LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADMITTED PATIENT'S OWN MEDICATION	**POLICY NO.** 325B

CATEGORY: Provision of Care	**EFFECTIVE DATE:** 1/14
POLICY CONTACT: Julianne Joo, PharmD	**UPDATE/REVISION DATE:** 2/23
REVIEWED BY COMMITTEE(S): Medication Safety Committee, Medical Executive	

PURPOSE:
To provide guidelines for the safe storage and, as appropriate, administration of patient supplied medications.

POLICY:
Personal medications brought to the hospital by patients are not to be administered unless all the specified criteria are met.

PROCEDURE:
1. Patient's own medications brought into the hospital by patients should be returned to the patient's family once the physician caring for the patient has reviewed these medications. The nurse will inform the patient:
   a. To take only medications prescribed while in the hospital.
   b. That personal medications are not allowed to be kept by the patient or at the bedside during the hospitalization.

2. Patients with no relatives or caregivers present may have their medications sent to the Pharmacy for safe storage and returned to the patient at the time of discharge.
   a. The admitting nurse will:
      1. Fill out a Record of Valuables form (HH734-AD) attached to the "Valuables Bag"(Attachment I).
      2. Ensure patient's information and the patient label on the "Valuables Bag" match.
      3. Check the box for "Other", indicate the number of medication bottles placed in the bag, and write down "Medication(s)" for description. Do not specify the medication name and quantity for each.
      4. Medications are placed into the bag, with the nurse and patient jointly witnessing the sealing of the bag.
      5. The original white form is placed in the chart. The golden form will remain attached to the bag and will be sent to Basement Pharmacy (Room B-403).

REVISED: 1/14, 3/15, 6/17, 10/20, 10/22, 2/23
REVIEWED: 1/14, 3/15, 5/15, 6/17, 10/20, 10/22, 2/23

APPROVED BY: _____   _____
              Anish Mahajan, MD   **Griselda Gutierrez, MD**
              Chief Executive Officer   **Associate Chief Medical Officer**
              Chief Medical Officer

                                      _____
                                      Jason Black, MBA, DNP, RN
                                      Chief Nursing Officer

SUBJECT: ADMITTED PATIENT'S OWN MEDICATION   **POLICY NO.** 325B

    b. Upon receipt of the bag, the pharmacist will:
       1. Verify that patient's information and the patient's label on the "Valuables Bag" match.
       2. Enter an orderable for "Pick-Up Patient's Own Medications from Pharmacy prior to DC" via PowerChart for each of the patient's own medication bags received.
       3. Attending or provider listed under care team will be used to enter this orderable.
       4. "Per Protocol" will be selected as order communication type.
    c. The pharmacist or pharmacy technician will log into the "Patient Own Medication" pharmacy log (date, patient's name, FIN, record of valuables ID code).
    d. The pink copy will be given to the patient and/or a representative as a receipt to obtain the medication upon discharge.
    e. For retrieval of the bag, the patient and/or a representative will bring the pink copy and sign the pharmacy log that s/he picked up the medication bag.
    f. Once the medication bag is picked up from the pharmacy, nurse will complete the "Pick-Up Patient's Own Medications from Pharmacy prior to DC" task.

3. Medical marijuana—cannabis (federal law considers illegal with no acceptable medicinal value):
    a. Do NOT include marijuana inside the bag with the medications from home.
    b. Must be kept secured with other patient's belongings (e.g., wallet, cash, etc.).

4. Medications brought in by the patient shall be administered to the patient ONLY IF ALL of the following conditions are met:
    a. The hospital pharmacy is unable to procure the medication (e.g., non-formulary awaiting approval or out of stock or delay in procurement).
    b. There is a provider order to continue home medication.
    c. The medication is FDA approved/marketed in the United States.
    d. Pharmacist has successfully identified/verified the medication and strength; A "Patient's Own Medication" sticker is affixed on the bottle to communicate with the team that the drug has been verified.

5. Special circumstances:
    a. For investigational drugs, the ordering physician shall be responsible for assessing the need for therapy continuation and verifying the drug (Refer to Pharmacy Policy 127).
    b. Herbal preparations, drugs not FDA approved, and foreign drugs are NOT permitted.
    c. Compounded products may be continued only after the Pharmacy Director or his/her designee has given approval for continuation. It is imperative to notify the pharmacy as soon as the patient is admitted, or staff become aware that the compound products/pump is being infused (e.g., patient own pump. Refer to Hospital Policy 329).

6. For medications to be used during hospitalization, the pharmacist will verify and place a sticker (see below) on each medication.

