Patients’ Own Medications
Policy Guideline

Version No.: 1.1
Approval date: 09 March 2018
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1. Policy Statement

Patients' Own Medications Policy Directive while allowing flexibility to suit hospital/health service requirements. A general overview of the patients’ own medications process is provided in Appendix 1.

Procedures and requirements regarding the use of patients’ own medications (POMs) should be incorporated into relevant Local Health Network (LHN)/health service procedures (or similar documents), e.g. patient admissions, medicine reconciliation, patient discharge. The specific responsibilities of individual staff members will vary between sites and this should be articulated in local procedures (or similar documents).

It is important that SA Health staff have access to information pertaining to patients’ current medicines, and have a safe and consistent approach to the use of POMs during their hospital admission.

This policy guideline is designed to promote safety and quality in the management and administration of medicines within SA Health, by:

- Facilitating access to comprehensive details of a patient's current medicines.
- Ensuring that POMs are only administered to patients where it is safe and appropriate to do so.
- Facilitating the detection of issues with patients’ current medicines.
- Ensuring POMs are safely and appropriately stored, transported and returned to patients or disposed of with consent.

2. Roles and Responsibility

2.1 Chief Executive, SA Health

Ensures services across SA Health are aware of this policy guideline.

2.2 Director, Medicines and Technology Programs and Out of Hospital Pharmacy Services, System Performance and Service Delivery

Establishes this policy guideline.

Ensures this policy guideline is maintained and periodically reviewed to ensure consistency with current evidence, legislation and best practice.

2.3 Chief Executive Officers
Ensure this policy guideline is distributed across their health services.

Ensure employees, contractors, students and consultants are aware of and have access to this policy guideline.

Delegate the day-to-day responsibility for ensuring local procedures (and other similar documents) are in alignment with this policy guideline to the relevant senior managers.

2.4 Executive Directors, Directors, heads of Service/Department and other senior managers

Ensure local protocols (or other equivalent documents) are implemented to support the management of patients’ own medicines in alignment with the principles of this policy guideline.

2.5 All SA Health employees, consultants, contractors and students

Adhere to the principles and aims of this policy guideline and ensure they operate in accordance with it.

3. Policy Requirements

3.1 Identification of POMs

3.1.1 POMs must be clearly identifiable to ensure that they are able to be returned to the patient where appropriate, as they remain the property of the patient. A single use Patient’s Own Medicines Bag (POMs bag) such as the single use, transparent, green patients’ own medicine bag should be used for storing and transporting POMs within and between LHNs/health services. If more than one bag is used for a patient they should be numbered accordingly, e.g. 1/2, 2/2.

3.2 Prior to Admission

3.2.1 Planned Admissions, including for day of surgery admission and same day procedures

3.2.1.1 LHN/health service staff attending pre-admission clinics or arranging patient admissions must provide patients with information advising them to bring all current medicines with them into hospital.

3.2.1.2 Patients should be provided with the patient information sheet Bringing Your Medicines into Hospital and a POMs bag to bring in their medicines.

3.2.2 South Australian Ambulance Service (SAAS) or Medstar retrievals
3.2.2.1 When retrieving a patient to hospital, SAAS or Medstar staff must collect POMs, where appropriate, and bring them with the patient in the ‘Patient Property Bag’ (or equivalent bag).

3.2.2.2 The collection of POMs must not compromise patient safety by delaying patient retrieval. If POMs cannot be located and collected in a timely manner, SAAS or Medstar staff may request that relatives or carers of patients bring POMs into hospital, where appropriate.

3.2.3 Presentations to the Emergency Department (non-SAAS)

3.2.3.1 SA Health employees (including consultants, contractors and students) contacted by patients or their relatives/carers regarding emergency hospital admissions are requested to advise the patient or their relative/carer to bring all current medicines into hospital on admission where possible.

3.2.3.2 Patients who have already arrived at hospital must not be asked to return home to collect POMs.

3.2.3.3 Relatives/carers may be asked to collect POMs on behalf of a patient and bring into hospital when visiting.

3.2.4 Patients transferring between hospitals/health services

3.2.4.1 When transferring a patient to another hospital/health service, staff should place all POMs (including new medicines issued by that hospital) and a copy of the patient’s current medicine chart into a POMs bag for transfer with the patient.

