

Standard Operating Procedure

Title: USE OF PATIENTS OWN DRUGS (PODs) FOR IN-PATIENTS IN COMMUNITY HOSPITALS

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Presented to: Care & Clinical Policies Sub Group

Date: December 2015

Ratified by: Care & Clinical Policies

Date: December 2015

Review date: October 2017

Links to policies:

**Medicines Policy for Registered Professionals
Blister packs SOP**

1. Purpose of this Document

The purpose of this document is to provide a framework for handling and assessing patients own medications, for healthcare staff employed by Torbay & South Devon NHS Foundation Trust (TSDFT), whilst inpatients in a community Hospital setting.

2. Competencies Required

This document is pertinent to all registered professionals involved in administration of medicines utilising the Medicines Policy for Registered Professionals. All practitioners must be deemed competent in assessing and handling patients own medication on admission to a Community Hospital setting. All registered professionals now have to undertake a clinical calculations test every 3 years.

3. Patients Covered

All patients' relatives and carer(s) should be encouraged to bring all current medication into community hospitals within Torbay and South Devon NHS Foundation Trust.

4. Background

There are circumstances when individuals are admitted or attend an inpatient setting within a Community Hospital and relatives or carer of patients bring patient's own medication. In this environment it may be appropriate for patients to continue to use their own medication.

Staff administering patients own drugs, or supporting patients to take their own medication, must work according to organisational policies, guidelines and professional codes of practice.

For the purpose of this Standard Operating Procedure Patients Own Drugs will be referred to as PODs.

5. Care Setting

Patients in community hospitals may use their own dispensed medication when they are self-administering or having medication administered by Trust staff.

6. Medication on admission to Community Hospital

- 6.1 On admission to a Community Hospital patients will have their medication reconciled and documented as being available to use utilising the approved documentation.
- 6.2 Patients Own Drugs must be stored in accordance with the Trust's organisational polices and associated SOPs / documentation.
- 6.3 Verbal consent for the use of patients own drugs must be obtained from the patient, relative or carer using Consent Form A which is also available on I Care as follows;
http://nww.torbaycaretrust.nhs.uk/forms/community_hospitals/Community%20Hospital%20Forms%20April%202012/Consent%20Form%20A-%20March%202015.pdf

7. Patients Own Drugs

- 7.1 On receipt of the medication the registered practitioner or authorised registered person must check: (using Appendix A as a guide)
 - The medication packaging is intact, in good condition and within the expiry date.
 - The medication matches the packaging and label.
 - The medication is clearly labelled and displays the following information:
 - Patient's name.
 - The name, strength and formulation of the medication.
 - Dose and instructions, which must be clear, relevant and current.

- Applicable warnings.
- The name and address of supplier.
- Date of dispensing.
- Expiry date of the medication. (Where not available the medication must have been dispensed within the last 6 months for loose dispensed tablets or 28 days for controlled drugs).
- The patient information leaflet. If this is not available please check under <http://www.medicines.org> for patient information leaflet.

7.2 Blister packs are **not** to be used except under exceptional circumstances where a missed dose may cause harm to the patient, the patient is self-medicating or as part of a rehabilitation package. When assessing a patient for a blister pack it must meet the criteria identified in 7.1 above and the **expiry date is 4 weeks from the date of dispensing**. Please see under SOP in Patient Assessment for Medication Compliance Aids (including Blister Packs) by Registered Health Professionals, including Community Hospital Nurses, Community Nurses and Allied Health Professionals.

[http://www.tsdhc.nhs.uk/publications/TSDHC/Patient%20Assessment%20for%20Medication%20Compliance%20Aids%20\(including%20Blister%20Packs\).pdf](http://www.tsdhc.nhs.uk/publications/TSDHC/Patient%20Assessment%20for%20Medication%20Compliance%20Aids%20(including%20Blister%20Packs).pdf)

N.B. This does not include unlabelled dosette boxes and blister pack filled by the patient, relative or carer. These must **not** be used.

7.3 All medicines assessed as suitable for use must be stored in the appropriate locked storage area (POD locker or Medicine trolley) and POD endorsed in the appropriate section of the Medicines Reconciliation pages within Patient Medication Administration Record (PMAR) chart. Please ensure the POD locker does not contain another patient's medication or any other items before placing patient medication into it.

7.4 Items such as inhalers, creams and Glyceryltrinitrate (GTN) spray / tablets can be kept in the patient bedside locker for self-administration.

7.5 Items which require refrigeration, controlled drugs and drugs of diversion must be documented and stored appropriately.

7.6 POD's must not be used if, following assessment, they are not deemed suitable by the registered practitioner.

7.7 Medicines found to be unsuitable for use or no longer required should be returned to the patient and advice to return back to their community pharmacy for safe disposal. If this is not possible, obtain consent from the patient to destroy the medication on site using consent Form A in accordance with the relevant Standing Operating Procedures and Guidance covering pharmaceutical waste and controlled drugs.

