



TITLE

**MANAGEMENT OF PATIENT'S OWN MEDICATIONS**

SCOPE

Provincial: Continuing Care, Long-term Care

DOCUMENT #

PS-98-02

APPROVAL AUTHORITY

Vice President, System Innovations & Programs

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SPONSOR

Seniors Health

REVISION EFFECTIVE DATE

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PARENT DOCUMENT TITLE, TYPE AND NUMBER

Management of Patient's Own Medications Policy (#PS-98)

SCHEDULED REVIEW DATE

January 25, 2022

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To establish a safe and consistent approach for managing and administering **patient's own medications** in Alberta Health Services (AHS) Long-term Care.

## PRINCIPLES

- Medications supplied by an AHS pharmacy or a **contracted pharmacy** should be used whenever possible.
- The health care team should consider a balanced approach between patient and family choice, respect for autonomy, and promotion of safety when a request to include patient's own medications is made. Refer to the *AHS Management of Patient's Own Medications* Policy for when this procedure will and will not apply.
- AHS is committed to optimizing safe patient care in AHS settings by:
  - ensuring that patient's own medications are administered to patients when it is safe and necessary to do so;
  - ensuring that patient's own medications are safely and appropriately stored, documented, transported, and returned to the correct patient or disposed per Zone/program/site processes; and
  - involving patients as partners in their care.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working within AHS Long Term Care.

## ELEMENTS

### 1. Admission to Long-term Care

- 1.1 The **health care professional** shall request the **patient** to bring the following on the day of admission:
- a) a complete and current list of the patient's own medications; and/or
  - b) all of the **medications** and **natural health products** they are currently taking or have used in the last month, to create a best possible medication history (BPMH) as per the AHS *Medication Reconciliation Policy*.
- 1.2 If a patient does not arrive with a complete up-to-date medication list or their own medications, a **health care provider** should request that the patient make arrangements to bring in their updated medication list or medications.
- 1.3 Once medication reconciliation has been completed, ensure that all of the patient's own medications not being used in the care setting are removed from the premises (e.g., given to the patient's **family** or disposed by Pharmacy as per section 9 below).

### 2. Request to Continue/Add Patient's Own Medications or Natural Health Products NOT Available Through an AHS Pharmacy or Contracted Pharmacy

- 2.1 When there is a request to begin or continue patient's own medications, the health care team will review:
- a) evidence and indication supporting use;
  - b) potential available alternatives;
  - c) potential for drug interactions with other currently prescribed medications;
  - d) that the requested product will not interfere with the patient's current comorbidities; and
  - e) potential increased risk in patients with decreased renal function and/or liver function, etc.
- 2.2 Natural health products must be supplied in the original package.

- 2.3 The patient shall be advised that products that do not have a drug identification number (DIN), a natural product number (NPN) or a homeopathic medicine number (DIN-HM) shall not be administered by a health care professional.

### 3. Orders

- 3.1 An order from an **authorized prescriber** is required for patient's own medications to be administered by a health care professional. At a minimum, the order must include:
- a) the medication order requirements as per the *AHS Medication Orders Procedure*; and
  - b) an indication to use patient's own medication.
- 3.2 The order shall be added to the medication administration record with the phrase "Patient's Own Medication" in accordance with established process.
- 3.3 If an order is not obtained and the patient decides to continue the use of an unapproved patient's own medication, the health care team shall collaborate with management to determine next steps.

### 4. Verification

- 4.1 If a patient's own medications are to be administered by a health care professional, then a Pharmacist or Pharmacy Technician, or another health care professional if a Pharmacist or Pharmacy Technician is not available, shall:
- a) verify the patient's own medications to ensure they meet the criteria in Appendix A: *Criteria to Verify Patient's Own Medications*. If there is any concern about the verification of patient's own medications, the health care professional may seek further clarification or consultation (e.g., online *Compendium of Pharmaceuticals and Specialties [CPS]*);
  - b) document in the patient's health record in a place designated by Zone/program/site processes, that verification has been performed;
  - c) attach an appropriate patient-specific label if the medication does not have a patient-specific label (e.g., over-the-counter [OTC] medications) or if the authorized prescriber has changed the instructions for administering the medication; and
  - d) attach an auxiliary *Patient's Own Medication* label to the patient's own medications that are ordered to be used while the patient is in care. (See Appendix B: *Patient's Own Medication Label*).
- i) Patient's own medications that are to be administered immediately do not require an auxiliary label.

