**Home Medications**

**Policy Number:** 3364-133-40  
**Department:** Pharmacy  
**Approving Officer:** Chief Executive Officer  
**Responsible Agent:** Director of Pharmacy  
**Scope:** University of Toledo Medical Center

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**Effective Date:** 4/1/2017  
**Initial Effective Date:** January, 2002

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(A) **Policy Statement**

Medications only brought into the hospital by patients may be utilized upon an order from the patient’s physician. All medications brought into the hospital and utilized by inpatients will be verified by a Pharmacist as the proper medication prior to administration.

(B) **Purpose of Policy**

To ensure that medications brought from home by patients and utilized during inpatient hospitalization are correct. It should not be assumed that a labeled medication is the correct medication in a container.

(C) **Procedure**

1. Only upon an order from the patient’s physician may a patient use his/her 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 of proper drug and strength. Intravenous admixtures and total parenteral nutrition bags that are utilized by inpatients which cannot be verified and should be made by the UTMC pharmacy department as soon as feasible. 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.). Drug utilization review will be completed and documented on these products.

5. The pharmacist will review the patient’s profile and confirm the medication in the pharmacy information system. The medication will be marked with dispense control “PM” to designate patients med.

6. The pharmacist will generate a retail label with a bar-code in the pharmacy information system. The pharmacy will affix the label to the prescription vial.

7. The Pharmacy will affix a ‘Verified by’ sticker onto the medication container and the container will be stored in the patient’s specific bin in the Automated Dispensing Cabinet (ADC). Verification is noted in the patient’s pharmacy computer profile with the date of verification.

8. The medications are entered on to the electronic health record with the notation “Home Meds” state that the medication has been identified and the location where the medications will be stored. There is not a charge for administration of these medications.

9. Nurses will scan the affixed label when administering the medication.
10. A home medication that cannot be verified or found to be adulterated by Pharmacy, will not be administered to a patient.

11. The Pharmacy will notify the physician that the medication could not be verified and cannot be used.

12. The physician will be responsible for notifying the nurse and patient that the medication cannot be administered and discontinuing the order.

13. Controlled substances will be stored in the pharmacy and processed through the narcotic reconciliation process 3364-133-81. The first professional receiving the medication from the patient should perform a physical count in front of the patient. Each subsequent count should be made with the next professional as the controlled substance is transferred. 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.

14. Medications from home not being utilized follow procedure 035-IPP

15. Self-Administration of Drugs. Patients may not self-administer medications, except in specialty units (i.e., Rehab), where on-going self-administration programs exist, and 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.

16. Director of Pharmacy and Vice President of Clinical Services or designees must approve use of patients own injectable compounded medications and outside dispensing of products to be injected 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

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Approved by:

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Chief Executive Officer

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1/01
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