NHS TAYSIDE

CLINICAL

Medicines Management 1
(Use of patients' own medicines)

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The following table describes abbreviations that are used throughout the policy

Abbreviation	Definition
CD	**Controlled drug**
O/L	**Over-labelled medicines**
OSD	**One stop dispensing** **(Process of combining in-patient and discharge medicines as a one stop supply labelled for discharge)**
POD	**Patients own medicines** **(i.e. those which have been brought into hospital by the patient/relative for assessment and use during the hospital stay)**
POD Locker/trolley	**Patients own medicine locker/trolley**
S	**Stock medicines**

1. PURPOSE AND SCOPE

The purpose this document is to set the standards for the assessment and use of patients own medicines, patients' own medicine lockers (thereafter referred to as POD and POD locker). This procedure facilitates the standardisation of patient focused pharmacy services provision across NHS Tayside and acknowledges the complexity of pharmacy service provision and delivery across the various sites in NHS Tayside.

It is NHS Tayside policy to ask patients to bring with them on admission their current medication in the original containers. This is to facilitate medicine history taking and to enable staff to identify what treatment regime the patient is following. Using patients' own medicines means that the patient can continue to use the medication they are familiar with. In handling and dealing with medicines on the ward/department it is important to be aware that these medicines are the property of the patient and must not, therefore be destroyed or otherwise disposed of without the patient's agreement. These medicines must not be used in the treatment of any other patient. Unlike medicines supplied by the pharmacy services within the hospital, there is no continuous control for the quality of the medicines brought in by patients. Therefore, patients own medicines may be used only where their quality has been assessed and approved in accordance with this document. The assessment should be completed by a pharmacist or a suitably trained pharmacy technician, or nurse having completed the required training. If the quality is deemed satisfactory and the medicine is required, the patients' own medicines are used during the inpatient stay and on discharge.

It should be noted that assessment as per this procedure is for medicine suitability only and not whether the medicine has been prescribed or that the directions for use are correct. Normal procedures should apply regarding the correct prescribing and administration of medicines.

3 ASSESSING PODs

3.1 Assessment Criteria:

Patients' own medicines may only be considered suitable for use when the following criteria are met **(Appendix 1).**

Medication container must be clearly **labelled** with:

3.1.1 Patient's name – **Patients own medicines must never be administered to a patient other than the patient for whom they were prescribed.**

3.1.2 Name, strength and formulation of medicine. **N.B. Blister strips may be used if name of medicine, strength, formulation, batch number and expiry date are clearly visible. If required order a label and box.**

3.1.3 Date dispensed – for solid oral doses do not use if past expiry date. If there is no expiry date e.g. tablets packed down into amber bottles or medication is in liquid form, do not use if dispensed more than 3 months previously. Eye drops and ointments should not be used if seal broken and dispensed more than one month previously (see 3.1.8) below). Other topical preparations should not be used if seal broken and dispensed more than 3 months previously.

3.1.4 Name and address of original supplier i.e. community pharmacy or dispensing doctor.
If in doubt, do not use.

3.1.5 **Appearance** of the container, label and medicine must be acceptable, including container must be the original dispensing pack, unless a blister strip, intact and clean.

3.1.6 Label must be legible and clear.

3.1.7 Solid oral dosage forms must be clean, whole and without visible signs of deterioration.

3.1.8 Visual signs of contamination are not obvious with oral liquids, creams / ointments, eye, ear or nasal drops/ointments. Extra care is required before authorising these preparations for re-use (see 3.1.3 above). A hospital supply of eye drops/ointment must be obtained as soon as the pharmacy re-opens.

3.1.9 Medication in a foreign language will only be used if the name and strength of the drug are stated in English on the packaging in addition to a pharmacy dispensing label, unless a pharmacist has authorised their use.

If in doubt, do not use.

The **contents** of the container **must** be positively identified, if there is any doubt that the product is not what is stated it should **not be used.**

Measures must be taken to ensure that the medicines have been **stored appropriately** e.g. refrigerated items. This must be confirmed with the patient. Medication with special storage requirements will be used, if storage conditions can be verified, subject to the following exceptions:

a. Glyceryl trinitrate tablets – do not use if seal broken

b. Insulin – do not use if opened for longer than 28 days

c. Antibiotic syrups requiring refrigerated storage must not be used

d. Controlled drugs (See Section 3.4)

Check the **quantity** of tablets in the container. If there are more tablets than stated on the label, do not use as this indicates that the patient might have decanted tablets from other bottles.

Each container must only hold **one type and strength** of preparation from a single supplier; do not use, if it is known, that mixed batches are present.

Where patient own medicines have no label they must **NOT** be used unless:

a. Clearly identifiable in an original container, marked with an expiry date e.g. inhalers or blister strips

b. The pharmacy department will re-label all such suitable medicines where appropriate

Monitored dosage systems e.g. Dosett, Nomad, Venalink must not be used due to the potential problems of tablet identification and continuation of supply on discharge unless a pharmacist positively identifies medicines for use in exceptional circumstances. In certain areas monitored dosage systems will be used as part of rehabilitation to support discharge or self administration of medicines. Local procedures should be followed in these instances.

