Name of Policy:	**Home Medications**
Policy Number:	3364-133-40
Department:	Pharmacy
Approving Officer:	Senior Hospital Administrator
Responsible Agent:	Director of Pharmacy
Scope:	University of Toledo Medical Center

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 6/1/2023

Initial Effective Date: January, 2002

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

Medications only brought into the hospital by patients may be utilized upon an order from the patient's provider. 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 provider 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.

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 the patient's profile and confirm the medication in the electronic health record. Upon verification, the pharmacist will select the check box indicating "patient supplied" in the dispensing details section to designate that dose will be filled from patient's home supply. The pharmacist will also ensure that the medication name is selected in "products to dispense" if it did not already previously populate.

8. The Pharmacy will affix a patient-specific Epic medication labelonto the medication container and the container will be stored in the patient's bin in the Automated Dispensing Cabinet (ADC) or in the inpatient pharmacy. Verification is noted in the patient's profile with an iVent with the location of storage.

9. The medications are entered in to the electronic health record with the notation "Home Meds" in the administration instructions section and will state that the medication has been verified and the location where the medications will be stored. There is not a charge for these medications.

10. 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 physician that the medication could not be verified and cannot be used.
    b. The physician will be responsible for notifying the nurse and patient that the medication cannot be administered and discontinuing the order

11. Controlled substances will be stored in the pharmacy and processed through the narcotic reconciliation process 3364-133-81.
    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.

12. Medications from home not being utilized follow policy #3364-133-81.

13. Self-Administration of Drugs. Patients may not self-administer medications, except in specialty units (ie. Outpatient psychiatric), 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.

14. Senior Hospital Administrator and Director of Pharmacy 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

Approved by:		**Review/Revision Date:**
		1/01
		7/02
/s/	05/23/2023	7/04
Lindsey Eitniear PharmD, BCPS, AAHIVP	Date	1/31/08
Director of Pharmacy		7/09
		9/11
		12/15/2011
/s/	05/24/2023	10/24/2012
Russell Smith Pharm D, MBA, BCPS, CPEL	Date	3/2014
Senior Hospital Administrator		6/2015
Review/Revision Completed By:		4/2020
Pharmacy		3/2023
		Next Review Date: 6/2026
Policies Superseded by This Policy:		