

**OLIVE VIEW-UCLA MEDICAL CENTER  
POLICY & PROCEDURE**

**NUMBER: 1670**

**VERSION: 4**

**SUBJECT/TITLE: PATIENT'S OWN MEDICATIONS**

**POLICY:** Patients' own medications that require administration during admission or ED Visit shall be verified by a pharmacist prior to administration. Patients' own medications that cannot be returned home upon hospital admission and are not required for use during admission shall be secured and stored in the inpatient pharmacy

**PURPOSE:** To provide guidelines for the safe storage and, when appropriate, administration of patients' own home medication during hospitalization and ED visit to comply with federal and state regulations.

**DEPARTMENTS: ALL**

**PROCEDURE: I. Patient's Own Medication Collection and Storage**

- a. Upon admission, home medications that are not required to be administered during hospitalization and that cannot be returned home shall be collected in a security bag, sealed, and delivered to the inpatient pharmacy for secured storage.
  - i. Schedule I controlled drug substances, alternative supplements, and herbal remedies shall not be sent to pharmacy.
  - ii. A registered nurse will collect the medications, list the inventory on the bag, and seal the bag in the presence of the patient.
  - iii. The security bag number will be entered in Power Chart under "Pharmacy Tag Number" in the "Patient Belongings/Valuables" form.
  - iv. The bag tag or paper copy of the security bag will be kept in the patient chart
  - v. When the security bag is delivered to the pharmacy, a pharmacist or pharmacy technician shall first check the integrity of the sealed bag prior to accepting the security bag. Any evidence of tampering must be immediately brought to the attention of the department supervisor.
  - vi. A log will be kept in the pharmacy to track all security bags received by the pharmacy.
  - vii. The security bag will be secured in an appropriate location in the pharmacy.
- b. Upon patient discharge, the discharging nurse shall be responsible for ensuring that the patient's own home medication(s) are retrieved from

the pharmacy.

- i. Only licensed personnel may pick up patients' medication security bags containing controlled substances.
  - ii. The bag tag or paper copy of security bag should be presented to the pharmacy. Medication receipt will be confirmed by notating employee number in the pharmacy log form.
  - iii. Personnel that retrieves the security bag from the pharmacy is responsible for checking the integrity of the sealed bag.
- c. Medication not picked up will remain in the pharmacy for up to 30 days after patient's discharge. Unclaimed medications after 30 days shall be properly discarded with patient identifiers removed.
- i. Non-controlled medications shall be discarded into a pharmaceutical waste container and documented on the "Department of Pharmacy Services Patient's Own Medications" log.
  - ii. Schedule II-V controlled substances shall be disposed of in a non-retrievable form: pills to be crushed, capsules to be opened, and liquids to be squirted into a pharmaceutical waste container. The disposal process shall be witnessed by two pharmacists and documented on the "Department of Pharmacy Services Patient's Own Medications" log.
  - iii. Documentation shall be retained for at least three years.

## **II. Administering Patients' Own Home Medication During Hospitalization**

- a. Patients' own home medication may be used during an ED visit or hospitalization ONLY if the following are met:
  - i. The medication is not on the hospital formulary or available in the hospital pharmacy and a reasonable therapeutic substitution cannot be made.
  - ii. The provider and pharmacist deem that any interruption in medication therapy may be detrimental to the patient's health.
  - iii. A complete order that includes the drug name, strength, dose, route, and frequency is placed by the provider and "Use Patient Supply" is marked to indicate that patients home medication will be utilized.
- b. If the patient's own medication needed is already stored in the pharmacy, it must be reclaimed by the nurse from the pharmacy. The medication ordered must then be sent to the pharmacy for validation and labeling. Any remaining medications in the security bag must be placed into a new security bag, sealed, and delivered to the inpatient pharmacy for storage.
- c. A pharmacist must positively identify the ordered medication which

**SUBJECT/TITLE: PATIENT'S OWN MEDICATIONS**

**Policy Number: 1670**

**Page Number: 3**

must be contained in its original prescription container with an expiration date.

- i. If acceptable for use, a self-adhesive sticker must be placed on the medication container verifying the pharmacist's validation.
  - ii. If for any reason, the medication is not acceptable for use, the provider and nurse will be notified.
- d. The pharmacist verifying the order shall be responsible for checking for any duplications, drug interactions, and/or allergies.
- e. The medication shall be labeled prior to dispensing.
- f. Non-controlled medication shall be delivered to the nursing unit and stored in the Pyxis tower by the nurse
  - i. If permitted by provider order, a non-controlled medication may be left at bedside, unlocked, and in possession of the patient.
- g. Controlled medication shall be stored in the pharmacy narcotic vault and dispensed directly to the nurse on a dose-by-dose basis.
  - i. The nurse will complete and return a proof-of-use sheet to the pharmacist for confirmation of administration.
- h. Medication administration shall follow standard documentation procedures
- i. Patient's own IV admixtures and Total Parenteral Nutrition solutions are NOT included in this policy and shall not be used.
- j. Patient's own investigational medications may be used after the provider assesses the need for continuation and verifies the drug with the information provided by the patient and the investigational team. (Refer to Pharmacy Department Investigational Drug Policy, #1593)
- k. Patients who are continuous subcutaneous insulin infusion pump (CSIIP) or a continuous infusion of Remodulin® may use the medication available in the pump reservoir without a pharmacist's verification until further doses are supplied by the Pharmacy Department.
  - i. Patients on CSIIP may use the remainder of medication in the pump reservoir until the next infusion set change.
  - ii. Patients on a continuous infusion of Remodulin® may use their home infusion pumps and medication for up to 24 hours.

**SUBJECT/TITLE: PATIENT'S OWN MEDICATIONS**

**Policy Number: 1670**

**Page Number: 4**

References: Assuring Continuous Compliance with Joint Commission Standards: A Pharmacy Guide, ASHP, 2008. DEA Letter to Registrants regarding Disposal of Controlled Substances; Final Rule (PDF) Joseph T. Rannazzisi. September 9, 2014. LAC-USC Medical Center Pharmacy, "Mock" surveyor (Ed Ross) – 2002, 2004-JCAHO Executive Briefings on the New Management Standards.	
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