- 4.2 The health care professional shall contact the authorized prescriber if there are any issues with the patient's own medications ordered for use, and document this in the patient's health record in a place designated by Zone/program/site processes.
- 4.3 If there is any doubt (e.g., concerns with medication verification, concerns with medication order) that the medication is safe to administer, the health care professional may refuse to administer it and instead consult with the pharmacy and authorized prescriber.

## 5. Administration

- 5.1 The health care professional administering the patient's own medication shall:
- a) ensure the medication has been verified, labelled, and stored as per section 4 and 6;
  - b) follow administration processes outlined in the *AHS Medication Administration in Continuing Care Policy*; and
  - c) adhere to requirements for narcotics/controlled substances as per the *AHS Medication Management in Continuing Care Policy*.

## 6. Storage

- 6.1 Patient's own medications shall be stored in accordance with the patient-specific medication storage assigned to that patient and in consideration of processes outlined in the *AHS Medication Management in Continuing Care Policy*.
- 6.2 Narcotics and controlled substances shall be stored in a designated and secure area (e.g., cart, room or cupboard). Patient's own narcotics and controlled substances may be kept in the same location as ward stock but must remain separated from ward stock supply.
- a) Narcotics and controlled substances shall be counted before being placed in storage.

## 7. Transfer to Another Facility / Level of Care

- 7.1 Upon transfer to another facility / level of care, the health care professional shall:
- a) determine if the patient is receiving any medication not contained in the facility delivery system (i.e., medication pouches, medication cards, etc.) and is taking their own supplied medications. The health care professional will check:
    - i) the health record;
    - ii) medication administration record;

- iii) patient-specific medication bin;
  - iv) medication refrigerator;
  - v) narcotic storage; and
  - vi) ask the patient and/or family; and
- b) collect all of the patient's own medications and ensure they are sent with the patient on transfer, as necessary.

7.2 If the patient is transferred without their own medications:

- a) the health care provider who discovers this omission shall ensure the sending or receiving facility is notified of the oversight; and
- b) the sending facility shall, as necessary, make arrangements for the patient's own medications to be transferred to the receiving facility.

## 8. Patient Deceased

- 8.1 When a patient dies, their prescriptions are considered null and void, according to the Alberta College of Pharmacists. All patient's own medications should be disposed of per section 9 below.
- 8.2 The patient's family may claim any non-prescription medications. If non-prescription medications are to be disposed of, refer to section 9 below.

## 9. Disposal of Patient's Own Medications

- 9.1 When patient's own medications are to be disposed of, the health care professional shall:
- a) document in the patient's health record, in a place designated by Zone/program/site processes, which medications were sent for disposal and when they were sent;
  - b) mark the medications as "Patient's Own Medications for DISPOSAL"; and
  - c) consult with family on options for disposal of patient's own medications.
- 9.2 Options for disposal of patient's own medications:
- a) Facility Disposal:
    - i) The patient and/or family (or a second health care provider, if the patient/family is unable or unavailable), shall sign acknowledgement of disposal of patient's own medications in a place designated by Zone/program/site processes.

- ii) The patient's own medications shall be placed in the Pharmacy Returns bin in the secure medication storage area.
- b) Family Removal:
  - i) The family may only claim and remove the patient's non-prescription medicinal products identified as the "Patient's Own Medications".
  - ii) The health care professional shall advise the family on appropriate disposal.

## 10. Documentation

- 10.1 The health care professional shall document the following in the health record, in accordance with established processes:
- a) the wording "Use Patient's Own Medications", in bold and in sentence-cased lettering (not "all caps") in the medication administration record and a consistent location in the patient's health record;
  - b) the patient's own narcotic and controlled substances on the inventory record used in the care setting, and include with shift-counts of narcotic and controlled substances;
  - c) the storage location of the patient's own medications (e.g., patient-specific bin/drawer, refrigerator, or locked narcotics storage area), on the medication administration record;
  - d) the transfer of patient's own medications, including location, the number of bags/medications and time sent; and
  - e) the method of disposal, including date, time, and identification of which medications were returned for removal from the premises, whom they were given to, and when.

