



**Policy and Procedure Manual**

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<b>Section:</b>	Pharmacy

**PATIENT'S OWN MEDICATIONS/ALTERNATIVE THERAPIES**

**Purpose:**

To define policies and procedures for identifying, storing, and dispensing an individual patient's personal supply of medication; and to define a policy that delineates the conditions when use of the patient's own medication is allowed/not allowed.

**Policy Statement:**

- A patient's personal medication shall not be administered to the patient unless specifically authorized by the prescribing practitioner responsible for the patient.
- Patients may not use their own supply of formulary medications.
- Patients may not use their own medication if it is a sample.
- Unless the responsible prescribing practitioner authorizes administration of a patient's personal medications, these medications shall be sent home with the patient's family or others. If the medications must be retained in the facility, they shall be packaged, sealed, labeled with the patient's name, and stored. (See Hospital Policy 3:29 - Patient Valuables and Other Belongings).

**Application:**

All inpatient care areas at Boston Medical Center

**Exceptions:**

None

**Procedure:**

**Use of Patient's Own Non-Formulary Medications:**

**I. Inpatient Care Area**

1. If a nonformulary medication is routinely stocked by the Pharmacy, it will be dispensed by the Pharmacy. The patient's own supply should not be used in this case.
2. If a patient has his or her own supply of a nonformulary medication **that is not routinely stocked** by the pharmacy, the patient may use his or her own supply. In this case, the pharmacist will do the following:
  - a. Contact the house officer regarding the situation and inform the physician that an order stating '*patient may use own medication*' for the nonformulary

medication should be written or entered into the clinician order entry (COE) system.

b. The patient's supply will be retrieved and identified as follows:

- Contents of the container must match the label on the container. (The Poison Control Center at 617-232-2120 may assist in identifying the medication if necessary.)

- The pharmacist will affix a strip label verifying that the identity of the medication was confirmed. The pharmacist will write his/her initials on the label, with the quantity of medication and date dispensed.

- In **Centricity**, the pharmacist will document in the **note field of the patient's** profile that the medication was identified and counted; and indicate that the patient is using **his/her** own supply. **In the order note and eMAR note fields, the pharmacist should also document where in the Pyxis (drawer and pocket) the medication is located.**

- The technician or pharmacist will load the patient's medication vial in the Pyxis drawer as "Patient's Own Med". If the technician notes that a vial containing patient's own medication does not have the strip label verifying contents, etc., he or she will bring this to the attention of a pharmacist.

- **If the nonformulary medication is a controlled substance (Schedule II-V) the pharmacist will affix a label indicating so to the patient's supply, also indicating confirmation of identity, pharmacist initials, quantity of medication, and date.**

c. The medication will be loaded into the appropriate Pyxis machine under "patient's own med" (**schedule VI**) or "**patient's own medication control**" (**schedule II-V**). Nurses may then remove the medication by accessing "patient's own meds" as per usual procedure and Pyxis will track the quantity. Nursing administration and documentation of the medication should follow the same procedure as with formulary medications. Upon discharge, the remaining drug will be removed from Pyxis and the patient shall co-sign the Pyxis receipt acknowledging return of medication.

### **3. Liquid Medication contained in an amber color bottle.**

Due to the difficulty of identifying any liquid without its original manufactured bottle, it will not be possible for the pharmacist to verify the content. BMC pharmacy will instead purchase and supply the nonformulary liquid medication ASAP.

### **4. Foreign Medications Not Available in the United States.**

If a patient is interested in continuing a foreign medication while an inpatient, the pharmacist must be able to identify the product and follow the same procedures for handling of patient's own medications, as outlined above. If the product can be identified (*if not unit dosed, may consider contacting the manufacturer, calling the patient's pharmacy, calling Poison Control, etc*), the pharmacist must also determine, in conjunction with the physician, that the product will not cause any harm to the patient, (i.e., no significant drug-drug, drug-food interactions or adverse effects reported in the literature), given the clinical condition of the patient and current

medications prescribed. Boston Medical Center discourages the use of foreign medications within the institution if therapeutically equivalent medications are readily available.

**II. Ambulatory clinic area:**

- If the patient's own medication pertains to an oral drug, the above identification process by the pharmacist still applies.
- If the patient's own medication pertains to an injectable drug, the physician administering the drug will be responsible to perform the above described identification process.
- All information regarding patient name, drug name and drug concentration on the patient label must match the label on the manufacture's container.
- The physician shall also document in the chart that the patient is using his or her own supply.

**Use of Patient's Own Alternative Therapy:**

- If a patient is interested in continuing an alternative therapy while an inpatient and the therapy is not on the formulary (see Formulary Management Policy and Procedure 6:45), the pharmacist must be able to identify the product and follow the same procedures for handling of patient's own medications, as outlined above. If the product can be identified, the pharmacist must also determine, in conjunction with the physician, that the product will not cause any harm to the patient, (i.e., no significant drug-drug, drug-food interactions or adverse effects reported in the literature), given the clinical condition of the patient and current medications prescribed. Boston Medical Center strongly discourages the use of alternative therapy within the institution.

**Return of Patient's Own Medications/Alternative Therapies:**

- Discharged patients: Medications and alternative therapies belonging to discharged patients shall be returned to the patient, family, or significant others if authorized by the responsible practitioner. The patient and, when appropriate, the family shall be instructed about which medications and alternative therapies, if any, are to be continued after discharge.
- Expired patients: Medications and alternative therapies belonging to expired patients shall be returned to the family or significant others only if authorized by a responsible prescribing practitioner.

**Destruction of Unreturned Medications/Alternative Therapies**

- Personal medications or alternative therapies not authorized for return to discharged or expired patients and on hand for more than thirty days after discharge shall be destroyed.

**Responsibility:**

Clinical Pharmacists, Pharmacy technicians, nursing staff, security staff.

**Forms:**

None

**Other Related Policies:**

Section: Hospital Wide

Policy No.: 3.29

Title: Patient Valuables and Other Belongings

Section: Pharmacy

Policy No.: 6.40

Title: Formulary Management

**Policy: 16.03 Patient's Own Medications/Alternative Therapies**

**Initiated by:**

**Contributing Departments:**