3.2.4.2 SAAS/Medstar staff transferring the patient should ensure to transfer POMs contained in the POMs bag with the patient and give it to the admitting staff at the receiving hospital.

3.2.5 Patients transferring to hospital from Residential Care Facilities (RCFs)

3.2.5.1 RCF staff must be asked to provide a legible copy of all of the patient’s current medicine chart(s) to the admitting hospital staff whenever patients are transferred from the RCF into hospital.

3.3 On Presentation to Hospital

3.3.1 When a patient arrives at a hospital/health service, admitting staff must ask patients to make their medicines available for documentation of medicine history by a pharmacist or other appropriately skilled health care professional (refer to section 3.5).

3.3.1.1 If a patient has arrived to hospital via SAAS/Medstar, SAAS/Medstar staff must provide any POMs collected to admitting staff.
If a patient has arrived from a RCF, the RCF is requested to provide the patient’s current medicine chart and any supplementary information to admitting staff.

If a patient has arrived at the hospital/health service with a POMs bag, admitting staff must collect and label the bag with the patient’s name and place a patient sticky label over the seal of the green bag with the signature of the person who has sealed it. POMs including inhalers, patches, creams and sprays may be retained with the patient for in-patient use, but must be assessed by appropriately skilled health care professionals for suitability for use (refer to section 3.5). Admitting staff must also check with the patient or carer if there are any other POMs that have not been brought into hospital in the POMs bag.

If a patient has arrived to the hospital/health service without a POMs bag, admitting staff should collate all the POMs brought into hospital and place in a POMs bag with the patient’s name and place a sticky label over the seal of the POMs bag with the signature of the person who has sealed it.

Any health care professional caring for the patient who requires access to POMs, e.g. doctor, pharmacist, nurse, midwife, must ensure that they are stored according to LHN/health services procedures (or similar documents) after use.

Admitting staff must document all POMs brought into hospital according to LHN/health service procedures (or similar documents). This may include a method of indicating that a patient has POMs stored at the hospital, e.g. a laminated card inserted in front of the patient’s medicine chart. This may also be recorded in the Medicine Management Plan.

Refer to sections 3.8 and 3.9 for guidance on managing POMs which are Restricted Schedule 4 medicines (RS4s) and Drugs of Dependence (Schedule 8 medicines) (DDs).

If illegal drugs are brought into the hospital/health service they must be handled in accordance with SA Health Drugs of Dependence Unit Guidance on Illegal Drugs within Health Services and LHN/health service procedures. The local branch of the police Criminal Investigation Branch (CIB) or the police Drug Action Team sergeant must be contacted.

3.4 Documentation of Medicine History

At the time of presentation or admission, or as early as possible in the episode of care, a pharmacist or other appropriately skilled health professional are recommended to use POMs to assist the documentation of a complete and accurate medicine history, in accordance with APAC Guiding Principle 4, outlined in Continuity in Medicine Management Handbook.
3.4.2 The medicine history will be used to inform medicine reconciliation and review.

3.4.3 Following documentation of medicine history, POMs may be sent home with the patient’s carer/relative. This must be documented in the patient’s case notes. Patient’s Own DDs and RS4 medicines must be sent home with the patient’s carer/relative where possible (see sections 3.8 and 3.9).

3.5 Assessment of POMs for In-hospital Use

3.5.1 If POMs are to be used (administered) during the patient’s admitted episode, a pharmacist or other appropriately skilled health care professional must assess the POMs according to LHN/health service procedure (or other similar documents) to ensure they meet the following requirements (POMs assessment checklist provided):

3.5.1.1 The medicine was prescribed for that patient. Medicine must only be used for whom it was originally dispensed.

3.5.1.2 The medicine must be able to be identified as that on the label (either from the original package or name and strength on the foil strip). Medicines dispensed in a bottle, e.g. liquids or unmarked tablets, must be assessed by a pharmacist or other appropriately skilled health professional and deemed safe for use.

