

POLICY: Patient/Resident's Own Medications
Program Area: Pharmacy & Therapeutics
Section: General
Reference Number: CLI.6010.PL.008
Approved by: Regional Lead - Medical Services & Chief Medical Officer
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PURPOSE:

It is important that staff have access to information pertaining to patient's current medications and have a safe and consistent approach to the use of Patient/Resident's Own Medications.

Prevent the interruption of treatment of pre-existing chronic conditions with medications that are frequently unavailable.

Support the use of the Southern Health-Santé Sud Regional Formulary and accommodate specific circumstances involving non-formulary drugs.

Promote cost-effective medication use by avoiding unnecessary wastage.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Medications for all patients/residents admitted will be supplied by Pharmacy when available, the use of POMs will be assessed and approved by the prescriber.

In the event a patient/resident is admitted and stabilized on a drug not interchangeable with a drug listed in the Formulary or not readily available, the prescriber may authorize the administration of the patient/resident's own medication.

- For use of Cannabis for Medical Purposes see CLI.6010.PL.023

In PCH only, recreational marijuana (cannabis) and complementary and alternative medicines authorized by the prescriber may be administered.

POMs shall be administered only under exceptional circumstances and only following visual inspection, identification and approval by a pharmacist or authorized designate following a written or verbal order. Only medications deemed legal for use in Canada shall be administered.

Ensuring POMs are safely and appropriately stored, transported and returned to patients/residents or disposed of appropriately.

DEFINITIONS:

Authorized designate includes a prescriber or nurse.

Complementary and alternative medicines (CAMs) (also known as traditional, natural or holistic medicines) are medicinal products containing herbs, vitamins, minerals and nutritional supplements, homeopathic medicines and certain aromatherapy products.

Current Medication includes all medicine that a patient is taking prior to admission. This includes prescribed, Over-the-Counter, complementary, alternative and clinical trial medicines.

Over-the-Counter (OTC) Medicines may be sold directly to a consumer without a prescription.

Patient/Resident's Own Medications (POMs) are the medications that a patient brings into the facility at admission, or that is brought in from an external source at a later point of their stay. These medications may include prescription medications, OTC medications and complementary and alternative medicines.

Prescription Medications may only be obtained with a written order from an authorized prescriber (e.g. physician, dentist, nurse practitioner, midwife, optometrist, pharmacist).

IMPORTANT POINTS TO CONSIDER:

Patients/Residents are encouraged to bring prescription, over-the-counter and complementary and alternative medications they are currently taking to the facility at the time of admission to facilitate accurate medication history/medication reconciliation/order writing processes.

Use of POMs within the facility 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 patient's personal medications to avoid interruption in therapy or that it is impractical to do otherwise. The patients will not be reimbursed for any of their own medication used during their admission to hospital.

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 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 concern about a product's safety, efficacy, quality, the product's labeled claims of therapeutic effect and possible medication interactions.

Before any home medication is used, established/potential benefits must outweigh the established/potential risks.

PROCEDURE:

Justification for use of POMs:

- Eye drops or inhalers that the patient used prior to admission
- Out-of-stock formulary medication that is not readily obtainable (i.e. product shortages)
- 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
- Medications covered by select provincial high cost medication programs
- Medical marijuana (cannabis) see Cannabis for Medical Purposes CLI.6010.PL.023
- Recreational marijuana (cannabis) in PCH only

Identification involves:

- 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 (resource: CPS)
- Labeled “Product Identified by Pharmacy” or product labeled in original manufacturer container
- If the medication cannot be easily identified or is deemed unacceptable for use, it may not be administered and returned to patient to be destroyed or sent home
- If the pharmacy is closed, the prescriber or delegate will identify the medications and nursing is responsible to send them for identification at the earliest possible opportunity when pharmacy reopens

Prescriber:

- Writes a complete order on the prescriber order form of the patient/resident’s health record
- Indicates in the order that the “Patient/Resident may use their Own Medication”

Nursing:

- Send the POMs to pharmacy for identification if necessary
 - Medications should be sent in a sealed plastic bag and labeled “Please Identify”
- Once POMs identified and/or labeled by pharmacy and returned to the ward/unit, the medication
 - Is stored in the medication cupboard/cart, in the patient/resident’s medication drawer or refrigerator as applicable
 - Is administered according to the patient/resident’s prescriber’s order and document in MAR as “Patient/Resident’s Own Medications”
 - Is returned to the patient on discharge unless otherwise instructed by the prescriber.
- Contact the family to pick up any POMs that will not be used while the patient is in hospital, especially controlled substances
 - In PCH, destroy POMs that will not be used.