Clozapine should **NOT** be administered to a patient until a pharmacist confirms with the original dispensing pharmacy that the patient is compliant and blood results normal. (Any further supply of clozapine should be obtained from the hospital pharmacy).

Clinical trial medication may bear only the patient's initials and trial number, rather than full name. Medication for a blinded trial will not be identifiable as active or placebo or comparator drug. Provided all other assessment criteria are met then patient's own clinical trial medication should continue to be used, subject to clinician approval. **Never** destroy clinical trial medicines, **unused trial medicines need to be returned to the investigator.**

Preparations that cannot be positively identified must never be used. Professional discretion must remain the over-riding factor in assessing suitability.

3.2 Authorisation of POD use:

A pharmacist or a pharmacy technician or nurse having completed the relevant training will assess and document patients own medicines as suitable for use (Section 3.1).

PODs will only be authorised for use once informed consent has been obtained, and the criteria for use have been satisfied (Section 3.1).

It should be noted that assessment as per this policy is for medicine suitability only and not whether the medicine is currently prescribed or that the directions for use are correct. Normal procedures should apply regarding the correct prescribing and administration of medicines.

Appendix 1 clearly outlines criteria for POD assessment

When the PODs have been approved for use, authorisation will be indicated by:

a. A green coloured, patients own medicines sticker, complete with date and initials of person authorising use and attached to the Patients Own Medicines.

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Stickers are obtained via a non stock purchase requisition. Attach a sample label to the order sheet and mark clearly "CELEFIX 25 mm diameter, Black on Green.

b. Tayside prescription and administration record will be endorsed with "POD".

Where nursing staff do not undertake the assessment process ward staff should assist the pharmacist/pharmacy technician by identifying any PODs requiring to be checked at the next pharmacist/technician visit. Any PODs brought into hospital after the initial PODs have been checked, will be placed in a POD locker until approved for use. It is essential that all PODs are checked against the criteria for use before being administered to the patient.

If a patient is admitted to a hospital or ward with a medicine with a green sticker the date and signature should be checked to ensure this assessment is still accurate.

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3.3 Procedure when no trained checking staff available

When a patient is admitted and no suitably trained staff member is available the POD should **not be** used unless advised by a pharmacist in exceptional circumstances. Medication should be administered from ward stock. There may be occasions where POD is not required for the entire length of the hospital stay, but that it may be re-commenced at some point. Retain the Patients Medicine and keep it stored in the POD locker until required.

3.4 Controlled drugs

Patients' own controlled drugs may be used providing that they meet the criteria for use and have been assessed and authorised by an appropriately trained staff member.

They must be stored in the ward Controlled Drug cupboard and entered into the ward Controlled Drug register under a separate patient's own medicine section and administered in accordance with the NHS Tayside Safe and Secure Handling of Medicine policy.

At the time of discharge, if the medicines are to be returned to the patient, an entry to that effect shall be made in the Controlled Drug register, as per NHS Tayside procedure.

If the patient no longer requires the Controlled Drug, and has consented, it may be destroyed on the ward by arrangement with the clinical pharmacist. An entry to that effect must be recorded in the Controlled Drug register.

If a patient is transferred between wards the patient's own controlled drugs must be signed out of the original ward controlled drug register and entered into the receiving ward register **(This refers to patient's own controlled drugs only).**

The balance of all patients' own controlled drugs will be reconciled in the same manner that stock balances are reconciled in accordance with nursing procedure. If it is expected that there is a controlled drug in a monitored dosage system store in the Controlled Drug cupboard and the pharmacist should be contacted for clarification.

3.5 Patient consent

There will be occasions when medicines are not authorised for use or when a patient does not consent to medicines being used. If appropriate and with the patient's consent these medicines will be returned to pharmacy for destruction. If it is not appropriate to destroy the medicines or the patient does not give consent for destruction, with the patient's agreement, medicines must be returned to family / carer as soon as possible. Until a medicine can be returned to a family member / carer it will be stored in POD locker in a clearly labelled bag.

3.6 Re-labelling Of PODs

It is the responsibility of the pharmacy staff to approve the re-labelling of any medicines as appropriate

After the PODs have been assessed for use, if they have to be relabelled the following extra statement must be added to the label '**Patients own medicines relabelled**.' The directions on the label must be deleted and the new label attached so that the original supplier's name and address are clearly visible.

4. POD LOCKERS/TROLLEYS

POD lockers/trolleys can be used for the safe and secure storage of;

Patients own medicines brought from home

Non stock items labelled for the patient for discharge

Discharge prescription for the patient

The POD locker/trolley is for the storage of medicines only and not for personal items, and should not be used for the storage of controlled drugs.

