



<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	8/18/16
<b>Sub-section</b>	Medications		
<b>Policy</b>	Patients' Own Medications	<b>Last Revised:</b>	9/13/16
<b>Policy #</b>			
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Leslie Lundt, MD		
<b>Supersedes:</b>	New policy	<b>Audit Date:</b>	9/13/19

## 1. PURPOSE/SCOPE

- 1.1. To provide standards and procedures for the safe inventory, management and administration of a patient's own medications stored at the Psychiatric Health Facility (PHF).
- 1.2. To support continuity of care and ensure PHF patients continue medication regimens as prescribed by external physicians.
- 1.3. To ensure the PHF's medication management policies are in compliance with all federal and state laws and standards of professional practice.

## 2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed Nursing Staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).

## 3. POLICY

- 3.1. LNS will inventory and store medications brought to the PHF by a patient and/or family, even if they are not to be administered during the patient's hospital stay. All medications must be in their original packaging (pharmacy vial or bubble pack), inspected and identified prior to administration to a patient at the PHF.
- 3.2. LNS will document all medications received at admission on the *Patient's Own Medication Record* (see Attachment A).
- 3.3. All patients' own medications will be physically inspected and verified by a contracted pharmacist or PHF psychiatrist/physician prior to administration.

- 3.4. The use of a patient's own medication is strictly limited and determined on a case-by-case basis. Use may only be approved if a medication or similar drug with the same efficacy is not available through the pharmacy. If a patient's medication can be procured from the pharmacy, LNS will store the patient's own medication in a designated location in the PHF medication room until discharge.
- 3.5. Approval to continue a patient on his/her own medications is at the discretion of the treating PHF psychiatrist/physician.
- 3.6. No drug will be ordered for administration if not approved by the Federal Drug Administration (FDA), including homeopathic and herbal remedies and botanical products.
- 3.7. Medications will only be provided to the specific patient for whom they are prescribed to and labeled for.

#### 4. **MEDICATION INSPECTION AND VERIFICATION**

If the PHF is unable to procure a prescribed medication prior to the patient's need for the medication, or if in the judgment of the treating PHF psychiatrist/physician the patient requires the FDA-approved medications he/she brought, LNS will institute the following procedures at admission:

- 4.1. Obtain a medication order from the patient's PHF psychiatrist/physician. The order must indicate the medication is owned by the patient.
  - a. Prior to any medication administration, obtain informed consent for psychotropic medications ordered by the PHF psychiatrist.
- 4.2. Ensure the medication is in its original container and that the medication's label includes at least the following information:
  - a. Patient name;
  - b. Name of prescribing psychiatrist/physician or other qualified healthcare professional;
  - c. Issuing pharmacy name, address and phone number;
  - d. Prescription number;
  - e. Name and strength of the medication;
  - f. Quantity originally dispensed;
  - g. Date the medication was dispensed;
  - h. Route of administration;
  - i. Lot number and expiration date of the medication;
  - j. Directions for use, including frequency; and
  - k. Any warnings or precautions to the patient regarding use of the medication.

- 4.3. Contact the contracted pharmacist to notify him/her of a patient's medication requiring inspection and verification. Coordinate to have the medication picked up during the next scheduled delivery time.
- If a medication is needs to be administered immediately, the medication can be inspected and verified by a PHF psychiatrist/physician.
  - If medications are sent to the contracted pharmacist for inspection and verification, the medications will be returned to the PHF during the next scheduled delivery regardless of whether or not they could be verified for administration.
- 4.4. The contracted pharmacist or psychiatrist/physician will physically inspect the medication and container and will verify the following:
- Medication label information as indicated in Section 4.2 above.
  - Quality and condition of the medication and container (i.e. not expired, exposed to moisture, deteriorated, altered, container damaged, label illegible).
    - If the medication and/or the container has been compromised as indicated above, the medication cannot be verified for administration.
  - A description of the color, shape, size and markings on the medication.
    - Liquids or other non-marked dosage forms will not be administered due to the inability to verify the identity and quality of the substance.
- 4.5. If the identity and integrity of the medication cannot be verified, the medication may not be provided to the patient.
- 4.6. Document the verification on the physician's order form. Documentation must include the following information:
- Name of person notifying contracted pharmacist or psychiatrist/physician;
  - Date and time of the notification; and
  - Name of the verifying contracted pharmacist or psychiatrist/physician.
- 4.7. Document the verification on the patient's Medication Administration Record (MAR). Documentation must include:
- Date of the notification; and
  - Name of the verifying contracted pharmacist or psychiatrist/physician.
- 4.8. Count and inventory the number of pills or medication amount received. Document this information on the *Patient's Own Medication Record* (see Attachment A). This record will be placed alongside the patient's MAR.

