Policy & Procedure

Policy Title:	Patient's Own Medications (POM)	
Applies To:	Health Care Providers who prescribe, dispense, document and/or administer medications	
Approved:	**Effective:**	**Next Review:**
June 21, 2023	September 19, 2023	June 21, 2027
Sponsor:	Senior Medical Director, Diagnostic and Therapeutic Services Senior Director, Clinical Networks	
Approval Authority:	Drugs & Therapeutics Committee (D&T) Health Authority Medical Advisory Committee (HAMAC)	
Number: MM-MA-025	**Manual:** Medication Management	

Exceptions:

1. This policy does **not** apply to:
   - Patient's own medical cannabis.
   - Patient's own Opioid Agonist Therapy (example; methadone, buprenorphine/naloxone - refer to Relevant Local Policy on opioid agonist therapy).
2. Patient's own medications (POM) must **never be used or retained** in the following inpatient areas:
   - Correctional Health Services
   - East Coast Forensic Hospital

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PURPOSE

This policy outlines the circumstances when patient's own medications (POM) and patient's own controlled medications (POCM) may be used in inpatient care areas. It provides procedures for verifying, storing, administering, documenting, returning, and destroying non-controlled and controlled POM.

For patient's own medications that are self-administered, see Self-Administration of Medication (SAM) MM-MA-020.

POLICY STATEMENTS

Non-controlled Medications

1. **At least one** of the following criteria must be met for non-controlled POM to be administered in inpatient care areas:
   - The drug is not listed on the Nova Scotia Health Formulary.
   - The drug is temporarily unavailable from pharmacy.

> **Note:** When the drug is not available (including drug shortages), pharmacy must assess the appropriateness of obtaining the drug, and make every reasonable effort to obtain the drug as soon as possible.

- The drug is an investigational drug and all Nova Scotia Health policies and practices around the use of investigational drugs are followed.
- The drug is on the Exception Drug Program list funded by the Nova Scotia Department of Health and Wellness.
- The drug is in multi-dose packaging (example; eye drops, metered dose inhalers, insulin pens).
- The drug is given cyclically (example; birth control pill, oral chemotherapy) and the patient has already begun the cycle.
- The drug is administered through an infusion device, in place upon admission.
- The patient's hospital length of stay is considered very short (example; three days or less, such as Obstetrics).
- The patient insists on using their own medications and is refusing to take the medications that are provided by Nova Scotia Health.

2. An Authorized Prescriber must prescribe the medication.
   2.1. An Authorized Prescriber, Health Care Provider (HCP) or Pharmacy Practice Assistant (PPA) must document that the patient may use their own medication in the patient's health record.
   2.2. An HCP or PPA must verify the patient's medications as per Appendix B.
3. The patient (or Substitute Decision Maker (SDM) in the case of incapacity) must voluntarily consent to the use of their own medication without reimbursement or replacement.
   3.1. Consent for voluntary use of medications without reimbursement or replacement is documented in the patient's health record.
4. POM are the property of the patient, therefore, all POM must be returned to the patient (or SDM in the case of incapacity) on hospital discharge or destroyed with patient approval as per Appendix C.

Controlled Medications

5. Use of patient's own Controlled Medications (POCM) is strictly prohibited unless all the following criteria are met:
   5.1. The medication is prescribed for the patient's treatment, **and**
   5.2. The medication is not available through Nova Scotia Health's processes, **and**
   5.3. There is no available and clinically appropriate alternative.

5.3.1. If there is an available and clinically appropriate alternative, the POCM may be used only if the patient insists on using their own Controlled Medications.

6. POCM must be stored in a double-locked receptacle (example; double-locked automated dispensing cabinet (ADC)) and administered according to this policy.
7. POCM are the property of the patient, therefore, all POCM are returned to the patient (or SDM in the case of incapacity) on hospital discharge or destroyed with patient approval.

PRINCIPLES AND VALUES

Promote patient well-being and autonomy: Medications prescribed for a patient are sometimes unavailable in the hospital setting (for example; due to drug shortages), and using the patient's own supply of the medication can be necessary to meet their health needs. As well, the patient has a right to make informed decisions about their health care and may prefer their own medications instead of the medications provided by hospital.

Limit waste and promote stewardship: Patients are sometimes admitted to hospital on medications that they take cyclically (example; birth control pills, oral chemotherapy) and they have already begun a cycle. Where it is appropriate for the patient to continue the medication, using the patient's own supply to complete the cycle can limit unnecessary waste. Similarly, the patient may be admitted while taking drugs funded by the Nova Scotia Department of Health and Wellness. Using the patient's own supply may help to ensure the prudent use of public resources.

