

Section 7 – Handling of Patients Own Medicines

1. General Principles

- 1.1 All medicines, including controlled drugs, brought into hospital by patients remain their own property and therefore consent is required for use and for disposal.
- 1.2 Patient’s own medicines must not be administered to another patient.
- 1.3 Patient’s own medicines should not be mixed with ward or department stock.
- 1.4 Medicines brought into hospital by patients should be reviewed by the clinician on admission and a record made in the Multi-Disciplinary Admissions Record detailing whether each medicine is to be continued, stopped or withheld during the inpatient stay by annotating the medicines reconciliation page with ‘continue’, ‘stop’ or ‘withhold’.
- 1.5 Those medicines marked as ‘stop’ should be sent to pharmacy for destruction as they are no longer required for that patient’s care. The patient should be informed that the medicine has been stopped and that the medicine will be disposed of. If the patient does not consent to the medicine being disposed of see paragraph 10 below for guidance on destruction of patients own medicines without consent

2. Use of Patients Own Medicines During In-Patient Stay

2. 1 With the patient’s consent patient’s own medicines may be used in the following circumstances if the patient is to continue on the medicine and it has been prescribed on their prescription sheet:
 - the medicine is not in stock on the ward and is not available from pharmacy within a reasonable timeframe.
 - the medicine is an inhaler
 - the medicine is an ointment or cream
 - the medicine is part of a clinical trial
 - the medicine is part of a course of treatment i.e. hormone replacement therapy, oral contraceptive pill, antibiotics, clozapine etc.
 - the ward has a pharmacy approved Patients’ Own Drug (POD) medicine supply system in operation. **Please note** - Implementation of a POD scheme to an individual ward must be with the approval of the site Pharmacy Manager and Chief Nurse. Individual wards may not develop or implement their own POD schemes.

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2. 2 Before the decision is made to use a patient’s own medicine the integrity of the medicines must be assessed by a registered nurse/midwife, medical or pharmacy staff. A record must be made in the nursing or medical notes signed by the assessor giving details of the medicines suitable for use.
2. 3 Patient’s own medicines may only be used if they comply with the following:
- The medicine is in an original dispensed container or blister pack clearly labelled with the name and strength of the drug and the name of the patient.
 - The contents of the container are all of the same appearance and can be identified as being the drug named on the outer container and are the correct strength and formulation.
 - The medicine is within three months of the dispensing date on the container and is not passed the expiry date on an original pack.
 - On examination the medicines and container are in good condition and acceptable for use.
2. 4 If there is any doubt as to the identity or quality of the medicines they must not be used. Further advice should be sought from Pharmacy.
2. 5 All medicines should be prescribed in the usual way on the prescription sheet. A record should be made in the nursing notes and prescription sheet that the patient’s own medicines have been used.

3. Storage of Patients Own Medicines (not controlled drugs)

3. 1 All medicines must be stored in a designated locked medicines cupboard/drawer or refrigerator. All bedside lockers on acute hospital wards are fitted with a secure and lockable medicines cabinet/drawer that should be used for storage of patient’s own medicines (seek advice from pharmacy).
3. 2 Medicines must not be stored in the patient’s luggage or open bedside locker.

4. Patient’s Own Controlled Drugs

4. 1 If patient’s own controlled drugs are to be kept on the site during their in-patient stay they must be stored in the ward’s controlled drug cupboard, separate from ward stock and a record made in the ward’s Patient’s Own Controlled Drug Record Book.
4. 2 Patient’s own controlled drugs should only be used during the patient’s admission

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- if a supply of the medicine is not available from pharmacy. The name, form, strength and quantity of the patient’s own controlled drugs must be recorded in the ward’s Patient’s Own Controlled Drug record book along with a record of all administrations.
- 4.3 All transactions relating to patients’ own controlled drugs must be recorded the Patient’s Own Controlled Drug Record Book.
 - 4.4 The balance of patients own controlled drugs must be reconciled at least once every 24 hours.
 - 4.5 The patient must be informed of any of their own controlled drugs that are not suitable, or no longer clinically appropriate for use and advised to consent to destruction of the medicine. The record of destruction must be filed/scanned into the patient’s clinical notes.
 - 4.6 The record must be completed, indicating whether the controlled drugs were returned to the patient on discharge, to their relatives, or destroyed on the ward by a pharmacy technician / pharmacist, witnessed by a registered nurse/midwife.
 - 4.7 Because the **Patient’s Own Controlled Drug Record Book** holds a record of medicines destroyed this book must be **retained for a period of 7 years** from the date of the last entry.

5. **Transfer Between Wards of Patients Own Medicines.**

Medicines which have been brought into hospital by the patient, i.e. patient’s own medicines, should be transferred with that patient if the patient is moved from one ward to another. This includes controlled drugs. Responsibility for the safe keeping of the medicines during transfer lies with the member of staff carrying out the transfer.

6. **Return of Patients Own Medicines at Discharge**

Patients own medicines may be safely returned to the patient at point of discharge providing: -

- The medicine is still prescribed on discharge
- The medicine is appropriately labelled with current dose
- The medicine is still in date

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- 7. Disposal of Patients Own Medicines** (for controlled drugs see para 4.5 to 4.7 above)
- 7.1 Patients own medicines should not be destroyed or otherwise disposed of without agreement from the patient or their carer/relative unless the medicine is no longer required for that patient or it is considered that it could be a potential hazard to the patient or others if the medicine were to be returned to them, e.g. medicines subject to abuse etc.
- 7.2 Verbal consent to dispose of patients own medicines is sufficient – this should be documented in the nursing notes / POD assessment documentation or on the front of the Medicine Kardex (dependent on local SOPs).
- 8. Disposal Without Consent**
- If a patient (or their representative) refuses consent for destruction of medicines that are no longer clinically indicated, or are otherwise unsuitable for use, this must be documented in the medical notes. If required, medical staff and the patient’s GP should be informed and resolution sought.

For further advice please contact pharmacy.