7.8 Attempts should be made to establish if the patient has more medicines at home (MAH). If the registrant is confident that medicines held at home continue to have the same drug, form and dosage details, discussions may take place with the discharging prescriber as to whether that medication will be required upon discharge. Please advise the patient relatives or carer's to bring any medicines at home to hospitals as soon as they are admitted.

NB: if in doubt as to the nature of medicines held at home, discharge medicines should be supplied in the normal way

7.9 An over the counter product may be administered if it is prescribed on the appropriate documentation and the packaging is intact, in good condition and the product is in date.

7.10 When a change is made to the patient's prescription the medication must be re-dispensed and labelled by the dispensing pharmacy, as soon as possible. Medication including blister packs must be discarded utilising the correct procedure, as in 7.7.

Staff are not permitted to alter any instruction on a dispensed label.

8. Administration by Staff using Patients Own Drugs

8.1 When administering medicines from the patient's own supply the registered practitioner must follow the principles for the administration of medicines outlined in the medicines policy. All registrants must operate within their professional code and competency and adhere to organisational policies.

8.2 This includes checking the medicines in the locked cabinet or bedside locker are correct (name of patient and medication), and identified against the Prescription and Medication Administration Record and/or the authorisation sheet.

8.3 If a medication cannot be supplied immediately, medicines belonging to another patient must **not** be used.

8.4 Any medicines not given to the patient or omitted doses must be documented on the prescription chart.

9. Self-administration using Own Drugs

For patients who have been assessed and have signed an agreement to self-medicate, refer to the standard operating procedure

<http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Self%20Administration%20of%20Medicines%20in%20Comm%20Hospitals.pdf>

10. Returning Patient's Own Medication on Discharge

On discharge, the registrant will ensure:

- The medication is current with correct labelling.
- The medication is labelled for the patient.
- The patient has the correct medication, prescription and/or discharge summary.
- The medication has been checked by a registered staff nurse, or by a registrant if out of hours.
- The patient has had sufficient medication issued to cover them until they can obtain further supplies. If yes then endorse the TTA (To Take Away) prescription with POD in the pharmacy box to omit further supply being issued.
- The patient is aware of any new medicines and/or changes of dose, brand or route to their regular medication.
- The patient is given information leaflets or verbal information relating to their medication, whether current or new.
- All the medication is returned to the patient on discharge/transfer or consent is obtained for the disposal of the medication using Consent Form A on I-care.
- Advice is given to the patient, if they do not give consent for the disposal, on accumulating excess medication and the need to safely dispose of medication to avoid the potential risk of possible under dose/overdose.

N.B. Medication bought in by the patient **cannot** be taken into hospital stock as the quality cannot be guaranteed and it is important to be aware that these medicines are the property of the patient and must not be used in the treatment of another patient.

11. Incidents

11.1 All incidents relating to Patient's Own Drugs must be reported on the Datix system in accordance with the organisational Incident Reporting Policy.

11.2 The prescriber must be informed of any incident relating to the use of the Patient's Own Drugs.

12. Monitoring Tool

Each community hospital should develop monitoring procedures to show how it will monitor these SOPs.

Standards:

| Item | % | Exceptions |
|--|--|------------|
| All registered community staff to have knowledge of this SOP | 100% | nil |
| | | |
| How will monitoring be carried out? | Internal audit and signatory sheet | |
| When will monitoring be carried out? | Annually (or sooner if dictated) | |
| Who will monitor compliance with the guideline? | Service leads managerially responsible for delivering care | |

13. References

NICE Guidance: CG 76 Medicines Adherence January 2009.

Nursing and Midwifery Council; Standards for Medicines Management Aug 2007
reprinted August 2010.

Nursing and Midwifery Council. The Code. Standards of Conduct, Performance and Ethics for Nurses and Midwives 2008

Mental Capacity Act 2005

Plymouth Hospitals NHS Trust Medicines Management Procedures MM09 V2. Use of Patient own Drugs. (Feb 2011).

