



ST. JOSEPH'S CARE GROUP

Client own medications

POLICY

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Manual: Global Clinical Manual

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Section in Manual: Client Issues

Approved by: MMC, PAC, GCPP, P&T, MAC, NQPC, CSPIQC

Cross References: CL-04-020, PHA-01-105, PHA-02-001, PHA-06-041, CL-01-080, CL-02-173

Purpose

The purpose of this policy is to provide clear guidance to clinical staff and prescribers on the identification, storage, security, disposal and use of client own medications or supplements.

Policy Statement

In order to mitigate risk of harm to clients or staff members, all prescription or non prescription medications and supplements brought in by clients and families are subject to SJCG safe medication management process: identification, documentation, storage, administration, client monitoring and disposal.

All medications and supplements MUST be

- in the original package/container
- approved for use by a prescriber (physician, nurse practitioner) who has prescribing privileges at any of SJCG programs
- Medications not ordered for use will be collected by client's primary nurse in hospital (or other primary healthcare provider in outpatient setting) and returned

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to the client's designate or disposed of, as detailed in the procedure section.
Nursing to document the items collected, using the tracking form PH-8.

- In exceptional cases, if not able to return to client designate on admission, notify the unit manager. Medications are to be stored in a secure area until arrangements can be made for the client or their designate to take them home. Refer to Nurse Procedure #3c.

Some medications require specialized setting and training and therefore cannot be safely administered in SJH or live in programs setting.

Scope

This policy applies to all clients admitted to SJCG inpatient or live in programs and outpatient programs where medications are administered by registered staff members (Nurses)

This policy applies only to products approved by Health Canada and assigned a DIN, NPN or DIN-HM

Definitions

Client's designate - a person selected by the client to receive and remove personal belongings including home medications from the hospital. If the client does not have the capacity to name a designate the legal substitute decision maker or power of attorney will act as the client's designate.

DIN – A Drug Identification Number (DIN) is a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

DIN-HM- A drug identification number for Homeopathic medicine.

MAR- Medication Administration Record

Medication- drugs authorized for sale by Health Canada and assigned a drug identification number (DIN)

NPN-The NPN is an eight-digit number that indicates the natural health product has been approved by Health Canada and is safe, works, and is of the high-quality. All products with a Natural Product Number are licensed for retail in Canada.

Prescriber – physician or Nurse Practitioner with prescribing privileges at SJCG

SJCG- St Joseph's Care Group

SJH – St Joseph's Hospital

Supplement- products approved by Natural and Non-prescription Health Products Directorate (NNHPD) of Health Canada and assigned Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM)

Procedure

Physician

1. Prescriber will order medications according to policy [PHA-01-105 Acceptable Medication Orders](#).
 - a. Order for non-formulary medications that are not subject to an [Auto-substitution policy PHA-02-001](#) will be interpreted as an order to use client's own medication, with nursing to administer.
 - b. Pharmacists available for consultation regarding formulary alternatives
2. Physicians may authorize clients to self administer medications or supplements and store at bedside, in accordance with policy CL-04-020 Self-Administration of Medications.

Nurse

1. Nurse will identify the medication or supplement ordered for use, check the expiry date of the product according to product labelling, and verify with the prescribers order.

2. If unable to identify the product, nurse will bring the medication(s) and supplement(s) to pharmacy for identification and verification at the earliest time, mutually agreed upon. **Exclusions:**
 - a. Client own medications not in the original package, or compounded products, or products not approved by Health Canada (without DIN/DIN-HM/NPN), due to inability to verify content accurately.
 - b. Client own medications in outpatient programs.
3. Nurse will store client own medication(s) or supplements according to product labelling and physician order:
 - a. Refrigerator for client own medications located in Medication rooms in the hospital setting and (for products requiring refrigeration)
 - b. Locked medication cabinet in Medication room (for products that can be stored at room temperature).
 - c. Lockable box in the locked medication cabinet if medication identified as a narcotic or controlled substance, to prevent diversion. Witnessed medication count must be done on every shift, to prevent diversion and keep track of the controlled /narcotic stock. Nurse to use the tracking sheet provided by pharmacy (PH-7) to document the count. Lockable boxes and forms are available from pharmacy department upon request. Lock box, and count sheet are to be returned to pharmacy when client is discharged.
 - d. At client's bedside, if ordered for self administration by prescriber in accordance with CL-04-020 Self-Administration of Medications.
4. Medication and supplement administration
 - a. Nurse will follow all global and nursing-specific policies and learning packages for medication administration, including:
 - i. Policy NUR-H-010 for High Alert Medications
 - ii. [Hazardous drug handling short reference](#) or [NIOSH List of Antineoplastic and Other Hazardous drugs](#) posted on the Intranet
 - iii. [Hazardous Drugs in Healthcare Settings toolkit](#) on the Intranet
 - b. Nurse will notify the prescriber and file an incident report if there are any missed doses. Missed doses of specialty medications (i.e. Cancer drugs) will