3.5.1.3 Loose medicines, i.e. mixed supply contained in a bottle, compliance aid, (e.g. dosette or blister pack), must not be used unless they can be positively identified. If the number of tablets/capsules is clearly more than suggested on the label, indicating that the patient may have mixed several supplies, this medicine must not be used.

3.5.1.4 Where applicable, the label must be legible and state:
- Supplier details, i.e. dispensing pharmacy name or dispensing doctor’s name
- Patient’s name
- Drug name, form and strength
- Dose
- Quantity dispensed
- Date dispensed

3.5.1.5 If the dosage instructions have changed, then it is recommended that the medicine is re-labelled, where possible.

3.5.1.6 The medicine must be within the expiry date printed on the pack. If no expiry date is printed, the medicine must not be used.

3.5.1.7 The condition of the medicine and the container must be of good quality, i.e. clean, dry, with no sign of tampering, damage or contamination.
3.5.1.8 Medicines with specific storage instructions or short expiry once opened must only be used if clearly unopened and stored correctly, e.g. fridge items, eye drops.

3.5.1.9 If the medicine has been dispensed outside of Australia its use may be unlicensed and should be regarded as such. If the medicine is required for the continuation of therapy contact your pharmacy or pharmacist for advice.

3.5.2 The pharmacist or other appropriately skilled health professional is to identify medicines deemed suitable for use with a signed and dated ‘Approved for Hospital Use’ sticker and store accordingly.

3.6 Administration of POMs within the Hospital/Health Service

3.6.1 The decision to allow the use of POMs during admission will be made according to LHN/health service procedures (or other similar documents), taking into consideration any resource implications and ensuring that the Patients' Own Medications Policy Directive is adhered to. Use of POMs may be limited to situations where a patient urgently requires medicine that is unavailable from the hospital, or use of POMs in less urgent situations may also be permitted, such as for continuity of product, e.g. inhalers, creams, short-dated stock.

3.6.2 The decision to withhold or provide treatment using a POM must be considered within the context of risk versus clinical need.

3.6.3 POMs may be administered to patients during their admitted episode providing:

3.6.3.1 LHN/health service policy permits the administration of POMs to patients.

3.6.3.2 The treating health practitioner prescriber (HPP) has assessed the appropriateness and effectiveness of current medicine (with particular consideration of any problems associated with current drug therapy and current medical condition), and written continuing medicines into the patient’s medicine plan (discontinued medicines should also be noted and reviewed at discharge).

3.6.3.3 Consent for the use of POMs during the patient’s admitted episode must be obtained from the patient, relative or carer and recorded in the patient’s case notes, prior to administration.

3.6.3.4 Consent for the use of POMs during the patient’s admitted episode must be obtained from the patient or carer and recorded in the patient’s case notes, prior to administration.
3.6.3.5 The medicine has been assessed by an appropriately qualified health professional and labelled as being suitable for in-hospital use (refer to section 3.5).

3.7 Patient Self-Administration of POMs

3.7.1 Patient self-administration of medicines (patient's own or hospital supplied) must be in accordance with LHN/health service procedures (or other similar documents) relating to medicines self-administration.

3.7.2 Efforts should be undertaken to ensure that patients do not use medicines that have not been checked by the hospital, e.g. use of medicines hidden amongst patient’s belongings or brought in by a third party; however this should not breach patient privacy.

3.8 Patients’ Own Restricted Schedule 4 (RS4) Medicines

3.8.1 Patients’ own RS4 medicines must be returned home with a carer or relative where possible and documented in accordance with LHN/health service procedure.

3.8.2 Where patients’ own RS4 medicines are unable to be sent home or are required for in-hospital use they must be recorded and stored in accordance with LHN/health service procedures (or other similar documents); and the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive.

3.8.2.1 They must be recorded on the relevant RS4 form/register in accordance with LHN/health service procedures (or other equivalent documents).

3.9 Patients’ own Drugs of Dependence (Schedule 8 medicines) (DDs)

3.9.1 Patients own DDs must be returned home with a carer or relative where possible. It must be documented in accordance with LHN/health service procedures (or other equivalent documents) that the medicines have been sent home and with whom and this must be signed and dated by the relevant staff member as well as by the relative/carer.

