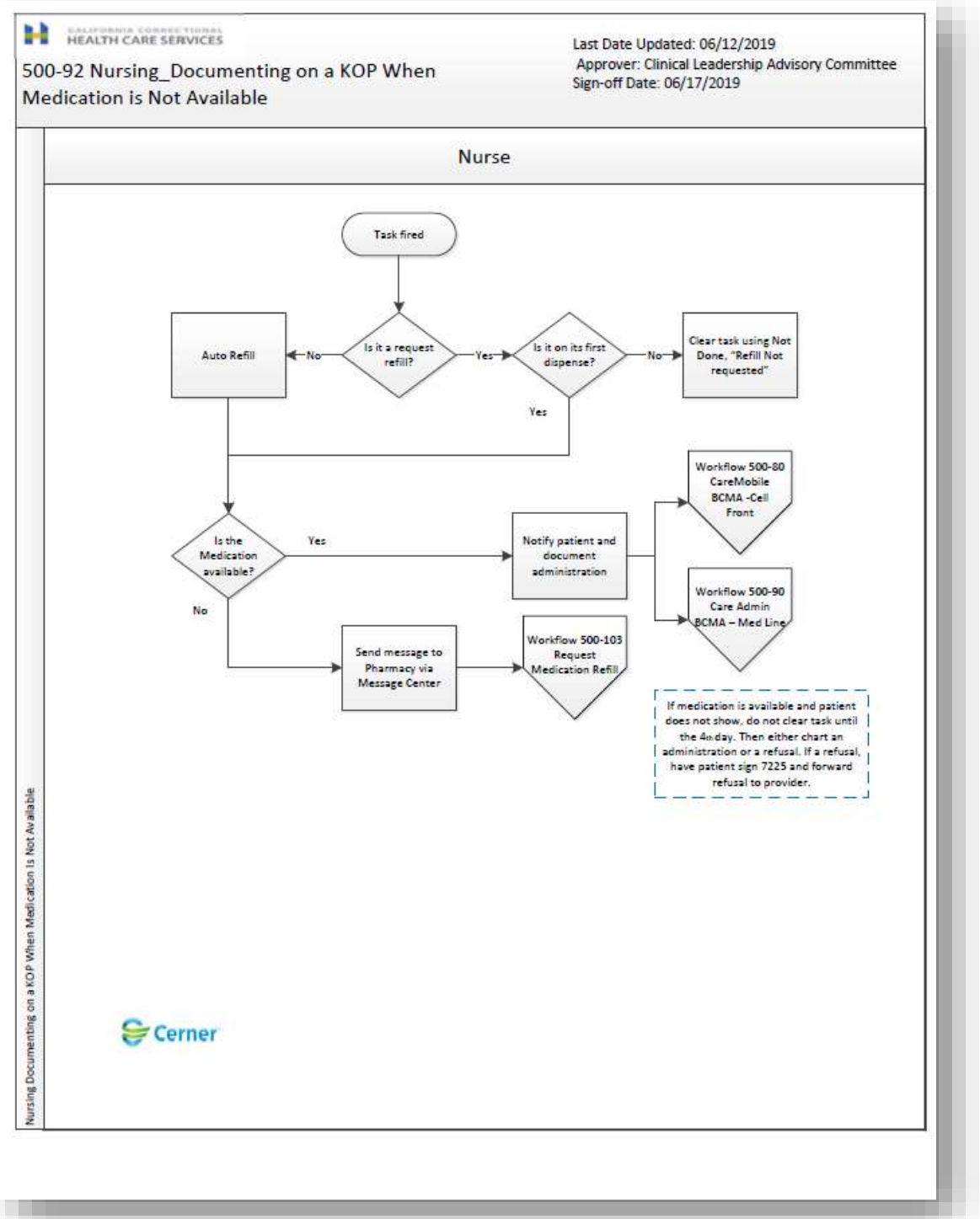
IRONWOOD STATE PRISON

ATTACHMENT H –

Cerner Workflow 500-92

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook



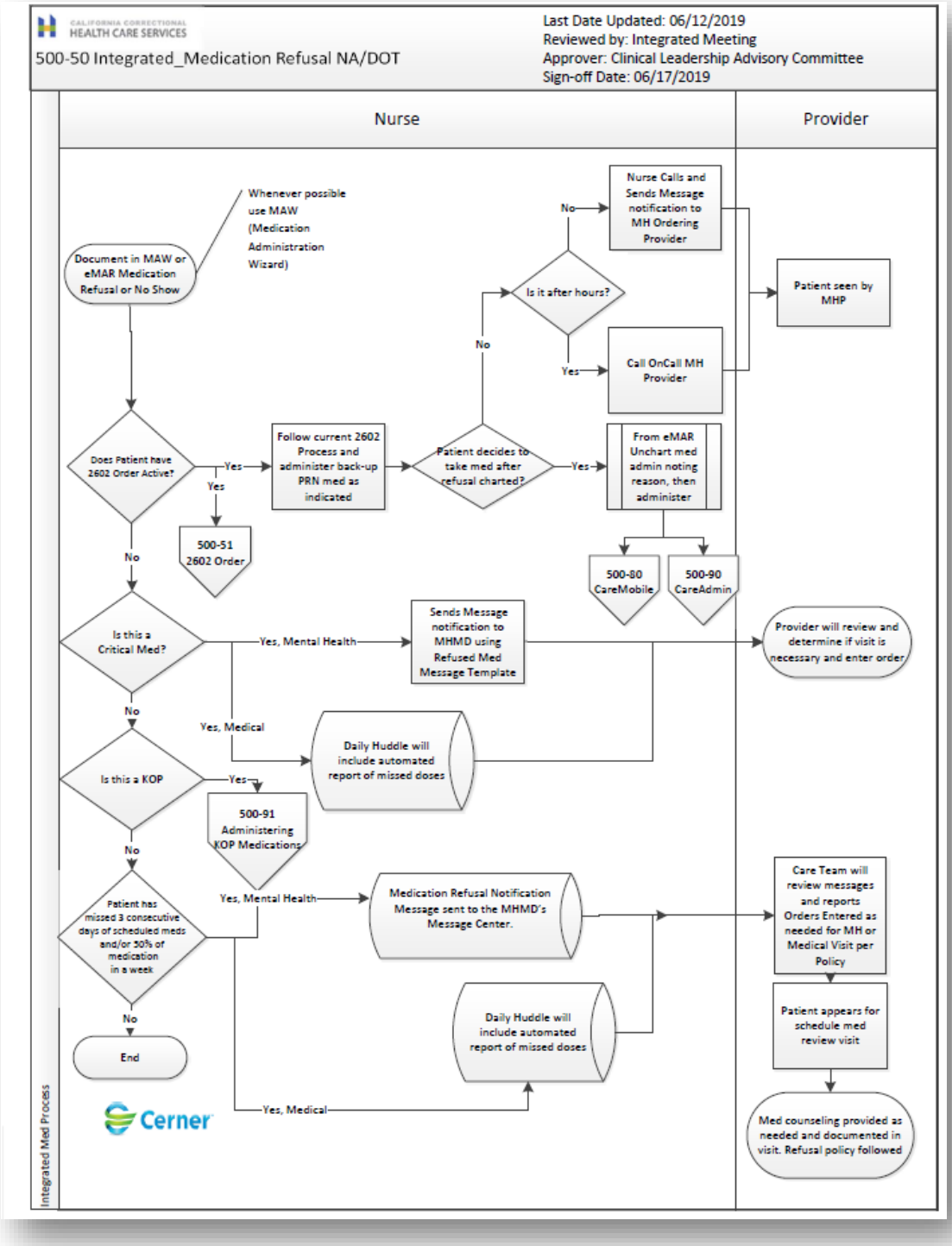
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT I –