It is essential that the locker/trolley is cleared when the patient is moved to any other bed, ward, hospital or discharged to remove any risk for the next patient who will use the locker

4.1 Patient Admission

All patients should be advised to bring their own medicines into hospital

All patients own medicines must be stored in the POD lockers/trolleys

4.2 Intra/Inter hospital patient transfer

The nurse transferring the patient will check the contents of the POD locker/trolley against all medication on the Tayside prescription and administration record

Check that all medication removed from the POD locker/trolley are labelled for the patient

The patient, their medication and the discharge prescription sheet should then be transferred.

4.3 Discharge process

Ensure discharge prescription is completed and checked by an authorised member of staff

The nurse discharging the patient will check the contents of the POD locker/trolley against all medication prescribed on the patients' discharge prescription sheet

All medications must be checked to ensure that they are appropriately labelled with the patients' name and administration details

The details of all medications must be discussed with the patient, relative or carer

4.4 Responsibilities and arrangements

4.4.1 POD locker/trolley keys

All Ward areas across NHS Tayside are advised to have 4 sets of keys for the POD lockers/trolleys (2 Master sets and 2 individual sets of keys). This will maintain the appropriate number of keys necessary for the access by Nursing Staff, Pharmacists, Pharmacy Technicians and Patients where appropriate. Replacement of lost keys should be requested through the Estates Departments across NHS Tayside.

Suggested number of keys for the POD lockers/trolleys in ward areas:

- Master key for Pharmacy Staff (Pharmacists and Pharmacy Technicians)
- Master key for nursing staff
- A spare individual key for each locker should be kept in the ward area
- Patients assessed and involved in self administration will be supplied with an individual key during their in-patient stay

A procedure should be in place to ensure when the patient is discharged and members of staff finish work that all POD locker/trolley keys are returned to the appropriate place.

NB: In the case of lost keys an IR1 form should be completed and a new replacement lock ordered.

4.4.2 Ordering/Replacement of POD Lockers/trolleys for Wards

Each ward area is responsible for ordering/replacing POD lockers or keys. When ordering lockers consideration should be given to the amount of space required for storing patients' own medicines, non stock items labelled for discharge and ward stock items. Lockers must be appropriate for facilitating one stop dispensing, self administration of medicines and compliance aids where appropriate.

4.4.3 Positioning of POD Lockers/trolleys

- The individual ward will determine the positioning of POD lockers after an appropriate risk assessment has been completed and documented, ensuring safety and accessibility for patients and staff. Factors such as access for patients (including those with disabilities), members of nursing and pharmacy staff should be considered when positioning the lockers
- The Estates Department of NHS Tayside will perform the installation of POD Lockers

4.4.4 Emptying POD Lockers

It is essential that a member of staff on the ward has responsibility for ensuring that the locker is checked and emptied following discharge of a patient, or transfer of the patient to another bed, ward or hospital. Each ward area should initiate procedures for this to ensure there is no risk of a medicine being left in the locker and used for the next patient. In all circumstances the medicines individually labelled for the patient should go with the patient and not be left in the locker, as this creates a potential risk for the next patient.

6. RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

It is the responsibility of the Principal Clinical Pharmacist for the ward, the Lead Pharmacy Technician Integrated Dispensing, the Senior Charge Nurse and the Lead Clinician to ensure that staff required to follow this procedure are suitably trained.

Appendix 1 – POD Assessment Criteria

Patients' Own Medicines not to be used in hospital:

- Glyceryl Trinitrate tablets – if seal is broken
- Insulin – opened longer than 28 days
- Antibiotic liquids requiring refrigeration
- Multicompartment Compliance Aids e.g. Dossette, NOMAD, Venalink must not be used
- Complementary Medicines e.g. herbal remedies / homeopathy products unless prescribed

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STAGE 1: Medicine Type. All PODs must meet the following criteria

Oral preparations	- Product is within the expiry date - Loose tablets in a bottle have been dispensed within the last three months
Oral liquids	- Dispensed/opened within the last three months
Topical preparations	- Dispensed/opened within the last three months
Eye drops / ointment	- Dispensed/opened within the last 28 days

STAGE 2: Medicine Quality. All PODs must meet the following criteria

A. APPEARANCE:

- **Container**: Intact original dispensed pack or blister pack
- **Label**: Legible and clear
- **No visible signs of deterioration, damage or contamination**

B. LABEL CONTAINS THE FOLLOWING INFORMATION:

- Patient's Name
- Name, strength and formulation of medicine
- Name and Address of dispensing pharmacy
- Date dispensed
- Parallel imports/foreign medication should only be used if the Name and Strength of the drug is stated in English on the packaging in addition to the pharmacy dispensing label

C. CONTENTS:

- Positively identified as stated on the label or blister strip
- Number of tablets is equal to or less than stated on the label
- All tablets are the same type/brand in the same box/container (Patients may have separate boxes of different brands)

D. STORAGE:

- Items requiring refrigeration have been stored properly

Do the PODs meet the criteria as stated in stages 1 and 2?

YES ⬇

The PODs are suitable for use in the hospital environment. **Green stickers** must be applied to all usable medicines adding checkers initials and date

NO ⬇

The PODs are not suitable for use in the hospital environment.