

<b>Policy Title:</b>	<b>PATIENT'S OWN MEDICATIONS</b>		
<b>Category:</b>	10 - Medication Management	<b>Policy No.:</b>	1027
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<b>Distribution:</b>	<b>Hospital-Wide</b> <input checked="" type="checkbox"/>	<b>If not Hospital-Wide, Other:</b>	

**PURPOSE:**

To provide guidelines for the safe storage and, when appropriate, administration of patient's own home medication during hospitalization.

**DEFINITION(S):**

None

**POLICY:**

Medications brought from home should not remain with the patient during hospitalization. Upon admission, patient's own medications not returned home will be stored and secured in the inpatient pharmacy. If a patient's own medication requires administration during a patient's hospitalization, the medication shall be verified, labeled, and securely stored away from the patient.

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

- A. Upon admission, the admitted nurse will inform the patient that medications brought from home are not allowed to be kept with the patient or at bedside during hospitalization. If a relative or caregiver is not available, these medications will be sent to the inpatient pharmacy for secured storage. The admitting nurse shall:
  1. Collect all home medications in valuables PAK
    - a. Pharmacy will not accept any schedule 1 controlled drug substances, alternative supplements or herbal remedies.
    - b. A separate valuables PAK shall be used for medication requiring refrigeration. "REFRIGERATE" shall be clearly noted on the envelope and/or "Patient's Own Medication Deposit" form
  2. Complete "Patient's Own Medication Deposit" form for each valuables PAK used:
    - a. Indicate Nursing Unit location
    - b. Indicate patient's name and medical record number
    - c. Document total number of medication containers stored in the envelope along with the medication names and dosage strengths

- d. Complete the "Received from Patient Representative" section which requires the presence and signature of both the patient (Signature of Depositor) and the RN (Witness By) and the date.
  3. Retain the original copy of the "Patient's Own Medication Deposit" form in the front transparent pocket of self-sealing plastic bag. The pink carbon copy shall be retained in the patient's chart in order to be used at a later time to retrieve the medication from the pharmacy. The canary carbon copy shall be given to the patient as a receipt.
  4. Document in the electronic medical record that the patient's own home medications are stored in the pharmacy
  5. Ensure the bags are sealed and hand delivered by nursing personnel to the Inpatient Pharmacy Department (Rm. 1C-101)
- B. Receiving Pharmacy personnel (Pharmacist or Technician) shall:
1. Check integrity of the sealed bag
    - a. Any evidence of tampering must be brought to the immediate attention of both the Nursing and Pharmacy Supervisors.
  2. Log this transaction on "Patient's Own Medication Pharmacy Storage Record" form.
  3. Store medications in the appropriate locations
    - a. Patients' own medications requiring refrigeration will be stored in the narcotic room refrigerator
    - b. Patients' own medications that may be kept at room temperature and does not contain a schedule II-V controlled substance will be stored in a locked cabinet in the pharmacy
    - c. Patients' own medications that contain a schedule II-V controlled substance will be stored in the narcotic room.
- C. Reclaiming Patients' Own Medication Stored in Pharmacy
1. The discharging nurse will be responsible for reclaiming patients' own home medication during the discharge process by presenting the pink copy of the "Patient's Own Medication Deposit" form to the pharmacy
    - a. Medication not picked up will remain in the pharmacy and be stored for 30 days after the patient's discharge.
      - i. Unclaimed non-controlled medications shall be discarded. This shall be documented on the "Unclaimed Patients' Own Medication Disposal Log" and patient identifiers shall be removed prior to discarding.
      - ii. Unclaimed schedule II-V controlled substances shall ultimately be sent to a take back program. The transport and transaction shall be documented on the "Unclaimed Patients' Own Medication Disposal Log" and witnessed by two pharmacists. Patient identifiers shall be removed prior to transport.
      - iii. Documentation shall be retained for at least three years.

2. The nurse shall check the integrity of the sealed bag of the patient's own medications and document the medications were picked up by signing and dating the Patient's Own Medications Log form.
3. Upon returning the medication to the patient, the nurse shall:
  - a. Open the bag in the direct presence of the patient and ensure all medications are accounted for.
  - b. Complete the "Return to Patient of Representative" section on the white copy of the Patient's Own Medication Deposit form. This requires the presence and signature of both the patient (Signature of Depositor) and the RN (Witness By) and the date.
    - i. This form shall be collected and submitted to medical records to be scanned into the EMR.

**Administering Patients' Own Home Medication During Hospitalization**

- A. Patients' own home medication may be administered to a patient during hospitalization if the following are met:
  1. The medication is not on the hospital formulary or available in the hospital pharmacy and a reasonable therapeutic substitution cannot be made.
  2. The provider and pharmacist deem that any interruption in medication therapy may be detrimental to the health of the patient.
  3. A complete medication order is placed by the provider that includes drug name, drug strength, dose, route, and frequency to be administered. The provider must also indicate it is okay to use patient's home supply by marking "Yes" to "Use Patient Supply" during order entry.
    - a. The pharmacist must ensure the option to use patient supply is checked off during order entry verification and shall communicate with the patient's nurse in order to obtain the medication
      - i. If the medication needed is stored in the pharmacy with the patient's home medications, it must be reclaimed by the nurse following the procedures above. The medication ordered must then sent to pharmacy for validation and labeling. If applicable, the remaining medication in the patient's own medication bag must be resealed and sent back down to the pharmacy with an updated deposit form.
  4. The medication must be contained in its original prescription container with an expiration date and must be positively identified by a pharmacist.
    - a. If acceptable for use, the pharmacist must place a self-adhesive sticker on the medication container verifying the medication has been validated and inspected.
    - b. If, for any reason, the pharmacist determines that the medication is not acceptable for use, the provider and nurse will be notified.

5. Pharmacist shall process the order and check for any duplications, drug interactions, and/or allergies. The provider shall be alerted by the pharmacist regarding any concerns.
  6. Pharmacy shall label the medication
    - a. Non-controlled medication shall be delivered to the nursing unit and stored in the Pyxis tower by the nurse.
    - b. 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.
      - ii. Upon discharge, the patient shall be provided with a form accounting for all doses administered.
  7. Medication administration shall follow standard documentation procedures
- B. IV admixtures and Total Parenteral Nutrition solutions shall not be used.
- C. Investigational medications may be used after the provider assesses the need for continuation and verifies the drug with information provided by the patient and the investigational team. (Refer to Pharmacy Department Investigational Drug Policy, #1593)
- D. Upon admission, patients who are continuous subcutaneous insulin infusion pump (CSII) 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.
1. Patients on CSII may use the remainder of medication in the pump reservoir until the next infusion set change.
  2. Patients on a continuous infusion of Remodulin® may use their home infusion pumps and medication for up to 24 hours.

**ATTACHMENTS/FORMS:**

Patients' Own Medication Pharmacy Storage Record  
Unclaimed Patients' Own Medication Disposal Log

**REFERENCE(S)/AUTHORITY:**

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

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