## DEFINITIONS

**Authorized prescriber** means a health care professional who is permitted by Federal and Provincial legislation, their regulatory College, Alberta Health Services and practice setting (where applicable) to prescribe medications.

**Contracted pharmacy** means a pharmacy contracted by AHS or by a contracted service provider acting on behalf of AHS.

**Family** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Medication** means any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings, and restoring, correcting or modifying organic functions in human beings.

**Natural health products** means medicinal products containing herbs, vitamins, minerals, and nutritional supplements (also known as traditional, natural, holistic or homeopathic medicines).

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Patient's own medications (POM)** means the medications a patient has with them at presentation or admission to a health care facility, program or service; or that are brought in from an external source at a later time.

## REFERENCES

- Appendix A: *Criteria to Verify Patient's Own Medications*
- Appendix B: *Patient's Own Medication Label*
- Alberta Health Services Governance Documents:
  - *Management of Patient's Own Medications Policy* (#PS-98)
  - *Medication Administration in Continuing Care Policy* (#HCS-219)
  - *Medication Management in Continuing Care Policy* (#HCS-220)
  - *Medication Orders Policy* (#PS-93)
  - *Medication Reconciliation Policy* (#PS-05)

## VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item
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## APPENDIX A

**Criteria to Verify Patient's Own Medications**

If a patient's own medications are to be administered by the facility during the patient's stay or outpatient visit, a Pharmacist or Pharmacy Technician, or in the event that neither are available, another health care professional, must verify the patient's own medications to ensure they meet the following requirements:

1. Medication is the same dosage form and strength as ordered.
  - a) Confirm with patient or family, that medication is in original container or packaging.
2. Container for prescription medications is clearly labelled:
  - a) Patient name, medication name and strength, date of dispensing, directions for use, name and address of community pharmacy.
  - b) Date dispensed is within the last three (3) months.
  - c) Label is typed and clear.
  - d) Directions on label are the same as the prescriber's order.
    - If the instructions have changed, or are unclear, then the medication should be relabelled by the pharmacy.
3. Container for non-prescription medications:
  - a) Includes medication name and strength, and expiry date.

**Note:** a patient identification label must be added to container/package
4. Medication information and appearance is acceptable. That is:
  - a) Medication is visually inspected, is intact, with no discolouration or changes to integrity.
  - b) Ear and eye products if opened and undated - discard/ return to patient for removal.
  - c) Container is intact and clean.
  - d) Product expiry date not exceeded.
  - e) The amount of medication in the container is consistent with the date of issue and expected usage up to the date of review. (If the number of tablets/capsules is clearly more than suggested on the label, engage the patient in discussion before determining if the medication should be administered in the facility).
  - f) Medication was dispensed/purchased in Canada. (If the medication was dispensed/purchased outside of Canada, the AHS Pharmacy and prescriber must be contacted to



determine an alternative therapy. If the prescriber decides that alternative therapy is not suitable and the foreign medication is the best choice, then if the medication is not illegal and can be verified, the prescriber can document on the patient care orders that the patient's own foreign medications shall be administered.)

5. Medication can be identified:
  - a) Multi-dose medication has original manufacturer's label.
  - b) Bottle/vial contains only one (1) medication type.
  - c) The label is in English.
6. Medication has been stored properly:
  - a) Patient or family confirms that it was stored properly.
  - b) According to manufacturer's recommendations.
  - c) Sufficient quantity of medication is available for the patient while in care.

**APPENDIX B**

**Patient's Own Medication Label**



**Patient's Own  
Medication**

Can order label from PharmaSystems (Order Number AHSPTO42)

Labels measure 1-9/16" x 3/8"

Packaged in rolls of 500, 2 rolls per box - \$33.00/Box (price quoted February 2017)