3.9.2 If a patient’s own medicine is a drug of dependence (DD) (Schedule 8 medicine) dispensed as part of a Medication Assisted Treatment for Opioid Dependence Program (MATOD), e.g. methadone liquid or sublingual buprenorphine (with or without naloxone), discuss with your pharmacist before returning the medicine to the patient or carer, particularly if the date for administration has passed.

3.9.3 If Patients’ Own DDs are unable to be sent home or required for in-hospital use:

3.9.3.1 They must be recorded on the relevant DD form/register by two nurses/midwives (one being an RN/RM) or a nurse/midwife and a
3.9.3 The DDs should be placed in a POM bag with the patient’s label over the seal, unless required for immediate use. Both nurses/midwives/pharmacists must sign and date across the seal.

3.9.3.2 The parcel should be recorded in the DD count sheet and stored in the DD cupboard in accordance with state legislation and the Code of Practice for the Storage, Transport of Drugs of Dependence and LHN/health service local procedure (or other equivalent documents).

3.9.3.3 The receipt slip from the form should be stored with the patient as a reminder that patient’s own DDs need to be removed from the DD cupboard upon transfer.

3.9.3.4 The parcel should be recorded in the DD count sheet and stored in the DD cupboard in accordance with state legislation and the Code of Practice for the Storage, Transport of Drugs of Dependence and LHN/health service local procedure (or other equivalent documents).

3.10 Clinical Trial Medicines

3.10.1 If the patient is a subject in a clinical trial being conducted under the auspices of another institution, the principal investigator must be advised of the patient's hospitalisation. If the principal investigator wants the patient to continue on the medicine whilst admitted, then adequate information should be provided to the admitting consultant to enable him/her to decide if it is appropriate for the treatment to continue.

3.10.2 Where the treatment is to continue, the hospital medical consultant is responsible for making this decision and recording the treatment on the medicine administration chart. The hospital pharmacy must not re-issue clinical trial medicines; the patient's clinical trial supply is to be used.

3.11 Transportation of POMs

3.11.1 When a patient is transferred to another site within the hospital/LHN/health service, e.g. from ED to ward, or to another room:

3.11.1.1 Clinical staff must ensure that all POMs, including any medicines initiated during the admission, are placed in a POMs bag, sealed and labelled.

3.11.1.2 The POMs bag must be sealed and the patient's identification label should be placed over the seal with the signature of the person who has sealed it (i.e. nurse/midwife, pharmacist or doctor).

3.11.1.3 The sealed bag must be transferred with the patient.

3.12 Storage of POMs
3.12.1 POMs that have not been sent home must be stored in a secure area, in accordance with the storage requirements for the medicines, e.g. refrigerated, DD cupboard.

3.12.2 POMs must be stored and documented according to LHN/health service procedure (or similar documents) in a labelled POMs bag and if there is more than one bag, the bags should be labelled accordingly.

3.12.3 The location where POMs are stored will depend on site procedures based on local storage facilities and resources and should be documented.

3.12.4 Storage of POMs on Wards or in Patients’ Rooms

3.12.4.1 Hospital Clinical Staff must lock POMs (in a POMs bag) brought to the ward/room with a patient in the lockable bedside locker drawer or in a secured locked area on the ward and kept in the green POMs bag at all times.

3.12.4.2 If a patient has bypassed ED, they may have brought in their own medicines which should be placed in a POMs bag and stored and managed in the same manner.

3.12.4.3 Hospital Clinical Staff should document the location of POMs and use a method to indicate the patient has POMs stored at the hospital (e.g. insert a laminated card into the front of the patient’s medicine chart).

3.12.5 Storage of POMs in Theatre

3.12.5.1 POMs may be sent with patients to theatre, along with hospital medicines. In this situation, theatre staff will place them in a suitable transport container so that they stay with the patient during the peri-operative period. On discharge from recovery the POMs are handed over to ward staff and locked in the patient’s lockable drawer/ secured locked area.