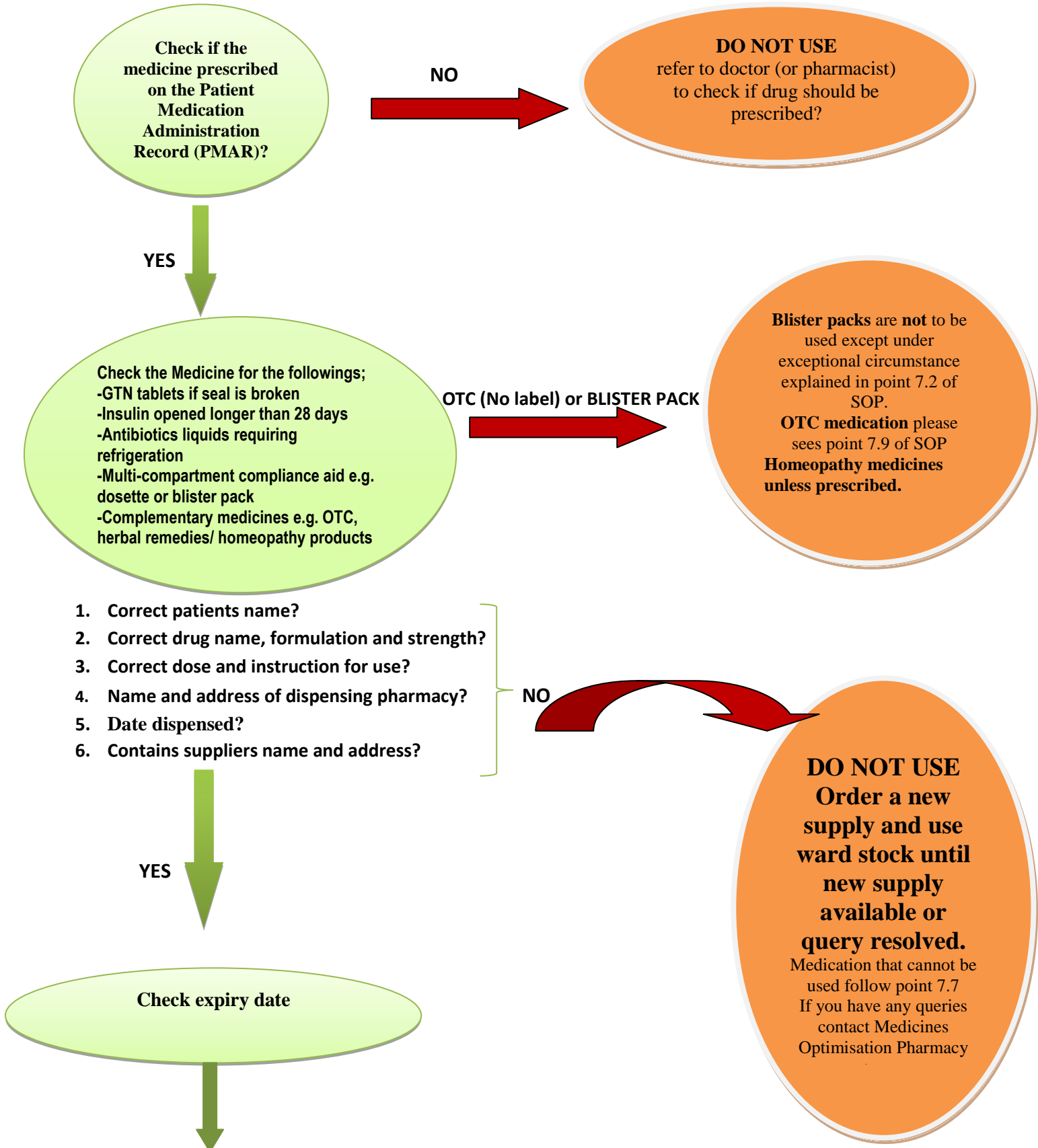
Nursing and Midwifery Council. The standards for Medicines Management
11/03/2015

Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
|-------|--------|---------------|---|----------------|
| V 1.0 | | October 2012 | Adoption of NHS Devon SOP | Paul Humphriss |
| V 1.1 | | October 2013 | Updated following consultation with matrons | Paul Humphriss |
| V 2.0 | | October 2013 | Ratified by Care & Clinical Policies | Paul Humphriss |
| V 2.1 | Draft | October 2015 | Two year review and update | Lynda Price |
| V 3.0 | | December 2015 | Ratified by Care & Clinical Policies | Ope Owoso |

Appendix A

Flow diagram for the Assessment and Use of Patients' Own Drugs (PODs)



1. If manufacturer's expiry is present is it in date?
2. 'Dispensed tablets in a bottle, creams/ointments or open bottle of liquid' was it dispensed within last 6 months – 28 days for a controlled drug?
3. If medication has finite life after opening
 E.g. eye Drops / ointments, insulin, some liquids (check packaging).
 Is it marked with the date of opening or an expiry date?

YES



Check identity and quality of drug

1. Positively identified all medicines in good condition?
2. Is there only one drug in each container?
3. Contents of the number of tablets are equal to or less than stated on the label?
4. Contents of all medicine are the same brand as stated in the box?

YES



OK TO USE

Annotate the (Patient Medication Administration Record) PMAR chart with POD in the pharmacy box

NO



NO