Prevention of harm: While there can be good reasons to use the patient's own medications in some cases, limiting their use while in hospital reduces the potential for error or adverse events (example; due to complications that arise from having more than one system for delivering medications). Where their use is appropriate, careful oversight and reconciliation of the patient's own medications (including Controlled Medications) helps to promote safety and minimize harm, both for the patient and staff.

PROCEDURE

On Admission

HCP/PPA Responsibilities

Note: PPAs may complete Procedure 1 and 2 **only** (of this section).

1. On admission, complete the Best Possible Medication History (BPMH) and determine if the patient has brought their own medications.
2. Determine if any POM will be used in hospital.
   2.1. Natural health products that are nonformulary and are continued in hospital may only be given as patient's own medications. Follow Natural Health Products MM-MS-005.
3. If POM will not be used in hospital, discuss with the patient if POM can be sent home.

4. If POM will be stored in hospital or used by the patient, follow procedures for A. Non-controlled Medications and/or B. Controlled Medications below.

Non-controlled Medications

HCP/PPA Responsibilities

> **Note:** PPAs may complete Procedure 2 **only** (of this section).

1. If **POM are stored** in hospital:
   1.1. Place them in tamper-evident packaging labelled with the patient's label,
   1.2. Store them in a locked, designated area on the nursing unit or in the pharmacy, separately from other hospital medications,
   1.3. Document the storage of POM in the patient's health record, and
   1.4. Return POM to patient upon discharge.
2. If **POM will be used** in hospital:
   2.1. Obtain consent from patient to use POM,
   2.2. Document consent in the patient's health record,
   2.3. Document on the BPMH or medication orders in the patient's health record that patient may use their own medications and the specific medications that are POM,
   2.4. Complete verification of POM before use as per Appendix B, and
   2.5. Inform pharmacy immediately which medications are POM.

Authorized Prescriber Responsibilities

1. Complete medication orders in the patient's health record.
2. Write an order that patient may use their own medications, if applicable and if it has not yet been documented.

Nurse Responsibilities

1. Document on the Medication Administration Record (MAR) that the medication is POM.
2. Administer the POM as ordered by the Authorized Prescriber and document according to Relevant Local Policy on documentation of medications.
3. Store POM that are being used by the patient in a designated area, such as the medication room or ADC, according to Relevant Local Policy on medication storage.

> **Exception**: Patients participating in an approved self-medication program may keep medication at the bedside as per Self-Administration of Medication (SAM) MM-MA-020.

4. When a 72-hour supply of POM is left, advise the patient to obtain a new supply from the community pharmacy.
   4.1. If patient is unable to obtain a new supply, contact Pharmacy.

5. Upon discharge, discuss with the patient whether POM will be returned to the patient or will be destroyed by Pharmacy.
    5.1. Advise patient whether medications have been prescribed, discontinued, expired, or potentially deteriorated in appearance or effectiveness.
    5.2. If patient decides to keep the POMs, return them to the patient and document in the health record.
        5.2.1. If POMs are stored in pharmacy, direct the patient to obtain them directly from pharmacy.
    5.3. If patient decides the POMs can be destroyed, send to pharmacy for destruction.
        5.3.1. Document consent to destroy POM in the patient's health record.

Pharmacist or PPA Responsibilities

1. Document the use of POM in the Pharmacy Information System.
2. If POM are stored in pharmacy, return POM directly to the patient or destroy with patient approval.
3. Store and/or destroy POM returned to Pharmacy as per Appendix C: Storage, Destruction or Release of POM in Pharmacy.

Controlled Medications

Authorized Prescriber Responsibilities

1. Complete medication orders in the patient's health record.
2. Write an order that patient may use their own Controlled Medications, if applicable and if it has not yet been documented.

Nurse Responsibilities

1. Secure and record POCM as per Relevant Local Policy on narcotic and controlled drugs.
2. **If POCM are stored in hospital**, count the Controlled Medications. Ensure the count is witnessed by another HCP or a PPA, and the patient.
    2.1. Ensure all parties sign the Patient's Own Controlled Medication Receipt Form NSPOCMR.
        - If patient is unable to sign the form initially, ensure the patient signs as soon as they can.
    2.2. Store POCM in tamper-evident packaging in a double-locked receptacle (example; double-locked ADC) in the patient care area or in pharmacy.
3. **If POCM will be used in hospital**, document on the Patient's Own Controlled Medication Receipt Form, and administer, document and count POCM according to Relevant Local Policy on narcotic and controlled drugs.

