

Use of patients' own medicines in NHS Lothian premises including hospitals



Purpose of this procedure:

The aims of this procedure are:

- To enable a more accurate medicine history to be obtained on admission.
- To utilise patients' own medicines and minimise errors in prescribing.
- To reduce the potential for duplication of medicine supplies and consequent errors.
- To avoid missed doses and continue the use of brands of medicine which are familiar to the patient as appropriate.
- To reduce unnecessary destruction of patients' own medicines and associated financial waste.
- To support one stop dispensing and provision of appropriate patient information in line with legislation.
- To reduce delays in the provision of medicines on admission and on discharge.

The Procedure:

1.0 Pre-Admission

1.1 Elective patients must be encouraged to bring in their own medicines from home. Each clinical area will facilitate this in ways that are readily incorporated into existing systems for sending out pre-admission information.

2.0 Admission

2.1 On admission, all patients admitted directly from home, another hospital or nursing home must be asked if they have brought their medicines with them. Any medicines remaining at home should be brought in by a relative, carer or parent at the next visit if possible. This includes medicine compliance aids (MCA) and Medicine Administration Record (MAR) charts. The medicines must then be locked in the patients' lockable medicine cabinet, medicine trolley or locked cupboard and assessed at the earliest opportunity.

2.2 If the patients' own medicines include a Schedule 2 or 3, subject to safe custody, controlled drug (CD) an entry must be made in the Patients' Own Controlled Drug Record Book and the CDs stored in the ward CD cabinet. Patients' own CDs are subject to the same procedures as ward stock CDs e.g., balance checks, recording keeping etc. Refer to 1.17 Management of Patients' Own Controlled Drugs in Controlled Drug Procedures, for further information. [Controlled Drugs Procedures \(nhslothian.scot\)](https://www.nhs.uk/lothian/controlled-drugs-procedures)

2.3 Provided **consent** has been obtained patients' own medicines may be:

- Stored on the ward
- Used on the ward
- Destroyed using agreed processes as appropriate.
- Returned to the patient's home with a relative or carer after pharmacy staff have assessed and documented them.

3.0 Consent

- 3.1 Medicines brought from home remain the patient's property and consent for their use should be obtained and documented in the patient's healthcare record by the admitting nurse, clinical pharmacist, pharmacy technician or appropriately trained pharmacy support worker as soon as possible. Where the patient cannot provide consent, alternative consent processes should be considered on an individual patient basis. Refer to *NHS Lothian Policy Online* for access to NHS Lothian consent policies [Consent Policy \(nhslothian.scot\)](https://www.nhs.uk/lothian/consent-policy).
- 3.2 Consent must be obtained for the use or destruction of patients' own medicines. Patients have the right not to agree to the use or destruction of their medicines. When this occurs, the medicines must never be used or discarded.
- 3.3 If consent for use or destruction is **not** given, this must be documented in the patient's healthcare record.
- 3.4 If patients' own medicines are considered unsuitable for use, the nurse, pharmacist, pharmacy technician or pharmacy support worker must advise the patient that the medicines are of an unsatisfactory quality, of the associated risks, and request permission to have them destroyed. Pharmacy support workers should seek advice as appropriate from a pharmacy technician or pharmacist.

4.0 Storage of Patients' Own Medicines – Lockable Medicine Cabinets

- 4.1 With the exception of refrigerated medicines and schedule 2 or 3, subject to safe custody, CDs, patients' own medicines are kept in lockable medicine cabinets either attached to or integrated into the patients' bedside locker or attached to the wall. Each medicine cabinet has its own lock, avoiding the potential problem of access by non-authorized persons. Each medicine cabinet can be opened by a master key or an individual key for that specific locker. The nurse in charge is responsible for the safe keeping of all keys. Individual keys are required for patient self-administration of medicines. Patients should never hold a master key.
- 4.2 Any items removed from the patients' lockable medicine cabinet for storage purposes must be clearly marked with the patient's name and CHI number.
- 4.3 The medicines of a patient refusing to give consent must be placed in a bag and clearly marked that they are not for use and must be stored in a secure manner, so they do not present a risk to other patients, i.e., in a locked cupboard to which only authorised persons have access. Following risk assessment, the medicines must be returned to the patient on discharge or with the patient's permission, can be sent home prior to this with a relative or carer.
- 4.4 Patients' lockable medicine cabinets must be checked to ensure that they are empty at point of patient discharge or transfer and cleaned between each patient's use.