- In Acute Care, contact the patient after discharge if any POMs were inadvertently left behind at the facility

Pharmacy:

- Shall dispense a POMs if all of the following conditions apply:
 - Identification of the medication is known
 - Medication is approved for use in Canada
 - Integrity of the medication has not been compromised
 - Established or potential benefits outweigh the established or potential risks of the product
- Identifies and labels the medication and returns it to the patient care unit, except for over the counter medications or natural products packaged in its original manufacturer container.
- Attaches a label to the container or placed in a labeled bag to indicate that it has been checked, properly identified and integrity assessed
- May also indicate on the prescription order that the “Patient/Resident may use their Own Medication”.
- In Acute Care, destroy POMs left behind due to deceased patient or if not picked up by patient/family.

Storage of POMs:

- Nursing must document in the permanent health record the location of the POMs, whether within the unit, sent to pharmacy, family or destroyed.

Acute:

- For the safety of patients, residents and visitors’ medications brought into the facility shall not be stored at the bedside of the patients, except if the prescriber has ordered that patient may administer their own medications (i.e. inhaler and eye drop) or for infection control purposes (i.e. ARO’s antibiotic resistant organisms).
- Patients should be encouraged to have a family member remove any of their POMs that are not going to be used.
- If for some reason a POMs cannot be sent home, they shall be placed in a labeled bag with patient name and stored, clearly labeled in a separate area of the unit’s medication room.
- NOTE: Patient’s own Narcotics & Controlled Medications, including benzodiazepines & zopiclone may not be stored on the unit if possible unless the patient is using their own medication during their stay at the facility. In this case, the narcotic or controlled medication should be added to the unit’s narcotic/controlled medication inventory record and counted per usual procedures. All other patient’s own narcotic or controlled medications shall be returned home with the family or stored in the pharmacy or secured and counted on the unit in sites with limited pharmacy access. Once received in the pharmacy, the narcotic or controlled medications must be counted and sealed with the amount received documented on the outside of the bag and stored in a secured area.

PCH:

- In PCH, at admission, after Best Possible Medication History Medication Reconciliation has been performed, the resident’s own medications will be destroyed when not utilized.

Acute Care, Return of POMs on Discharge:

- If a POMs are to be returned upon discharge, the nurse is responsible for documenting on the patient/resident's chart the date and time the patient/resident received medications to take home. During the discharge medication reconciliation process, it is important to advise the patient/resident/family as to which medications should be continued upon discharge.
- A laminated POMs card could be inserted in front of the patient/resident's chart as a reminder; however, it is good practice to check for stored POMs to ensure POMs have not been missed.
- The facility should attempt to contact patients to collect items left behind and this should be documented in their chart.
- If it is impossible to contact the patient/resident or family, or if they indicate that they will not pick up the POMs that are left behind on discharge, then they should be stored in the pharmacy. 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. Pharmacy is not responsible for the replacement of medications that have expired during the period of storage.
- If the patient is deceased, the POM shall be destroyed

REFERENCES:

Accreditation Canada Qmentum Program – Medication Management Standards for Medications Brought into Hospital by Patients

SA Health Guideline – Patient's Own Medication – Endorsed January 2013

Guidelines for the Use of Patient's Own Medicinal Products in Hospitals, College of Pharmacists of British Columbia

Medications Brought into Hospital by Patients, IWK Health Centre – Endorsed September 2014

MPhA Hospital Standards of Practice, June 2004

CSHP Guidelines for Drug-Use Control