              PATIENT'S OWN MEDICATION
          Patient Name: _____ Room _____
          Medication: _____
          Verified by: _____RPh Date: _____

    a. Non-Controlled drugs shall be stored in the patient specific cassette.
    b. Controlled drugs shall be stored in unit Pyxis or servicing pharmacy.

7. For patient's own pump medications, refer to Policy 329.
8. Medications not picked up by the patient or patient representative after seven days past hospital discharge will be discarded per policy (Refer to Policy 395).
9. If/when patient passes away, patient's own medication (s) may be returned to the pharmacy to be discarded.
    a. Pharmacy personnel shall document the discard date on the "Patient's Own Medication" log and the pink copy of the "Valuables" form will be shredded.

Reviewed and approved by:
Medical Executive Committee 2/2023

_____
Beverley A. Petrie, M.D.
President, Professional Staff Association

HARBOR - UCLA MEDICAL CENTER

102 **7458**

PATIENT'S
NAME _____ DATE _____ 20 _____

MRUN _____ SEX _____ TIME TAKEN _____ A.M. P.M.

ENVELOPE CONTAINS: ☐ **CASH** ☐ **VALUABLES (CHECK ONE)**

CASH (NON-KEEPSAKE)
$ _____ CURRENCY
_____ ¢ COIN

$ _____ KEEPSAKE MONEY
DESCRIPTION _____
$ _____ PAYROLL/PERSONAL CHECK
FOOD STAMPS VALUED AT $ _____
CREDIT CARDS _____

☐ KEYS

☐ WATCH ___ QUANTITY ___ Y.M. ___ W.M. ___ OTHER MODEL _____
  DESCRIPTION _____

☐ RING ___ QUANTITY ___ Y.M. ___ W.M. ___ OTHER
  DESCRIPTION _____

☐ CHAIN ___ QUANTITY ___ Y.M. ___ W.M. ___ OTHER
  DESCRIPTION _____

☐ NECKLACE ___ QUANTITY ___ Y.M. ___ W.M. ___ OTHER
  DESCRIPTION _____

☐ EARRINGS ___ QUANTITY ___ Y.M. ___ W.M. ___ OTHER
  DESCRIPTION _____

☐ OTHER ___ QUANTITY DESCRIPTION _____

MISCELLANEOUS VALUABLES
☐ MEDI-CAL/ST# _____
☐ PRIVATE INSURANCE _____
☐ OTHER _____

☐ MEDICARE # _____
☐ PHP/HMO _____
☐ SOCIAL SECURITY NUMBER _____
☐ DRIVER LICENSE NUMBER _____

THE ABOVE LISTING IS A CORRECT STATEMENT OF VALUABLES DEPOSITED WITH THE LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER ON THE ABOVE DATE AND PATIENT RELEASES THE COUNTY OF LOS ANGELES AND THE HARBOR-UCLA MEDICAL CENTER FROM LIABILITY FOR LOSS OF VALUABLES, ETC, RETAINED BY HIM/HER, THE PATIENT HEREBY AGREES AND AUTHORIZES THE COUNTY OF LOS ANGELES IN THE EVENT OF THE PATIENT'S DEMISE, TO IMMEDIATELY APPLY ANY OF THE MONIES DESIGNATED IN THIS RECEIPT TO THE UNPAID PORTION OF THE PATIENT'S ACCOUNT.

_____   _____   _____   _____
EMPLOYEE RECEIVING VALUABLES   DATE   SIGNATURE OF PATIENT OR   DATE
                                          RESPONSIBLE PARTY OR WITNESS

RECEIVED VALUABLES NOTED ABOVE IN FULL

_____   _____
SIGNATURE OF PATIENT OR   DATE
RESPONSIBLE PARTY OR WITNESS

CASHIER CONCILIATION

CASH SUBMITTED TO _____
                              (CASHIER)

BY _____ ON _____ 20 _____
    (PROPERTY/VALUABLES CLERK)   (DATE)

RECORD OF VALUABLES

PAGE 1 OF 1   HH734-AD (11-24-08)

Attachment II

Patient Own Medication Log

Instructions:
1. All patient own medications must be logged in with the name of the person who received.
2. If the bag is not picked up after 7 days of discharge, drugs will be destroyed.

POLICY NO. 325B ADMITTED PATIENT'S OWN MEDICATION

Date Received	Received by	Patient Name (Last, First)	MR Number	Medication picked up by: (Name print & signature)	Title of the person picked up (e.g. nurse, pt family)	Date Picked Up	Date Destroyed	Any Controlled Drug?	Scheduled Drug: med /strength/ Quantity	RX Number	Destroyed by/Witness (Tech/Rph)	For Controlled: Witness 2nd Rph
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				
								Y/N				