5.0 Refrigerator Medicines

- 5.1 Patients' own medicines requiring refrigeration (i.e., medicines labelled as such, or identified as store between 2-8°C) must be stored in a locked medicine refrigerator. All medicines must be labelled appropriately with the patient's name and CHI.

6.0 Schedule 2 or 3, subject to safe custody, controlled drugs

- 6.1 Patients' own schedule 2 or 3, subject to safe custody, CDs must be stored in the ward CD cabinet and segregated from ward stock. The patients' own medicines must be identifiable by its dispensing label or labelled appropriately with the patients' name and CHI.

7.0 Assessment of Patients' Own Medicines

- 7.1 Patients' own medicines must be assessed on admission using the suitability criteria. Initial assessment can be carried out by nursing staff and documented appropriately.
- 7.2 Patients' own medicines should only be administered in NHS Lothian premises when it is certain that they are of appropriate content and quality. E.G., a licensed medicine, a medical device with a CE mark, or a medicine which has been issued by a hospital or community pharmacy, or a home care delivery company.
- 7.3 On the first working day after admission and where practical, an appropriately trained pharmacy support worker, ward-based pharmacy technician or pharmacist should, if available, formally assess the medicines. If patients' own medicines are suitable for use this should be documented, where appropriate. Some clinical areas may use specific documentation to record the suitability of patients own medicines, any locally developed policies and procedures must be adhered to. Any medicines unsuitable for use must be stored securely, separated from other medicines, and clearly marked not for use.
- 7.4 Ensure the use of multi-compartment compliance aids or medicine administration records (MAR) charts are documented at this stage if not done so already.

8.0 Suitability criteria

Follow any medicine safe handling requirements when assessing patients' own medicines.

- 8.1 Ensure the medicines belong to the patient.
- 8.2 The pharmacy dispensing the patients' own medicines may have labelled the manufacturer's original pack or transferred the medicines to new packaging. Both are acceptable if the other suitability criteria are met.
- 8.3 The label and contents must appear to correspond. Where no label is available contents must correspond with the pack.
- 8.4 Each container must hold only one type or brand of preparation from a single supply. Mixed batches should not be accepted.
- 8.5 Containers holding several different medicines or dosage strengths should not be used.
- 8.6 Medicines transferred by patients into different packaging should not be used.
- 8.7 Blister strips held within a labelled container or loose strips can be used if the medicine name, strength, in date expiry and batch number are visible.
- 8.8 Loose tablets or capsules in containers must be in the original manufacturer's container with an in-date expiry or have been dispensed by a pharmacy into a new container within the last 6 months or as per any expiry detailed on the label.

8.9 Patients' own CDs may be used on the ward, providing they meet all the other suitability criteria. Schedule 2 or 3 CDs, subject to safe custody, must be stored in the ward CD cabinet and recorded in the patients' own CD record book. Patients' own CDs are subject to the same procedures as ward stock CDs, e.g., balance checks, record keeping etc. Refer to 1.17 Management of Patients' Own Controlled Drugs in Controlled Drug Procedures, for further information. [Controlled Drugs Procedures \(nhslothian.scot\)](https://www.nhs.uk/lothian/controlled-drugs-procedures)

Refer to NHS Lothian safe use of medicines procedure '*Self Administration of Medicines Programme for Inpatients*' for advice on patient self-administration of CDs. [Self-administration of Medicines Programme for Inpatients Procedure.pdf \(nhslothian.scot\)](https://www.nhs.uk/lothian/self-administration-of-medicines-programme-for-inpatients-procedure.pdf)

8.10 The following preparations may be used provided they are within the manufacturer's expiry date after opening and they have been stored appropriately. Confirm the date of opening and compliance with appropriate storage with the patient or their representative.

- Inhalers
- Ophthalmic preparations - See 7.11
- Ear and nose preparations
- Creams and ointments
- Oral liquid preparations

8.11 For ophthalmic preparations a separate container is only required for each eye if there is severe eye infection, dexterity issues or as requested by the prescriber. Pharmacy will only supply one container unless specifically requested. The Princess Alexandra Eye Pavilion have their own specialist guidance which should be followed for these patients.

