



## Medication Management Policy / Procedure

<b>TITLE:</b>	<b>Medications Brought into Hospital by Patients</b>	<b>NUMBER:</b>	3.90
Sponsor:	Drugs & Therapeutics Committee	<b>Page:</b>	1 of 9
Approved by:	Medical Advisory Committee	Approval Date:	April 2020
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Applies To:	Medical Staff, Pharmacy, Nurses, Midwives, Nurse Practitioners, Learners		

### 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 secured area of the medication preparation room or sent to pharmacy for storage. Controlled Substances shall NOT be stored in the medication room.

Patients' own medications (POMs) shall be administered only under exceptional circumstances and following visual inspection, identification and approval by pharmacy.

For the Mental Health Program offsite locations, given lack of pharmacy access, trained nurses may perform visual inspection, identification of medications. Nurses must have the knowledge, skill, and judgement to approve home medications for use. If a trained nurse is unable to identify the medication appropriately, the protocol for verification used by pharmacy shall be followed.

### GUIDING PRINCIPLES AND VALUES

Patients shall be encouraged to bring prescribed and non-prescribed 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 POMs 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 POMs to avoid interruption in therapy or that it is impractical to do otherwise.

Before any POM 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 POM:

- cyclical birth control pills;
- eye drops, inhalers that the patient used prior to admission;
- insulin pens (if insulin is to be self-administered)
- 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 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, government 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 patient with non-formulary medications not stocked by Pharmacy

A POM shall NOT be used if:

- product is not identifiable
- product is illegal for use in Canada,
- integrity of the active ingredients has been compromised,
- product is expired
- established/potential risks outweigh the 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 POMs for the duration of their Health Centre stay.

POMs to be administered in the Health Centre shall be visually inspected and identified at the earliest opportunity by pharmacy to determine that the product is suitable for use. Note that probiotics will not be supplied by identified by Pharmacy nor entered into Meditech. MAR documentation shall be done manually.

Identification involves:

- decontamination of POMs following procedure outlined in Appendix B
- 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.
- check of the expiry date of medication (where insulin or other cartridge containing pens are used, pens should be opened and expiry date of cartridge verified).
- 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 shall be made in appropriate section of patient chart (as per care area practice) and/or in Pyxis Connect (for pharmacy).

**PRODUCT IDENTIFIED  
BY IWK PHARMACY  
APPROVED FOR USE**

If the POM cannot be easily identified or is deemed unsuitable 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 may identify the POMs. Alternatively, nursing staff is responsible for sending them for identification at the earliest possible opportunity when pharmacy reopens.

For the Mental Health Program offsite locations, given lack of pharmacy access, trained nurses may visually inspect and identify POMs and document same in the medical record.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the server version prior to use.

A labelling system may also be used as deemed appropriate by the site.

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 POMs 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)

POMs shall be administered:

When the pharmacy is open:

- Item is not available from Pharmacy, but is decontaminated, 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:

- Adult patient that 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 POMs 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, insulin and medication pens, bottle, tube, jar, MDI, labelled blister or convenience packaged medications, etc. It does NOT include unlabelled dosettes, not accompanied by corresponding original prescription vials.
- POM is visually decontaminated, inspected, identified (as defined above) 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, insulin and medication pens, 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 (as defined above). May use product identification section available in 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 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 POM 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 POMs 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 POMs with exception of Controlled Substances.
- POMs shall be reviewed and approved for use during the Pre Admission Clinic visit by pharmacy or nursing staff.
- A request shall be made by pharmacy to Meditech team to enter item into the Meditech drug dictionary if not currently included to allow for software based medication interaction checking.
- After surgery, and upon admission to the Adult Surgery Unit, the nurse shall retrieve the POMs and store them in the med room in a patient specific bin. (see Appendix B for decontamination instructions)
- In pharmacy, if POM is not in the drug dictionary, it shall be entered as a “NF” entry until such time as a permanent entry is filed. Pharmacy will perform manual interaction checking using available references.

## REFERENCES

- CPS - Compendium of Pharmaceuticals & Specialties, 2021
- Accreditation Canada – Medication Management Standards for Surveys Starting After: January 01, 21
- Guidelines for the Use of Patients’ Own Medicinal Products in Hospitals, College of Pharmacists of British Columbia V2009.1  
[http://www.bcpharmacists.org/library/H-Resources/H-\\_Pharmacy\\_Resources/5067-Use\\_of\\_Pts\\_Own\\_Meds\\_in\\_Hosp\\_Guidelines.pdf](http://www.bcpharmacists.org/library/H-Resources/H-_Pharmacy_Resources/5067-Use_of_Pts_Own_Meds_in_Hosp_Guidelines.pdf)

## RELATED DOCUMENTS

### Policies

- Policy 4.25 Natural Products
- Policy 4.07 Care of Patients on Opioid Agonist Treatment (OAT) [methadone, buPRENorphine/ naloxone (Suboxone®)] for Opioid Use Disorder
- 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

## 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. (also referred to as compliance or blister packaging)

#### 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).

## APPENDIX B

### Use of Patient's Own Medications (POMs) during COVID-19 Pandemic

Patient's Own Medications brought into the health centre should ideally be decontaminated as an infection control measure prior to being stored in the medication prep room. This is of particular importance during a pandemic.

Patients may bring home medications with them to the health centre including those patients who are suspected or confirmed as having COVID-19. POMs may include non-formulary and high cost drug program medications, multi-dose packaged (i.e. metered dose inhalers) and cyclically administered medications (i.e. birth control or oral chemotherapy) or other medications temporarily unavailable from Pharmacy

This guidance document offers suggestions to safely receive/store POMs to minimize contamination. Every effort should be made to minimize the need to use POMs while admitted to the health centre. Preference is for purchase of required items by Pharmacy.

#### **Patient brings medication with them to the health centre:**

- If POMs are to be used, perform hand hygiene, don gloves and remove the medications from the bag in which they were brought. Sanitize outside of medication container with a health centre approved disinfectant wipe. Place POMs on paper towel and allow to air dry. Drying time should be as long as the contact time specified on the disinfectant container. Remove gloves and discard wipe. Perform hand hygiene. Ensure integrity of label and package information following disinfection.
- Place the medication in the designated, secured storage area (medication tray in the medication room, or, for narcotic and controlled medications, secured in a locked cabinet). Document & administer POMs as per Policy 3.90.
- If the patient will not require POMs during the admission, send home with family or caregiver. If POMs are not sent home, perform hand hygiene, don gloves and place POMs in a zip locked bag. Sanitize the outside of the bag using disinfectant wipes. Place bag on paper towel to air dry. Remove gloves and perform hand hygiene. Place a patient addressograph label across the zip locked bag opening to create a tamper evident seal. Store POMs in a secured, designated area on the nursing unit, specifically a locked cabinet, and return to the patient/caregiver upon discharge.
  - POMs may also be returned to pharmacy for storage. Please ensure POMs are sanitized and packaged as described above prior to bringing to pharmacy. POMs left at the health centre after discharge will be stored in Pharmacy for 30 days, and then destroyed as per policy 3.90.



**Reference**

NSHA IPAC Recommendations - Use of Patient’s Own Medications (POMs) during COVID-19 Pandemic

**IWK Policies Being Replaced**

(none)

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**Version History**

<b>Major Revisions (e.g. Standard 4 year review)</b>	<b>Minor Revisions (e.g. spelling correction, wording changes, etc.)</b>
Added Appendix B - April15, 2020	Dec 2016 – probiotic exclusion
	April 2019 Addition of insulin pens and cartridge expiry checking
	March 2020 – addition of offsite MH&A information