3.1. Obtain consent from patient to use POCM and document in the patient's health record.

3.2. Obtain an order from an Authorized Prescriber that patient may use own Controlled Medications with the specific medications that are POCM.

3.3. Complete verification of POCM before use as per Appendix B.

3.4. Inform pharmacy immediately which medications are POCM.

3.5. Document administration of POCM:

- □ On the unit's count sheet, **or**
- □ In the ADC records, **or**
- □ Separately on the Patient's Own Controlled Medication Count Sheet NSPOCMC.

5. When a 72-hour supply of POCM is left, advise the patient to obtain a new supply from the community pharmacy.

5.1. If patient is unable to obtain a new supply, contact Pharmacy.

6. Upon discharge, discuss with the patient whether POCM will be returned to the patient or will be destroyed by pharmacy.

6.1. Advise patient whether medications have been prescribed, discontinued, expired, or potentially deteriorated in appearance or effectiveness.

6.2. If patient decides to keep the POCM, count the POCM supply. Ensure the count is witnessed by another HCP and the patient when POCM are returned to the patient. Document on the following:

- □ The unit count sheet, **or** Patient's Own Controlled Medication Count Sheet, **and**
- □ The POCM Receipt Form.

> **Note:** Both HCPs are responsible to document that the POCM was returned to the patient on the patient's health record.

6.2.1 If POCM is stored in Pharmacy, direct patient to obtain POCM directly from Pharmacy.

6.3. If patient decides the POCMs can be destroyed, count the POCM supply. Ensure the count is witnessed by another HCP or PPA. Both are responsible to sign the POCM receipt form. Return the POCM to pharmacy for destruction.

6.3.1. Consent to destroy POCM is documented in the patient's health record.

> **Note:** Both HCPs and/or PPA are responsible to document that the POCM was returned to pharmacy for destruction on the patient's health record.

Pharmacist and PPA Responsibilities

1. Document the use of POCM in the Pharmacy Information System.

2. If POCM are stored in Pharmacy, return POCM directly to the patient or destroy with patient approval (see #3 and 4).
    2.1. Complete the POCM Receipt Form.
3. Destroy all POCM in Pharmacy according to:
    - Controlled Drugs and Substances Act,
    - Narcotic Control Regulations,
    - Benzodiazepines and Other Targeted Substances Regulations, and
    - Any applicable provincial and municipal requirements.
4. Destroy all POCM stored in Pharmacy 30 days after patient's discharge.

REFERENCES

Legislation

Controlled Drugs and Substances Act. (1996, c. 19). Retrieved from the Justice Laws website: https://laws-lois.justice.gc.ca/eng/acts/C-38.8/

Other

Health Canada. (2019). *Canada health act annual report 2017-2018*. Retrieved from https://www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2017-2018.html#s4

Lummis H, Sketris I, & van Zanten SV. (2006). Systematic review of the use of patients' own medications in acute care institutions. *Journal of Clinical Pharmacy and Therapeutics, 31*(6), 541-563. doi: 10.1111/j.1365-2710.2006.00773.x

Nova Scotia College of Nursing. (2022). *Medication guidelines for nurses*. https://cdn1.nscn.ca/sites/default/files/documents/resources/MedicationGuidelines.pdf

Traynor K. (2013). Simple steps improve return of medications at discharge. *American Journal of Health System Pharmacy, 70*(11), 924, 927. doi: 10.2146/news130041.

Van Herpen-Meeuwissen LJM, van den Bemt BJF, Derijks HJ, van den Bemt PMLA, de Vries F, Maat B, & Onzenoort HAW. (2019). Economic impact of patient's own medication use during hospitalization: A multicentre pre-post implementation study. *International Journal of Clinical Pharmacy, 41*(6), 1658-1665. doi: 10.1007/s11096-019-00932-1.

RELATED DOCUMENTS

Self-Administration of Medication (SAM) - Policy and Procedure - MM-MA-020

Natural Health Products - Policy and Procedure - MM-MS-005

Management of Patients Own Medication Excluding Narcotics and Controlled Substance- CBDHA N-13-70

