Medication Management Policy / Procedure

<table>
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<tr>
<th>TITLE: Medications Brought into Hospital by Patients</th>
<th>NUMBER: 3.90</th>
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<tbody>
<tr>
<td>Sponsor: Drugs &amp; Therapeutics Committee</td>
<td>Page: 1 of 8</td>
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<tr>
<td>Approved by: Medical Advisory Committee</td>
<td>Approval Date: June 5, 2018</td>
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<td>Effective Date: June 18, 2018</td>
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<tr>
<td>Applies To: Medical Staff, Pharmacy, Nurses, Midwives, Nurse Practitioners, Learners</td>
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POLICY

Medications for inpatients shall be provided by the Pharmacy Department.

Medications brought to the health centre by patients shall be returned to the patient/family and taken home once best possible medication history (BPMH) is complete. If this is not possible, they shall be stored in a safe area of the medication preparation room or sent to pharmacy for safe storage. Controlled Substances shall NOT be stored in the medication room.

Patients’ own medications shall be administered only under exceptional circumstances and only following visual inspection, identification and approval by pharmacy. Only medications deemed legal for use in Canada shall be administered by nursing staff.

GUIDING PRINCIPLES AND VALUES

Patients shall be encouraged to bring prescribed and nonprescribed medications to facilitate accurate medication history / medication reconciliation / order writing processes. Medications shall be sent home with a family member at the conclusion of the admission/history process.

Use of patient’s own medications within the health centre is discouraged since accurate identification may be difficult, integrity is often hard to evaluate, expiration dates may not be present or accurate and/or storage conditions may be questionable. However, it is recognized that sometimes there is no alternative to administering patients’ personal medications to avoid interruption in therapy or that it is impractical to do otherwise.

Before any home medication is used, established or potential benefits must outweigh the established or potential risks.
The purpose of this policy is to:
- prevent the interruption of treatment of pre-existing chronic conditions with medications that are frequently unavailable in an acute care facility;
- support the use of a formulary system within the IWK Health Centre;
- promote cost-effective drug use by avoiding unnecessary drug wastage.

Patients may also want to use medications from other countries, medicinal herbs, homeopathic medicines or other complementary, traditional or alternative therapies. When these products are sent to the pharmacy for “identification” and “dispensing”, the pharmacist may not always be able to follow the usual process. The situation may be further complicated by a pharmacist’s concerns about a product’s safety, efficacy, quality, the product’s labelled claims of therapeutic effect and possible drug interactions.

**PROTOCOL**

Justification for use of patients’ own medication:
- cyclical birth control prescriptions;
- eye drops, inhalers that the patient used prior to admission;
- out-of-stock formulary medication that is not readily obtainable (example, product shortages/back ordered product, drop ship items);
- any medication that may not be readily obtained by the Pharmacy;
- non-formulary medications ordered as “medically necessary” by the prescriber and for which there is no formulary therapeutic interchange;
- high cost non-formulary medications that patient receives on an outpatient basis, sourced through a compassionate program or other third party;
- Special Access Programme or investigational medications taken on an outpatient basis:
  - instances where patients refuse to utilize IWK medications;
  - medications covered under provincial high cost drug programs (example growth hormone)
  - medical cannabis (oral route)
  - short stay adult surgery patients

A patient’s own medication shall NOT be used if:
- product is not identifiable
- product is illegal for use in Canada,
- integrity of the active ingredients has been compromised,
- established/potential risks outweigh the established / potential benefits of taking the medicinal product.

For those items that are not routinely supplied by Pharmacy (i.e. selected non-formulary drugs, Special Access Programme Drugs, clinical trial drugs, natural products), pharmacy may request that patient use his/her own supplies for the duration of their Health Centre stay.
Patients’ own medications to be administered in the Health Centre shall be visually inspected and identified at the earliest opportunity by pharmacy. Probiotics will not be supplied by, identified by or entered into Meditech (cMAR) by Pharmacy.

Identification involves:
- review of the prescription or medication container label
- check of the container contents and comparison of distinguishing features of the medication to the manufacturer’s or reference description of the product.
- Pharmacy attachment of a label to the container to indicate that it has been checked, properly identified and integrity assessed.
- The notation “PTS OWN” for Patient’s Own Medication added to the Meditech drug descriptor line enabling it to appear on the medication administration record (cMAR).
- Documentation of the identification process in Pyxis Connect.

If the medication cannot be easily identified or is deemed unacceptable for use, it may not be administered and shall be returned to patient to be destroyed or sent home.
If the pharmacy is closed, the prescriber or delegate shall identify the medications.
Nursing staff is responsible to sending them for identification at the earliest possible opportunity when pharmacy reopens.

Pharmacy shall not admix injectable products brought from outside the health centre as proper storage conditions cannot be verified.

If a patient makes the decision to continue use of their own medications while in the health centre against the advice of the pharmacy and/or care team, this decision shall be documented on the health record. Any risks associated with continued use of the medications shall be communicated to the patient. (example – natural products)

Medication from a patient’s own supply shall be administered:
- When the pharmacy is open:
  - Item is not available from Pharmacy, but is identified and deemed appropriate for use by pharmacy (examples non-formulary items, Special Access Programme Drugs).
- When the pharmacy is open and ALL the following criteria are met:
  - Patient is admitted to hospital for a very short period and prefers or has been instructed to use their own supplies;
  - Medication order states that the patients’ own supply may be used and specifies the drug name, dose and directions for use;
• Medication is in *original* container and label clearly states drug name and strength. Examples of original container include - prescription vial, bottle, tube, jar, inhaler, labelled blister or convenience packaged medications, etc. It does NOT include unlabelled dosettes, not accompanied by corresponding original prescription vials.
• Medication is visually inspected, identified and approved for use by pharmacy. When the pharmacy is closed and ALL the following criteria are met:
  • Medication order states that the patients’ own supply may be used and specifies the drug name, dose and directions for use;
  • Medication is in *original* container and label clearly states drug name and strength of the product. Examples of original container include - prescription vial, bottle, tube, jar, inhaler, labelled blister or convenience packaged medications, etc. It does NOT include unlabelled dosettes, not accompanied by corresponding original prescription vials.
  • The attending physician, responsible prescribing practitioner or nurse has visually inspected and identified the medication (product identification section available in the CPS® or eCPS®).
  • Medication is taken to pharmacy for identification at earliest possible opportunity once pharmacy reopens.

Patients/parents shall not self-administer medications except as per Self-Administration of Medication (SAM) Policy 20.60 or Self Administration of Bedside Medications by Obstetric Patients– Policy 3.85 or Patient’s Own Medical Cannabis – Policy 4.08. Medications shall be administered by Nurse.

For the safety of patients and visitors medications brought into the health centre shall not be stored at the bedside of patients, except under exceptional circumstances approved by pharmacy.

Nursing shall ensure medications brought to the Health Centre by patients are verified during the best possible medication history / medication reconciliation / order writing process and returned to patient/family.

If for any reason a patient's medications cannot be sent home, they shall be placed in a labelled bag with patient's name and Health Centre location and sent to Pharmacy for storage or stored, clearly labelled, in a separate area of the medi-prep room. Note that Controlled Substances, including benzodiazepines may not be stored on the care area under any circumstances. Controlled substances received in pharmacy shall be counted, verified with the patient/family and sealed with the amount received documented on the outside of the bag.

Nursing staff must document in the permanent health record the location of the patient’s medication(s), whether within the care area or sent to pharmacy.

If a patient's own medications are to be returned upon discharge, the discharging nurse is
responsible for documenting on the permanent health record either the date and time the patient received medications to take home or the date and time the nurse reminded patient/family to pick up the medications in pharmacy prior to discharge. It is not the responsibility of the nurse to retrieve the medications from pharmacy. During the discharge medication reconciliation process, it is important to advise patient/family as to which home medications should be resumed upon discharge.

Pharmacy shall remove and destroy all medications of discharged patients that have been stored there for more than 30 days post discharge and never requested. (Bags dated and sealed when received). Pharmacy is not responsible for the replacement of medications that have expired during the period of storage. Pharmacy will document destruction of narcotics as per normal processes.

On occasion, patients may present the health care provider with medication sourced from countries outside Canada with no English or French labelling. Use of such medications shall be addressed on an individual patient basis taking into consideration the safety of the patient, ease of identification, requirement for the medication while in hospital and potential for drug interactions with medications prescribed during their stay.

**Adult Surgery**

- Patients shall bring in all their home medications with exception of Controlled Substances.
- Medications shall be reviewed and approved for use during the Pre Admission Clinic visit by pharmacy staff.
- A request shall be made to Meditech team to enter item into the drug dictionary if not currently available
  - After surgery, and upon admission to the Adult Surgery Unit, the nurse shall retrieve the patient’s home medications and store in the med room in a patient specific bin.
  - In pharmacy, if the home medication is not in the drug dictionary, it shall be entered as a “NF” entry as described in the Patient’s Own Meds Flow Chart – Appendix B until such time as a permanent entry is filed.

**REFERENCES**

- CPS - Compendium of Pharmaceuticals & Specialties, 2018
- Accreditation Canada Qmentum – Medication Management Standards for Surveys Starting After: January 01, 2019
- Guidelines for the Use of Patients’ Own Medicinal Products in Hospitals, College of Pharmacists of British Columbia V2009.1
RELATED DOCUMENTS

Policies

- Policy 3.85 Self Administration of Bedside Medications by Obstetric Patients
- Policy 4.25 Natural Products
- Policy 4.07 Methadone
- Policy 4.08 Patient’s Own Medical Cannabis
- Policy 10.11 24 Hour Medication Administration Record (cMAR).
- Policy 20.05 Administration of Medications.
- Policy 20.60 Self Administration of Medications (SAM)
- Policy 10.30 Medication Reconciliation
- Policy 1105 Management of Prohibited Items Administrative
Appendix A

Definitions

Convenience Packaging
A form of unit dose packaging whereby a medication or several different medications are packaged within a blister card at specific times. Each medication contained within the card is labelled with its description & directions for use.

Dosette
A tablet/capsule organizer (usually plastic), calendar, blister packs containing medications organized into compartments by day and sometimes time, so as to simplify the taking of medications. Individual medications are not labeled in any way.

MAR (cMAR)
Medication administration record, computerized medication administration record

Non-Prescribed Medication
All medications not prescribed by a healthcare practitioner and may include over-the-counter (OTC) medications, nutritional supplements, vitamins, natural health products, or recreational drugs.

Patient’s Own Medication (POM)
Any medication a patient brings into the hospital at admission, or that is brought in from an external source at a later point of their stay in hospital. These are the current medications that a patient has been taking prior to their hospital visit and may include prescription drugs, over-the-counter (OTC) medications and natural products (excluding probiotics).

Prescribed Medication
Medications that are prescribed by a healthcare practitioner. Prescribed medications includes all prescription drugs (as defined by each provincial pharmacy act), may include over-the-counter drugs (e.g. ASA) and vitamins (e.g. calcium supplements).
IWK Policies Being Replaced

(none)

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Version History

<table>
<thead>
<tr>
<th>Major Revisions (e.g. Standard 4 year review)</th>
<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
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<tr>
<td></td>
<td>Dec 2016 – probiotic exclusion</td>
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