NHS GG&C Mental Health Services

Procedure for the Use of the Patients Own Drugs

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Approved by:	Mental Health Prescribing Management Group
Data approved:	October 24
Date for Review:	October 27
Version:	Version 4
Replaces previous version:	Version 3

Procedure for the use of Patients Own Drugs

Introduction

On admission to hospital, we ask patients to bring any medication they are prescribed with them. There are occasions when some of these prescribed items are not available in the hospital and as an interim measure, the patient's own supply is used. The purpose of this procedure is to ensure any patient's own drugs (PODs) used in this way are properly assessed and are fit for purpose.

Scope

This procedure applies to all In-patient areas of NHS Greater Glasgow and Clyde, Adult & Older Adult Mental Health & Learning Disabilities Services

Procedure

1. Obtaining supplies

a. During normal pharmacy hours, **Monday-Friday 8.30am - 4.30pm,** if a patient is admitted and is prescribed a medicine, which the ward does not stock, an indent must be sent to pharmacy. Pharmacy will supply the item or if it is not in stock, advise the ward when it is likely to be available. If the patient requires medication before this the ward may use the patient's own supply (if one is available) provided it is fit for purpose until Pharmacy are able to supply a replacement.

b. Outwith pharmacy hours, wards should:

- Use the patient's own supply **if** it is fit for use
- Attempt to borrow from another ward
- Obtain from an emergency cupboard
- If unsuccessful, contact the out-of-hours pharmacy service.

2. Assessment of patients own drugs

Patients own drugs brought into hospital remain the property of the patient and we cannot legally use or destroy them without their consent. On admission, a registered nurse will list and record details of the PODs on the patient's EMIS record. Verbal consent to store, use or destroy the PODs should be sought and noted in the patient's EMIS record. This procedure may also be used to assess patients own insulin pens, needles and glucose meters where appropriate. Patients and if possible relatives/carers should be questioned to determine if insulin preparations have been stored correctly and are therefore fit for use on admission.

If patient's own drugs are to be used a doctor, pharmacist, pharmacy technician or senior nurse must assess them as fit for use. The following criteria are to be used:

a. Only medicines, which can be positively identified, can be used. This automatically excludes all dispensed bottled liquids and white unmarked tablets. In other words anything not in its original container (excluding compliance devices see later).

b. Patient's own controlled drugs may be considered for use on the ward. The guidance in this link s-5-guidance-patients-own-drugs.pdf (ggcmedicines.org.uk) must be followed

c. Medicines must have been dispensed within the last 3 months, unless a shorter expiry date is stated on the container. Ophthalmic preparations must have been in use for less than 4 weeks. If the eyes are infected, fresh supplies must be obtained.

d. Medication must be correctly labelled with the **patient's name, product name and strength, dispensing pharmacy's address, date of dispensing, special storage instructions** and all legal criteria present.

e. Each container must hold only one type or brand of preparation from a single supply (i.e. the same batch number and expiry date). Containers holding several different drugs or dosage strengths will be discarded.

f. Tablets and capsules may only be used if they are foil packed or loose in their original container.

g. The member of staff assessing the general condition of the product, its packaging and labeling must be satisfied of its suitability. Patient safety and professional discretion must remain the over-riding factors in assessing suitability.

h. Medicines **must never** be used if:
   - More than one type of drug is in the container (except compliance aids see below)
   - Special storage requirements apply
   - Present as loose tablets or capsules either outwith their original manufacturer's container or in the original manufacturer's container with no foil-packed ones to compare with for identification.
   - Short shelf life once opened
   - No label present
   - Opened jars or tubs of creams, ointments or lotions
   - Expired or were dispensed more than 6 months ago

i. Patient's own drugs **must** only be used for the patient named on the label.

j. A checklist (appendix 1) must be completed for all patient's own medicines used and these forms returned to pharmacy. These are available as PDF files only and should be printed off as necessary.

Only if these criteria are met may patient's own medicines be used and then only until a replacement supply is received from pharmacy.

3. Compliance Devices

Please note – this is a variation of the current NHS GG&C Safe & Secure Handling of Medicines Policy and has been approved by Mental Health Prescribing Management Group (PMG MH).

This procedure applies to mental health and learning disability in-patient wards only.

Patient's compliance devices may only be used if the following criteria are met:

- Only sealed disposable compliance devices may be considered for use. Medicines presented in Medidose boxes or similar must not be used.
- The compliance device has been prepared in a pharmacy within the preceding 6 weeks
- The device must be clearly labeled or have information attached to it detailing the patient's name and the quantity, name, form, strength and administration frequency of each medicine it contains.
- Count the tablets contained in the device to ensure the quantity corresponds with the label.
- The HEPMA prescription has been compared with the labels on the device, and all the medicines in the compliance device are prescribed on the HEPMA prescription sheet and the dose, route and frequency match exactly.
- No medicine in the compliance device is to be withheld, changed or discontinued

- If a decision is made to use the compliance device, it will be used to deliver all the drugs contained within in it until such time as stock is received from pharmacy. If the prescription sheet has other medicines prescribed in addition to those contained in the compliance device, then the device may still be used with the additional items administered from stock.
- If in doubt please contact the on call pharmacy service for advice.
- The patient gives consent for their compliance device to be used

Each compliance device must be assessed as suitable before it may be used. An assessment form (appendix 2) must be completed.