8.12 In general, opened insulin vials, pens and cartridges must be used within 28 days of opening and can be stored in the patient's lockable medicine cabinet. Any unopened insulin must have been stored in the refrigerator at home and must be stored in the ward refrigerator. Always check manufacturers' guidance for storage of specific insulin products.

8.13 Insulin pumps; contact the clinical pharmacist.

8.14 Patients may purchase over the counter medicines or supplements. These must be reviewed by the prescriber and prescribed on the prescription and administration record if the patient would like to take these whilst in hospital.

8.15 Medication in a foreign language must only be used if the name and strength of the drug are stated in English on the packaging, in addition to a UK pharmacy dispensing label, or unless a pharmacist has authorised their use.

8.16 There must be no visible signs of deterioration of the medicines, e.g., mottling, discolouration, disintegrating tablets, dirty or damaged storage container.

8.17 The medicine must appear to have been correctly stored, especially for refrigerator items.

8.18 The person assessing the patients' own medicines must be satisfied with the general condition of the product and its packaging and labelling.

8.19 Professional discretion should remain the over-riding factor in assessing suitability. Pharmacy support workers should refer to the pharmacist or pharmacy technician for advice as appropriate.

8.20 If in doubt about the suitability of a medicine do not use it.

8.21 Patients' own medicines must never be administered to another patient.

9.0 Use of multi-compartment compliance aids (MCAs)

9.1 Patients' own multi compartment compliance aids (MCAs), e.g., Dosette or similar, can be used on the ward at the discretion and with the advice of the clinical pharmacist. This is appropriate for:

- Short-term use when a patient is at clinical risk by omission of a medicine and an alternative supply is not available.
- Patients who are on the self-administration programme in accordance with the self-administration procedure

9.2 The MCA must be sealed, clearly labelled and have been dispensed in a pharmacy, and/or the pharmacist must be satisfied that the contents are correct.

9.3 All medicines in the MCA should be prescribed and be in the same time frame as the medicine prescription and administration record.

9.4 The MCA should have been dispensed within 4 weeks and the medicine list confirmed as current for the patient.

9.5 The MCA should be clean and dry with no obvious contamination or tampering.

10.0 Unsuitable or discontinued patients' own medicines.

10.1 Patients' own medicines that are unsuitable for use, or that have been discontinued, must not be used.

10.2 If consent for destruction has not been obtained, follow process in section 3 and 4.3 of this procedure. Clear advice must be provided to those patients refusing consent for destruction of unsuitable or discontinued medicines. The patient must be advised that their medicines are unsuitable for use and /or doses may have been changed at the point of discharge.

10.3 If consent for destruction has been given, follow agreed approved procedures or if advice is required contact your ward pharmacy technician or pharmacist for advice on destruction.

10.4 These medicines must be stored securely in a suitable locked cupboard, or CD cabinet for schedule 2 or 3, subject to safe custody CDs, until destruction is arranged. For information regarding destruction of CDs, refer to section 1.11 'return/disposal/destructions of controlled drugs in NHS Lothian safe use of medicine procedure for *'Controlled Drugs'*. [Controlled Drugs Procedures \(nhslothian.scot\)](https://www.nhs.uk/lothian/controlled-drugs-procedures).

10.5 If a patient dies then all their medicines should be destroyed as detailed in 10.3 and 10.4 and should not be returned to relatives.

11.0 Discrepancies between patients' own medicines and the prescription and administration record

- 11.1 The instructions on the label of the patients' own medicine should correspond with those on the prescription and administration record. If these do not correspond and it is not clear from the patients' healthcare records, that the change was on purpose, then this should be queried with the prescriber in case an error has taken place.
- 11.2 If a dose is altered and causes a discrepancy between the patient's own medicine label and the prescription and administration record, the nurse administering the dose should take instruction from the prescription and administration record. A correctly labelled supply can be obtained:
- From the ward pre-labelled medicine supply
 - A new individual patient supply.
 - Patients' own medicine can be sent to pharmacy for re-labelling.
 - At the point of discharge on the discharge prescription (in areas that do not use one stop dispensing).

Associated materials/references:

[The Safe Use of Medicines Policy](#)

[Consent Policy \(nhslothian.scot\)](#)

[Controlled Drugs Procedures \(nhslothian.scot\)](#)

[Self-administration of Medicines Programme for Inpatients Procedure.pdf \(nhslothian.scot\)](#)