NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 5	
Patients Own Drugs	
Approved by: ADTC Safer Use of Medicines Committee	June 22
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5.1 General principles

5.1.1 Patients own drugs may be brought into the ward / clinical area by the patient or patient's representatives or ambulance crews. Patients' representatives may bring medication in to hospital after the patient has been admitted.

5.1.2 On admission to a clinical area all patients (or their representative) should be asked if they have any medication with them / in their belongings. To ensure safety and security all PODs should be stored securely e.g. in the locked bedside POD locker / CD cupboard etc.

5.1.3 Where appropriate, PODs should be used during the inpatient period for the purpose of medicines administration following agreed processes. All medicines brought into hospital by patients remain their own property. The patient (or their representative) must give consent for PODs to be used or for their disposal (verbal consent is sufficient). Any cases of explicit non-consent should be documented appropriately e.g. in nursing notes.

5.1.4 Nursing, midwifery, pharmacy or medical staff assessing PODs must be satisfied that the medicine has been prescribed for that patient and the medicine is fit for purpose.

5.1.5 Careful consideration should be given to returning PODs to patients' representatives during the patients stay. Controlled Drugs must not be routinely returned to patients' representatives during the in-patient stay.

5.1.6 On no account should PODs be mixed with ward, theatre or department stock or be administered to another patient.

5.1.7 Where PODs need to accompany a patient who is being transferred to another ward, they must be placed in an appropriate container / bag and given to staff transferring the patient for handing over to the receiving staff. Responsibility for the safe keeping of the PODs lies with the member of staff carrying out the transfer.

5.1.8 Where the responsibility for a patient is transferred from one nurse / midwife or other clinician to another, or from one clinical area to another, then the nurse / midwife or other clinician receiving the patient must check that all PODs that have been transferred are appropriate for the patient. The

responsibility for security of the PODs is also transferred to the receiving nurse / midwife or clinician. This is part of the series of checks that are required at transfer.

5.1.9 In certain circumstances, parents, relatives or carers of patients may be resident in hospital (to support the patient etc.) and they themselves may require to take regular medication. Local SOPs should be followed for the storage and security of these medicines belonging to the parents, relatives or carers. Particular attention must be paid to drugs liable to misappropriation / CDs. Every possible effort should be made by the parent, relative or carer to store and take their medicine outwith the clinical area / hospital, if possible.

5.2 Documentation of Patients Own Drugs

5.2.1 A list of PODs brought into hospital should be recorded in locally agreed documentation (e.g. nursing notes) – where this is practically not possible a list of any PODs deemed "desirable" within that clinical area should be made (following locally agreed SOPs).

5.2.2 If PODs have to be sent to pharmacy for destruction this must be with the patients or patients representative's consent (verbal is sufficient). Any explicit non-consent must be documented e.g. in the nursing notes. All medicines returned to pharmacy must be accompanied by a Medicines Returned to Pharmacy form – explicit quantities of each medicine are not required to be documented on this form unless the medicine is deemed liable to potential abuse e.g. benzodiazepines / codeine containing analgesics.

Controlled Drugs : Additional Requirements

5.2.3 Where it is necessary to store and / or administer a patient's own CD to them while in hospital this must be documented appropriately. Some areas may use a dedicated "Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions" - guidance on use of this is located at the front of each register and should be followed. The following guidance applies only in areas that are NOT using the dedicated Patients Own CD register –

- A separate page of the CD register should be used to allow each dose administered to be recorded in the normal manner. The CD will have been logged in on admission to the ward / department in the "Patient's Own Controlled Drugs In" page. On the opposite page, "Patient's Own Controlled Drugs Out", the entry should state "Transferred to page xx for in-patient use".

- Details of patients own CDs brought into hospital must be entered into the Ward Controlled Drugs Register. One page of the register should be headed "Patient's Own Controlled Drugs In". The opposite page should be headed "Patient's Own Controlled Drugs Out". The patient's name and

CHI number, and name, form, strength and quantity of the CDs should be recorded at receipt and on return to the patient or on destruction of the CD, if no longer clinically indicated, by the pharmacist at ward level.

- On the page headed “Patient’s Own Controlled Drugs In” the entry must state the date, time received, patient’s name, drug name, form, strength and quantity received, and balance (e.g. “…Sevredol tablets 20mg, 22 tablets”). If more than one CD is brought in it should be recorded on a separate line.

- When patients are transferred between wards their own medicines and CDs should accompany them. CDs should be written out of the Ward Controlled Drugs Register (on the “Patient’s Own Controlled Drugs Out” page), stating where the patient is being transferred to and then written into the receiving ward’s Controlled Drug Register (on the “Patient’s Own Controlled Drugs In” page). The CDs should be transported in a sealed, tamper evident container.

- Where it is clinically appropriate to return CDs that have not been used during the in-patient stay at point of discharge / pass, an entry must be made on the opposite page headed “Patient’s Own Controlled Drugs Out”, on the same line. The entry must state date, time issued, patient’s name, drug name, form, strength, quantity issued (e.g. “…Sevredol 20mg tablets x 22 supplied”).