When administering medicines from a compliance device:

- Check the patient details on the HEPMA prescription against the compliance device to ensure that it is for the correct person and that all medicines contained in it are recorded in an identical manner on the in-patient prescription sheet
- Confirm the patient's identity as per policy before administering any medicine
- Ensure any additional medicines prescribed on the in-patient prescription sheet are administered

4. Consent to use or destroy patient's own medicines

PODs brought into hospital remain the property of that patient. Consent must therefore be obtained before they are used or destroyed. Verbal consent should be sought and documented on EMIS together with a list of the medicines. Once medicines have been obtained from patients, they should be placed in sealed, named bags and either:

- Sent to pharmacy for destruction – detail the exact quantities of any 'desirable drugs'.
- Given to patients relatives to take home
- Held on the ward and given to the patient on discharge, with any changed, discontinued or unsuitable medicines removed. Note: if the patient's own medicines are within a compliance device and any of the medication has changed before discharge, the whole container must be returned to pharmacy for destruction.

Clearly returning all medication to some patients may be clinically inappropriate in which case they should be advised that for clinical reasons their medicines have been destroyed.

5. Receipt of patients own drugs

When PODs have been received by ward staff a comprehensive list of the medicines received must be documented on EMIS.

6. Storage of patients own drugs

Any patient's own drugs should be stored in accordance with the Safe & Secure Handling Medicines Policy in either:

- The drug trolley if they are to be used
- A locked drug cupboard if they are not to be used.

7. Implementation and audit.

It will be the responsibility of nursing staff to implement and audit compliance with this procedure.

Appendix 1

RE-USE OF PATIENTS OWN DRUGS CRITERIA

This form should be used to assess patients own drugs that are **not** in compliance aids. To re-use patients own drugs **all** the following criteria must be met

	Drug 1		Drug 2		Drug 3		Drug 4		Drug 5	
Insert name of drug being assessed at top of column										
1. Dispensed within the last 6 months	Y	N	Y	N	Y	N	Y	N	Y	N
2. Not past any expiry date present	Y	N	Y	N	Y	N	Y	N	Y	N
3. Dispensed for that patient	Y	N	Y	N	Y	N	Y	N	Y	N
4. Positive identification of product (not unmarked tablets or liquids dispensed from bulk)	Y	N	Y	N	Y	N	Y	N	Y	N
5. Clearly labelled with a pharmacy label	Y	N	Y	N	Y	N	Y	N	Y	N
6. Product in good condition with no visible signs of deterioration.	Y	N	Y	N	Y	N	Y	N	Y	N
7. Product in a suitable container	Y	N	Y	N	Y	N	Y	N	Y	N
8. Eye preparations less than 2 weeks old	Y	N	Y	N	Y	N	Y	N	Y	N
Do not use if any of the following apply										
More than 1 type of drug in same container	Y	N	Y	N	Y	N	Y	N	Y	N
Special storage conditions required e.g. fridge	Y	N	Y	N	Y	N	Y	N	Y	N
Short shelf life once opened	Y	N	Y	N	Y	N	Y	N	Y	N
No label present	Y	N	Y	N	Y	N	Y	N	Y	N
Topicals and liquids if opened	Y	N	Y	N	Y	N	Y	N	Y	N
MEDICATION SUITABLE FOR RE-USE (circle as appropriate)	Yes No		Yes No		Yes No		Yes No		Yes No	

ASSESSED BY (print name)……DATE……

Signature:……Designation:……..

Appendix 2

Compliance Device Assessment Form

To use a patients own compliance device **all** the following criteria must be met

Criteria	Met (circle as appropriate)	
1. The device is a sealed disposable compliance aid	yes	no
2. It has been prepared by a pharmacy within the last 6 weeks	yes	no
3. It is clearly labeled with the patient's name	yes	no
4. There is a pharmacy label or instructions for each individual drug contained in the device	yes	no
5. The name of each drug is clearly indicated	yes	no
6. The form (tablet, capsule etc) of each drug is clearly indicated	yes	no
7. The strength of each drug is clearly indicated	yes	no
8. The dosage instructions for each drug are clearly indicated	yes	no
9. The frequency of administration of each drug is clearly indicated	yes	no
10. There are no obvious signs of damage or tampering	yes	no
11. All medicines contained in the device have been prescribed on the in-patient prescription sheet exactly as they are on the compliance device.	yes	no
12. No medicine in the compliance device is to be withheld, changed or discontinued	yes	no
13. The patient has given consent for their compliance device to be used	yes	no
All of the above criteria have been met and the compliance device is fit for use	**yes**	**no**

ASSESSED BY (print name)……DATE……

Signature:……Designation:……..