3.13 Review and Return of POMs On Discharge

3.13.1 It is important that all patients’ medicines are reviewed prior to discharge by the pharmacist or other appropriately skilled health professional to ensure that patients receive the correct medicines that are in accordance with the discharge plan. This must include a complete review of a patient’s current medicine, in accordance with LHN/health service discharge procedures (or similar documents) and the APAC Guiding Principle 5, as outlined in Continuity in Medicine Management Handbook.

3.13.2 Clinical staff must to identify patients with POMs. A laminated POMs card could be inserted in front of the medicine chart as a reminder; however it is good practice to check for stored POMs to ensure POMs have not been missed.
3.13.3 The HPP or pharmacist is to review POMs brought into hospital to ensure they are still part of the current medicine regimen:

3.13.3.1 POMs that continue on discharge should be returned to the patient.

3.13.3.2 If it is considered clinically inappropriate to return medicines to the patient as they are not part of the ongoing therapeutic management plan, the patient will be asked to consent to their destruction, as POMs remain their property. If consent is not given for destruction the label should be crossed out, dated and recorded as stopped and the POM must be returned to the patient.

3.13.3.3 Any changes to the medicine regimen need to be communicated to the patient verbally and/or in writing either by the medical practitioner or pharmacist and re-labelled accordingly. The advice given to the patient with regard to their ongoing medicine needs and the patient’s subsequent acceptance or rejection of this advice should be documented in the patient’s case notes. If a patient is returning to a RCF, documentation of changes to the medicine regimen must be provided to appropriate RCF staff.

3.14 Medicines left at hospital/health service

3.14.1 The hospital should attempt to contact patients to collect items left at hospital, on the ward or in the pharmacy, or to consent to the disposal of these items and this should be recorded.

3.14.2 Medicines still in pharmacy from discharged/deceased patients should be reviewed and disposed of at the hospital (pharmacy department) discretion and recorded.
Appendix 1

**PRIOR TO ADMISSION**

- Patient is admitted to hospital via General Admissions or DOSA

**ON ADMISSION**

- Patient is admitted to hospital via ED
- Patient's own medications (POMs) are brought into hospital

- Are all POMs presented in a “POMs” bag?
  - Yes: Nursing/midwifery staff seal “POMs” bag with signed patient sticky label & document POMs brought into hospital as per hospital policy
  - No: Patient/carer requested to bring POMs into hospital

**INPATIENT STAY**

- POMs returned home with carer & documented
- POMs NOT suitable for hospital use
- POMs suitable for hospital use

- Hospital policy permits use of POMs within hospital & patient/carer consents to use?
  - Yes: Can POMs be returned home with carer?
  - No: POMs stored (in “POMs” bag) safety and security in accordance with recommended storage requirements

- POMs deemed suitable for hospital use labeled & placed in “POMs” bag
- POMs stored with hospital medications, in accordance with hospital policy (e.g., locked bedside drawer)

**DISCHARGE**

- Prior to discharge, Hospital Staff check if patient has POMs at hospital
- POMs returned to patient or destroyed (with consent)

**NOTES**

- DOBA, Day of Surgery Admissions; ED, Emergency Department; HCP, Health Care Professional; POMS, Patient’s Own Medications
4. Implementation and Monitoring

Chief Executive Officers will be responsible for implementation of this policy guideline to ensure health services within their control have systems in place for the appropriate management of patients’ own medicines.

General Managers, Executive Directors, Directors, Heads of Service/Departments are accountable for developing, implementing and monitoring local procedures (or equivalent documents) to support the management of patients’ own medicines.

5. National Safety and Quality Health Service Standards

6. Definitions

In the context of this document:

- **appropriately skilled and locally authorised health professional** means health professionals who are deemed by Local Health Network/health service procedure to be appropriately skilled to perform specific duties described in the policy guideline. Authorisation may apply to a category of healthcare professional (e.g. pharmacists and nurses/midwives) or may be applied to individual health professionals with appropriate skills to perform the duties, e.g. nurses/midwives who have been trained in assessing medicines for in-patient use). This is up to the health service/LHN to determine.