- 4.9. Store medications in the designated section of the medication room.
- a. If a patient's own medication is a controlled substance, the medication will be stored and secured with other controlled substances. LNS will count, monitor and log these medications daily per the PHF "Controlled Medications" policy.
  - b. Unverified medications and medications that will not be administered at the PHF will be stored in a designated location, separate from other patients' medications, in the medication room.
- 4.10. When a patient's own medication is given, document the administration on the MAR.

## 5. **MEDICATIONS NOT ADMINSTERED DURING PHF STAY**

At admission, if a patient brings personal medications to the PHF that **will not be administered** during his/her stay, LNS will:

- 5.1. Document the following information on the *Patient's Own Medication Record* (see Attachment A):
  - a. Patient name, date of birth and patient identification number;
  - b. Date medication received;
  - c. Medication name and dosage;
  - d. Route of administration;
  - e. Quantity of contents (i.e. number of pills, amount of liquid);
  - f. Diagnosis or indication for use; and
  - g. Signature of staff receiving medications.
- 5.2. Place all medications into a clear plastic, tamper-proof security bag. Place a patient identification sticker on the security bag.
  - a. Controlled substances must be stored in a separate security bag.
- 5.3. Store the security bag in a locked section within the PHF medication room separate from medications currently administered.
  - a. Controlled substances must be stored in the double locked section of the medication room.
- 5.4. Place copies of the completed *Patient's Own Medication Record* in the Narcotic's Binder under the "Patient's Own Medication" tab and patient's medical chart under the "Discharge" tab.

## 6. **MEDICATIONS RETURNED AT DISCHARGE**

- 6.1. Medications returned at discharge require a physician's order. Only LNS can remove medications from the medication room. Controlled substances require two (2) LNS signatures with one of the LNS being the charge nurse.
- 6.2. Medications returned to the patient must be documented on the *Patient's Own Medication Record* (see Attachment A). Quantities returned must be verified and documented by LNS. The patient's signature will be obtained to indicate receipt of medications.
- 6.3. LNS will ensure the patient is aware of any medication changes made during the hospital admission.
  - a. Medications that are discontinued or expired will be disposed of per medication disposal procedures.
- 6.4. In the event a patient leaves without his/her own personal medications, a PHF social worker will attempt to contact the patient and/or coordinate with outpatient services to return the medications.
- 6.5. If a patient does not claim his/her medications within seven (7) days after leaving the PHF, the medications will be considered as abandoned by the patient. Abandoned medications will be disposed of per medication disposal procedures.

## **ASSISTANCE**

Charlotte Balzer-Gott, RN, PHF Nursing Supervisor

## **REFERENCE**

California Code of Regulations – Social Security  
*Title 22, Section 77079.8*

Code of Federal Regulations  
*Title 42, Section 482.23(c){6}{ii}*

## **ATTACHMENTS**

Attachment A – *Patient’s Own Medication Record*

## **RELATED POLICIES**

Controlled Substances

Medication Disposal

## **REVISION RECORD**

<b>DATE</b>	<b>VERSION</b>	<b>REVISION DESCRIPTION</b>
9/13/16	1.1	<ul style="list-style-type: none"><li>• Clarified that contracted pharmacist or PHF psychiatrist/physician is responsible for physically inspected and verifying patients’ own medications.</li><li>• Explained process for sending medications to contracted pharmacist for inspection and verification.</li><li>• Added storage and management requirements in the event that patient’s own medications are controlled substances.</li></ul>

### ***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*