Cerner Workflow 500-50

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook



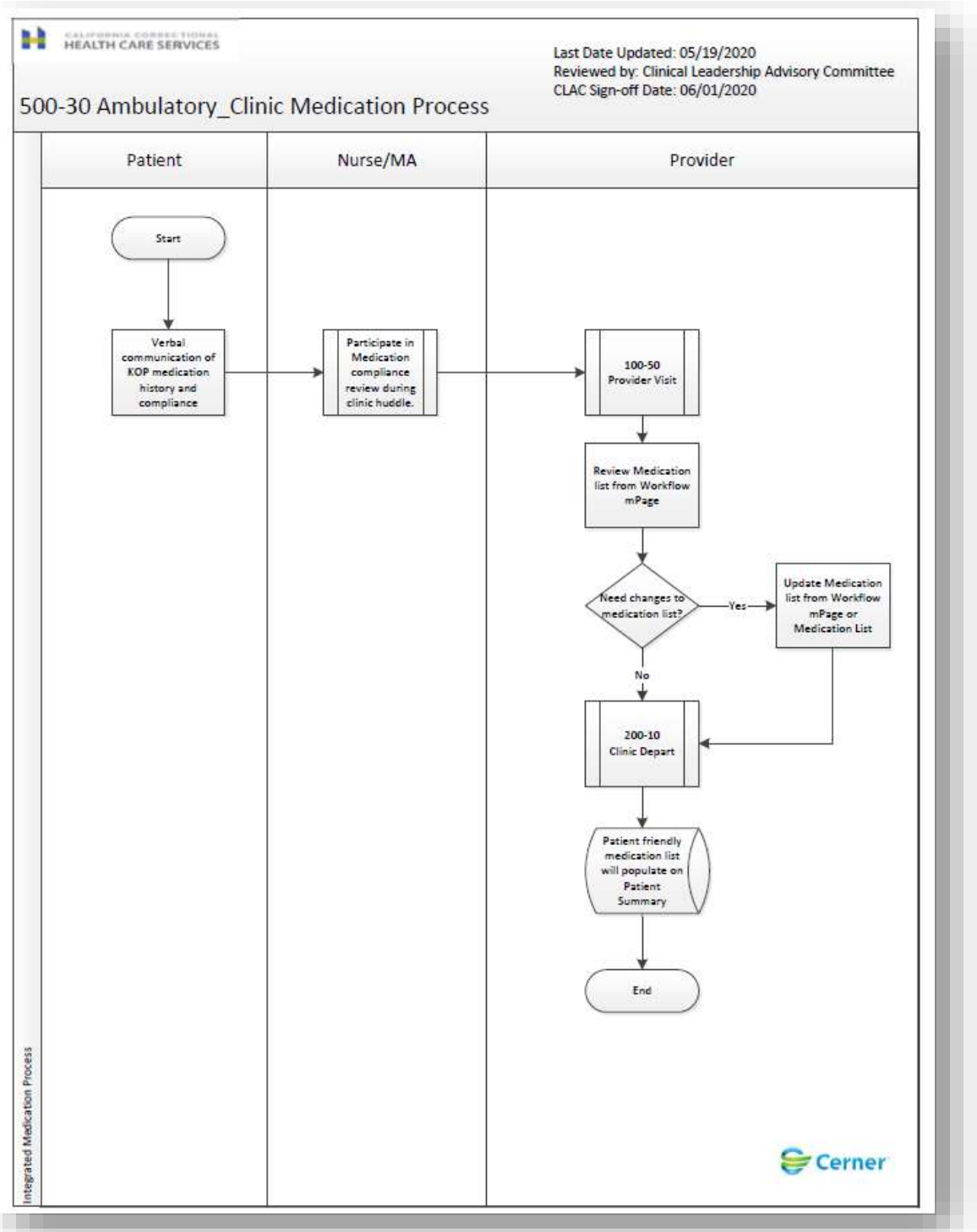
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT J –

Cerner Workflow 500-030

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook



ATTACHMENT K –

CDCR 7225, Refusal of Examination and/or Treatment

REFUSAL OF EXAMINATION AND / OR TREATMENT

PATIENT NAME *(TYPE OR PRINT CLEARLY)*	CDC NUMBER	INSTITUTION

Having been fully informed of the risks and possible consequences involved in refusal of the examination and/or treatment in the manner and time prescribed for me, I nevertheless refuse to accept such examination and/or treatment. I agree to hold the Department of Corrections, the staff of the medical department and the institution free of any responsibility for injury or complications that may result from my refusal of this examination and/or treatment, specifically:

Describe the examination and/or treatment refused as well as the risks and benefit of the intervention: _____

PATIENT SIGNATURE	DATE	☐ PATIENT REFUSES TO SIGN	DATE

WITNESS

NAME OF WITNESS *(PRINT/TYPE)*		NAME OF WITNESS *(PRINT/TYPE)*	
WITNESS SIGNATURE	**DATE**	**WITNESS SIGNATURE**	**DATE**