- **clinical trial medicines** means medicines that a patient has been provided as part of a clinical trial (research study) in which they are currently participating.

- **complementary and alternative medicines (CAMs)** mean medicinal products containing herbs, vitamins, minerals, and nutritional supplements, homoeopathic medicines and certain aromatherapy products (also known as ‘traditional’, ‘natural’ or ‘holistic’ medicines). Complementary medicines include traditional medicines, Ayurvedic medicines and Australian indigenous medicines. Further information is available in the
**Complementary and Alternative Medicines Policy Guideline**

- **current medicine** means all the medicine(s) that a patient is taking prior to hospital admission. This includes prescribed, OTC, complementary, alternative and clinical trial medicines. Also see Patient’s own medicines.

- **drugs of dependence (DDs)** mean medicines defined in the Controlled Substances Act 1984 (SA) as Schedule 8 poisons (controlled drugs). Controlled drugs are substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence\(^3\).

- **health practitioner prescriber (HPP)** means a health practitioner authorised to undertake prescribing within their scope of practice.

- **Medication Assisted Treatment for Opioid Dependence (MATOD) Program** means the opioid pharmacotherapy program operating in South Australia. The Program allows accredited and trained medical or nurse practitioners to prescribe methadone liquid or sublingual buprenorphine (with or without naloxone) to maintain/treat opioid drug dependence. MATOD is delivered through public providers such as Drug and Alcohol Services South Australia (DASSA), community prescribers (mostly general practitioners), and forensic prescribers.

- **over-the-counter (OTC) medicines** means medicines that may be sold directly to a consumer without a prescription. OTC medicines can be supplied as:
  - pharmacy medicines (included in Schedule 2 to the Poisons Standard);
  - pharmacist-only medicines (included in Schedule 3 to the Poisons Standard);
  - general sales medicines that are not included in any of the Schedules to the Poisons Standard\(^4\).

- **patients’ own medicines (POMs)** mean the medicine patients bring into the hospital at admission, or that is brought in from an external source at a later point during their stay in hospital. These are the current medicines that patients have been taking prior to their hospital/health service visit and may include prescription medicines, over-the-counter (OTC) medicines and complementary medicines.

- **prescription medicine** means medicine that may only be obtained with a written prescription from an authorised prescriber (e.g. medical practitioner, dental practitioner, nurse or midwife practitioner, or optometrist).

- **restricted Schedule 4 medicines** mean Schedule 4 medicines defined in the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive that require additional controls for their security and accountability.
7. Associated Policy Directives / Policy Guidelines & Resources

Associated Resources
Patient information sheet Bringing Your Medicines into Hospital Checklist Assessment of Patient’s Own Medicines for In Hospital Use

Relevant Legislation, Policies and Documents

Code of Practice for the Storage and Transport of Drugs of Dependence Complementary and Alternative Medicines Policy Guideline

Continuity in Medicine Management Handbook

Continuity in medicine management SA APAC Indicators May 2010

Controlled Substances Act 1984 (SA) Patients' Own Medicines Policy Directive

The Poisons Standard (the SUSMP)

Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive

References


2. Therapeutic Goods Administration (TGA), The Poisons Standard (the SUSMP)


8. Document Ownership & History

Document developed by:  Medicines and Technology Programs
File / Objective No.:  2017-108681 | A587358
Next review due:  09/03/2023
Policy history:  Is this a new policy (V1)?  N
                Does this policy amend or update an existing policy?  Y
                If so, which version? V1.0
                Does this policy replace another policy with a different title?  N

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
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<tr>
<td>09/03/18</td>
<td>V1.1</td>
<td>Lynne Cowan, Deputy Chief Executive</td>
<td>Updated to include information on managing patients' own medicines that are restricted Schedule 4 medicines. Also to include information on managing patients' own medicines that have been dispensed as part of a Medication Assisted Treatment for Opioid dependence (MATOD) Program.</td>
</tr>
<tr>
<td>30/01/13</td>
<td>V1.0</td>
<td>Portfolio Executive</td>
<td>Original Portfolio Executive approved version.</td>
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ISBN No.: 978-1-76083-001-4