- also be communicated to the appropriate prescriber (for example cancer center where applicable)
5. Obtaining additional supply of client own medications or supplements
 - a. Nurse will proactively request stock to prevent therapy interruption by:
 - i. informing client or client's designate to bring in additional supply, **or**
 - ii. contacting the client pharmacy directly to request supply, if client or client's designate unable, unavailable, or unwilling to do so, **or**
 - iii. contacting MRP or original ordering prescriber to obtain refills as required.
 6. Disposal - medications and supplements that are no longer needed for client use are to be returned to the clients designate or safely disposed of.
 - a. Nurse to dispose client's own medications in the unit or clinic, using sharps container or pharmaceutical waste container, **with the exception of narcotics and controlled substances.**
 - b. Client own medications are **not** to be brought to inpatient pharmacy at St. Joseph's hospital for storage nor disposal, **with the exception of narcotics and controlled substances.**

7. Narcotic and controlled substances not ordered for use during admission:

- a. On admission or immediately upon discovering client own medication, the client designate is asked or notified to take the medication home as soon as possible and confirm pick-up time. Inform client delegate that medications will be stored for 72 hours and if unable to be picked-up, the medication will be disposed of.
- b. If client designate is not able to immediately take home client's own narcotics or controlled substance, notify manager. Manager to determine if 72 hour timeframe is appropriate for storage or if exceptional circumstances should be considered for an alternate length of time, prior to disposing.
- c. A witnessed medication count to be done initially, and the medication vials to be sealed with tamper resistant tape, and placed in a tamper evident bag, and documented on the tracking form (CF-370) available from the print-shop or on

the Intranet. The nurse is to securely store the narcotics/controlled substances in a lockable box in the locked medication cabinet.

1. If disposal is required, medications are to be brought to pharmacy for destruction during business hours along with the tracking form.
2. Nurse to document an FDARP note in the client's electronic health record and communicate client own medication requiring count/monitoring in the end of shift Meditech intervention. Document the return of medication to client's designate, or return to pharmacy for disposal.

Pharmacist

Exclusions: outpatient clients, compounded products, products not approved by Health Canada (without DIN/DIN-HM/NPN), products not in original packaging.

1. Identification – pharmacist will identify client own medication, when brought down to pharmacy department.
2. Documentation- pharmacist will document any relevant information in the comment section of the medication on the MAR, for example:
 - a. "High Alert medication"
 - b. "Hazardous medication" (NIOSH or other reference)
 - c. "Requires refrigeration"
 - d. Any additional information provided to pharmacy by physician or nursing, (i.e. name/phone number of dispensing pharmacy and refill provider)
 - e. Pharmacist to indicate any specific handling or administration techniques where appropriate
3. The pharmacist will review client own medication orders for accuracy appropriateness. The review includes:
 - a. Appropriateness of the medication
 - b. Dose, frequency, and route of administration
 - c. Therapeutic duplication
 - d. Actual or potential allergies or sensitivities

- e. Actual or potential interactions
 - f. Variations from the medication's intended use
 - g. Any other medication-related issues or concerns
4. Storage and disposal- all client own medications to be stored and disposed of in the client care area. Pharmacy department can not store or dispose client own medications.

Related Practices and/or Legislation

Accreditation Canada, Medication Management standards. 2021.

Ontario College Of pharmacists, Hospital pharmacy assessment criteria, 2022.

References

1. Medication-Administering Medications Brought form home, TBRHSC Policy and Procedure, PAT-3-30.
2. Medications-Non-Formulary and Use of Personal, TBRHSC Policy, PAT-3-42.