5.2.4 When patients are transferred between clinical areas any patients own CDs should transfer to the new area and be appropriately documented out-of and in-to the relevant CD register of each clinical area.

5.2.5 At the point of discharge appropriate documentation must be made in the relevant CD register confirming the quantity / form / strength of any patients own CDs returned to the patient (or their representative) and describing who the CDs were returned to.

5.2.6 Where it is inappropriate to return patients own CDs at point of discharge, e.g. no longer clinically indicated /strength inappropriate, pharmacy must be contacted to destroy the POD CDs at ward level.

5.3 Assessment of Patients Own Drugs

5.3.1 A nurse / midwife, pharmacist or pharmacy technician must take reasonable steps to ensure that a patient’s own medicine is suitable before it is used in a clinical area, or re-issued at discharge. This will include the following checks:

- The medicine is in the original dispensing pack, or in a blister strip containing the medicine name, strength and expiry date.
- For medicines in the original dispensing pack, the label and the contents of the pack must correspond and they must have been dispensed for the patient in question within the last 3 months.
- There are no visible signs of deterioration.

- The medicine has not expired if the expiry date is on the blister strips, or, if no expiry date is available it must be within 3 months of the date dispensed.
- Medicines are not mixed in the container.

5.3.2 Only medicines complying with the above criteria should be used during the in-patient stay or returned to the patient, when clinically appropriate, at point of discharge. Any medicines deemed unsuitable for use should be quarantined from the rest of the PODs and appropriate documentation / records kept (e.g. in nursing notes). The patient should be informed that the medication will not be used and consent sought for destruction (where appropriate). .

5.3.3 Multi-compartment devices, (compliance aid / dosette boxes) should not routinely be used for administration during the in-patient stay. Multi-compartment devices must only be used if the patient is at clinical risk if a medicine is omitted and an alternative supply is not available in the short term. Nursing staff administering the medicine must be able to positively identify the medicine required for administration contained in the multi-compartment medication device.

5.4 Storage of Patients Own Drugs

5.4.1 PODs should be stored appropriately and securely in the ward / clinical area throughout the patient's stay (e.g. medicine cupboard / controlled drug cupboard, POD locker or refrigerator) either for use while in hospital or to be returned at point of discharge, if clinically indicated.

5.4.2 In certain circumstances medicines may be stored at a patient's bedside to facilitate administration (including self-administration) outwith the POD locker e.g. salbutamol inhalers, GTN prays etc. Local SOPs will apply.

Controlled Drugs : Additional Requirements

5.4.3 After recording the receipt of patients' own CDs in the Ward Controlled Drugs Register (or the Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions) CDs must be locked in the ward controlled drugs cupboard (unless the patient is self administering CDs, where a local risk assessment should be undertaken and suitable storage arrangements made for the CD that assures safety and security without compromising patient care).

5.5 Return of Patients Own Drugs at Point of Discharge

5.5.1 PODs can only be returned to the patient at the point of discharge if:
- The medicine is still prescribed on discharge AND
- The medicine is appropriately labelled with the current dose AND.

- The PODs are still in date.

5.5.2 Providing the patient has at least 7 days supply of their own medicines which are in date, are clinically indicated and are fit for use, they should be re-issued at point of discharge. Further supplies should not be ordered from pharmacy. The medicines should be prescribed in the usual manner on the IDL / Discharge Prescription / Pass Prescription and annotated as “Patient’s Own Drugs”.

5.5.3 If a patient brings in a multi-compartment device and there are no changes to their medicines during the in-patient period an appropriately trained staff member should assess if the patient’s own device can be returned to the patient for use on discharge, considering:

- The number of days supply remaining.
- The origin of the device, e.g. local pharmacy / filled by patient or family member.
- If issuing a part used device may cause confusion / worsen compliance.
- In most cases, it is more appropriate to issue a freshly filled multi-compartment device.

5.6 Destruction of Patients Own Drugs

5.6.1 The patient or their representative must consent prior to the destruction of PODs (verbal consent is sufficient). If the patient (or their representative) refuses consent for destruction of PODs which are no longer clinically indicated, or otherwise unsuitable for use, this must be documented in the medical notes. If appropriate, medical staff and the patient’s GP should be informed and resolution sought.

5.6.2 All PODs (excluding CDs) not being returned to patients must be returned to pharmacy for destruction. The PODs should be accompanied by a Medicines Returned to Pharmacy form, which must state the patient’s name and hospital / CHI number and list all PODs sent for destruction. Detailed quantities of each medicine returned are not generally required to be included on this form, unless the medicine is deemed liable to potential abuse e.g. benzodiazepines / codeine containing analgesics.

Controlled Drugs : Additional Requirements

5.6.3 POD CDs must not be returned to pharmacy for destruction. They must always be destroyed at ward / department level.

5.6.4 A pharmacy staff member and a registered nurse / midwife from the clinical area must witness the destruction of patients’ own CDs at ward level. The destruction must be recorded in the Ward Controlled Drugs Register / Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions (as appropriate).