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

REFUSAL OF EXAMINATION AND / OR TREATMENT

CDC 7225 (Rev 04/03)
STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

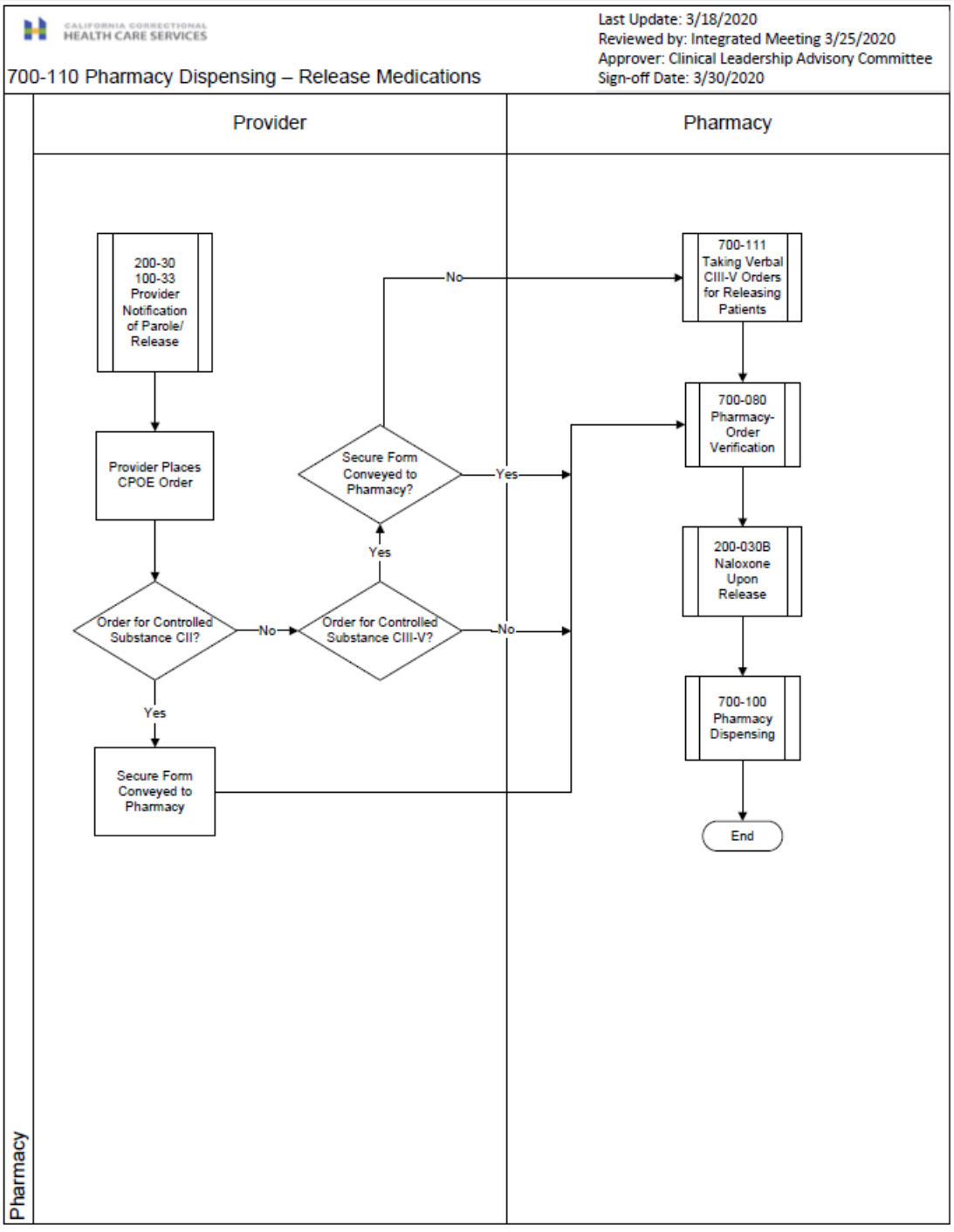
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

IRONWOOD STATE PRISON

ATTACHMENT L –

Cerner Workflow 700-110

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
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IRONWOOD STATE PRISON

ATTACHMENT M –

Cerner Workflow 700-220

Workflows are found on Lifeline – Echos – "EHRS Approved Workflows and Workbook"
Click Here for Direct Link: EHRS Approved Workflows and Workbook