


Name of Policy: Home Medications Policy Number: 3364-133- 40 Approving Officer: Chief Operating Officer Responsible Agent: Administrative Director Pharmacy Services Scope: University of Toledo Medical Center		 Effective date: Original effective date: 1/2002	
Key words: Home medications, Pharmacy, Patient, Formulary, Non-formulary			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement
Medications brought into to University of Toledo Medical Center “UTMC” locations may be utilized only in certain situations under supervision.

(B) Purpose of policy
To ensure that medications brought from home by patients and utilized during visits to UTMC are safe and appropriate.

(C) Procedure

Inpatient use of Home Medications

1. Only upon an order from the patient’s provider may a patient use their home medication. The usual information for a drug order is required (i.e., drug name, strength, dose, directions). For their safety, patients cannot keep any medications at their bedside. ‘Patient may take own med’ is not considered a valid order and should be revised with the physician.
2. If the item is formulary or non-formulary but in the electronic record the physician will use the electronic entry and make a notation in the comments the patient will be using their own medication
3. If the item is non-formulary and not in the electronic record the medication may be ordered as non-formulary patient-using-own-medication in the electronic record.
4. A nurse or designee will bring the home medication(s) to the Pharmacy for verification. A pharmacist will verify that the drug, dose, route, frequency, dosage form, storage requirements, and physical appearance of the drug are appropriate based on current standards and regulations.

5. Intravenous admixtures and total parenteral nutrition bags that are utilized by inpatients which cannot be verified should be made by the UTMC pharmacy department as soon as feasible.
6. Patient specific preparations dispensed by another pharmacy may be stored by the hospital and utilized for patients under a physician order (i.e., Reperfusate Solution, Flolan, infusions, CADD cassettes, etc.).
7. The pharmacist will review medication order with the same diligence and criteria as non-home medications. The medication will be marked in the pharmacy dispensing system to designate that it is a patient-supplied medication.
8. The Pharmacy will affix a patient supplied medication label from Epic onto the medication container, and the container will be stored in the Automated Dispensing Cabinet (ADC). Verification is noted in the electronic health record intervention system.
9. A home medication that cannot be verified or found to be adulterated when inspected by the pharmacist will not be administered to a patient.
 - a. The Pharmacy will notify the provider that the medication could not be verified and cannot be used.
 - b. The provider will be responsible for notifying the nurse and patient that the medication cannot be administered and discontinuing the order.
10. Controlled substances will be stored in the pharmacy and processed through the narcotic reconciliation process.
 - a. The first professional receiving the medication from the patient should perform a physical count in front of the patient.
 - b. Each subsequent count will be made with the next professional as the controlled substance is transferred.
 - c. Each dose provided to the patient will be removed from the patient's supply stored in the pharmacy vault using a single sheet documentation system; dispensed doses will be accounted for against the final check out reconciliation.
11. Medications from home that are not being utilized follow current appropriate pharmacy procedures.
12. Self-Administration of Drugs.
 - a. Patients may not self-administer medications, except in specialty units (i.e., psychiatry) or for specific medications (insulin pumps), a written protocol must be part of the unit or nursing policies. In those with self-administration, the medication is never left with the patient but brought by the nurse from the automated dispensing cabinet. The nurse supervises the patient correctly self-administering the medication and then returns the medication and container to the automated dispensing cabinet. The nurse must educate the patient about the following: medication name, type, reason for use, how to administer, anticipated actions, potential side effects, and monitoring the effects of the medication.

The nurse must determine that the patient is competent at medication administration before allowing him or her to administer medications.

13. Hospital Leadership, pharmacy leadership, or designees must approve use of patients own injectable compounded medications and outside dispensing of products to be administered in the University of Toledo Medical Center Hospitals and infusion centers. Factors determining approval:
 - a. Ability to verify contents and integrity of product
 - b. Ability to verify proper storage conditions
 - c. Compliance with billing and finance regulations
 - d. Ability of institution to provide medication or equivalent
 - e. Risk of not providing

Outpatient use of Home Medications

1. Patient home medications administered by UTMC personnel during outpatient visits must be ordered and verified by the ordering provider prior to administration.
2. Any products administered at a UTMC location must be on the UTMC formulary.
3. Verification of product includes:
 - a. Correct patient
 - b. Correct product (generic and/or brand name)
 - c. Correct dosage form (powder for reconstitution versus injectable liquid)
 - d. Correct dose
 - e. Product storage (temperature) and condition (sealed vial/syringe/box)
 - f. Drug physical appearance (cloudy/clear)
4. Self-administration of patient home medications in outpatient encounters related to the scope of the visit will be verified as above by the visit provider prior to administration.
5. Home medication verification and administration will be documented in the patient encounter by the provider.
6. Self-administration of patient home medications in outpatient encounters outside of the scope of the visit are at the discretion of patient and provider.

<p>Approved by:</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Holly Smith Administrative Director Pharmacy Services</p> <hr/> <p>Date</p> <hr/> <p>Russell Smith Chief Operating Officer</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Pharmacy</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>none</i> <p>Initial effective date: 1/2002</p> <p>Review/Revision Date: 1/01 7/02 7/04 1/31/08 7/09 9/11 12/15/2011 10/24/2012 3/2014 6/2015 4/2020 3/2023 5/2024 5/2026</p> <p>Next review date: 5/2029</p>
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