Patient's Own Medication - Narcotic and/or Controlled Medications- CBDHA N-13-71

Patient's Own Medication- CBDHA P-3-130

Patient's Own Medications (Inpatient Care)- CDHA MM 05-030

Narcotic and Controlled Drugs- CDHA MM 35-001

Home Medication Supplies- CHA 217-002

Medications, Patient's Own- GASHA 1-400

Drugs-Patient Owned Medication- GASHA 4-40

Patient's Own Medications (POM): Handling of, - SSH-NU-100-630

Patients Own Medication- SWNDHA VIII-125-1

Appendices

Appendix A: Definitions

Appendix B: Criteria to Verify POM

Appendix C: Storage, Destruction or Release of POM in Pharmacy

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Appendix A: Definitions

Authorized Prescriber	A health care professional permitted by legislation, their regulatory college, Nova Scotia Health, and practice setting (where applicable) to prescribe medications and treatments within Nova Scotia Health. The authority to order medications is not linked to any particular health profession and may also differ within that health care profession depending upon specific competencies and skills. Examples of an Authorized Prescriber may include, but are not limited to, a physician, medical resident, nurse practitioner, pharmacist, midwives, or a registered dietician when approved to order parenteral nutrition.
Best Possible Medication History (BPMH)	A BPMH is the most complete and accurate list of all home medications that a patient is currently taking using: ○ A systematic process of interviewing the patient/family; and ○ A review of at least one other reliable source of information to obtain and verify all of a patient's medication use Medications included are: ○ Prescription medication ○ Over-the-counter medications ○ Herbal remedies ○ Vitamins, and ○ Any other supplements. The medication history also includes a listing of allergies and associated reactions.
Controlled Medications	All medications listed in Schedules I-IV of the Controlled Drugs and Substances Act, which includes narcotics, controlled drugs, and benzodiazepines, or substances that Nova Scotia Health has deemed to be controlled (example; alcohol). https://laws-lois.justice.gc.ca/eng/acts/C-38.8/
Exception Drug Program	A program for high-cost medications for selected indications, funded by the Department of Health and Wellness and administered by NS Health. Examples include immunosuppressants for organ transplant, multiple sclerosis drugs, and drugs for HIV infection.
Formulary	The list of approved drugs available for general use within the Nova Scotia Health Authority and are routinely stocked in the Pharmacy Department. http://webapp2.cdha.nshealth.ca/formulary/

Health Care Provider (HCP)	All employees who are health care professionals involved in the transcription, administration, and/or documentation of medications, who are authorized by legislation through their respective provincial governing body who meet identified standards and competency requirements and/or by Nova Scotia Health Authority policies. Examples include, but are not limited to: ○ Pharmacy technicians, ○ Pharmacists, ○ Nurses, ○ Nurse practitioners, and ○ Physicians.
Investigational Drug	A drug for human use that is being tested in a clinical trial, including a marketed drug being tested for a purpose that falls outside its authorized use in Canada https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/notice-statement-investigational-use-marketed-drugs-clinical-trials.html
Natural Health Products	Under the Health Canada Natural Health Products Regulations, which came into effect on January 1, 2004, natural health products (NHPs) are defined as: Probiotics Herbal remedies Vitamins and minerals Homeopathic medicines Traditional medicines such as traditional Chinese medicines Other products like amino acids and essential fatty acids NHPs must be safe to use as over-the-counter products and do not need a prescription to be sold. https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription.html
Non-controlled medications	Medications that are **not** listed in Schedules I-IV of the Controlled Drugs and Substances Act.
Nurse	Registered nurse (RN) or licensed practice nurse (LPN).
Opioid Agonist Therapy	Controlled Medications that are used to treat opioid use disorder to help prevent withdrawal symptoms and reduce drug-related harms, example; methadone or buprenorphine-naloxone.

Patient's Own Medication (POM)	Medications that patients have obtained in the community setting and have brought with them on admission to hospital. POM may include non-controlled and Controlled Medications.
Patient's Own Controlled Medications (POCM)	Controlled Medications that patients have obtained in the community setting and have brought with them on admission to hospital.
Pharmacy Information System	The computer system used by pharmacy to document and dispense medications ordered during the patient's admission.
Pharmacy Practice Assistant (PPA)	Pharmacy staff who have responsibilities for medication management, preparation and distribution but are not regulated or licensed health professionals.
Relevant Local Policy	Policies of former District Health Authorities (DHA) that are in effect until superseded by Nova Scotia Health policy.
Substitute Decision Maker (SDM)	The Substitute Decision-Maker has the capacity and is willing to make decisions to give or refuse consent for treatment when a patient is incapable (Hospitals Act, Province of Nova Scotia, April 2015). The SDM is identified by applying the following list in descending order: (a) a person who has been authorized to give consent under the Medical Consent Act or a delegate authorized under the Personal Directives Act; (b) the patient's guardian appointed by a court of competent jurisdiction; (c) the spouse of the patient; (d) an adult child of the patient; (e) a parent of the patient; (f) a person who stands in loco parentis to the patient; (g) an adult sibling of the patient; (h) a grandparent of the patient; (i) an adult grandchild of the patient; (j) an adult aunt or uncle of the patient; (k) an adult niece or nephew of the patient; (l) any other adult next of kin of the patient; or (m) the Public Trustee.

Appendix B: Criteria to Verify POM

To ensure POM are accurate and suitable for use, the following five criteria must be met:

1. The medication is available in a dosage form and strength that allows the prescribed dose to be administered. To avoid dosing errors, containers can be relabeled by pharmacy if the current dose in hospital is different from the label.

2. Labelling:
   - 2.1. Prescription: The container is clearly labelled with the patient's name, drug name, drug strength, date of dispensing, directions, name of address of community pharmacy, and has not exceeded the expiry date.
     - 2.1.1. If the drug does not have an expiry date, the POM may be used if dispensed within the last 3 months.
   - 2.2. Non-prescription: The container is clearly labelled with the drug name, drug strength, manufacturer, and has not exceeded the expiry date.

3. The drug appearance is acceptable:
   - 3.1. The container is intact and clean.
   - 3.2. Solid oral dosage forms are whole and without signs of deterioration (such as chips in the tablet or color changes).
     - 3.2.1. Tablets that have been evenly split to provide the correct dosage strength may be used.
   - 3.3. Eye and ear products (drops or ointment) have been opened less than 30 days or as directed by the manufacturer.
     - 3.3.1. Label the product with a "Discard after" date.

4. The drug can be identified:
   - 4.1. Solid oral dosage forms can be checked against manufacturer's pictures and description (online resource: CPS (formerly RxTx) accessed through the NS Health Library).
     - 4.1.1. Pharmacy can be contacted to assist with identification.
   - 4.2. Multi-dose medications usually have the original manufacturer's label on the product.
   - 4.3. Bottles must not contain more than one drug.
   - 4.4. Single or multiple drugs may be used from blister packs/cards that have multiple drugs in one opening, provided they meet all criteria in Appendix B and:
     - 4.4.1. The blister pack/card has been prepared, sealed, and labelled by a community pharmacy
     - 4.4.2. There are no controlled drugs in the blister pack.

4.4.3. Unused drugs from the opened blister pack are destroyed.
5. The drug has been stored properly: 5.1. The patient confirms that to the best of their knowledge the medications have been stored according to the manufacturer's recommendations (example; kept refrigerated, protected from freezing and extreme heat, or protected from light).

Appendix C: Storage, Destruction or Release of POM in Pharmacy

1. POM left in the hospital after discharge will be stored in Pharmacy for 30 days, and then destroyed.
    1.1. Return POM directly to the patient or destroy with patient approval.
        1.1.1. Complete the POCM Receipt Form for controlled medications.
    1.2. Controlled Medications will be destroyed in the Pharmacy department according to:
        1.2.1. Controlled Drugs and Substances Act,
        1.2.2. Narcotic Control Regulations,
        1.2.3. Benzodiazepines and Other Targeted Substances Regulations, and
        1.2.4. Any applicable provincial and municipal requirements.
2. POM stored in pharmacy for deceased patients will be destroyed 30 days **after** the patient's expiration.
    2.1. Nova Scotia Health is legally unable to return the patient's own medications to their SDM, family or the executor of their estate.
    2.2. POM of a deceased patient may be subpoenaed during the 30-day period.
3. The Medical Examiner (ME) may enact his/her authority through a law enforcement agency to require Nova Scotia Health to release the patient's medications (including Controlled Medications) as evidence during a fatality investigation.
    3.1. Nova Scotia Health staff asked to release POM must require the law enforcement agency to provide evidence that they are working on behalf of the ME's office. In special circumstances, a law enforcement agency may demand the production of evidence (example; patient own medications) without the consent of the patient/client/SDM.

POLICIES BEING REPLACED

CBDHA N-13-70 Management of Patient's Own Medication – Excluding Narcotics and Controlled Medications

CBDHA N-13-71 Patient's Own Medication – Narcotics and/or Controlled Medications

CBDHA P-3-130 Patient's Own Medication

CDHA MM 05-030 Patients Own Medication

CHA 217-002 Home Medications Supplies

GASHA 1-400 Medications–Patient's Own

GASHA 4-40 Drugs–Patient Owned Medications

SSH-NU-100-630 Patient's Own Medications (POM): Handling of

SWNDHA 800.125.1 Patients Own Medication

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2023-09-19	D&T, HAMAC	N/A