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| **[Title](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Enter%20a%20Title%20that%20is%20reflective%20of%20the%20content%20of%20the%20policy):** | **Use of Patient’s Own Medications**  |  |
| **[Manual](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Drop%20down%20list.%20Categorizes%20policies%20into%20groups.%20Depends%20on%20content%20of%20the%20policy.%20Choose%20from%20list.):** | Clinical |  |
| **[Section](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Drop%20down%20list.%20Groups%20policies%20within%20Manuals.%20For%20Clinical%20policies%20that%20are%20hospital-wide%20-%20Use%20INTERDISCIPLINARY.):** | Interdisciplinary |  |
| **[Approval Body](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Committee%20with%20authority%20to%20approve%20final%20version%20of%20policy.%20Depends%20on%20policy%20content.%20Enter%20the%20name%20of%20the%20Final%20Approval%20committee):** | Medical Advisory Committee  |  |
| **[Original Effective Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Enter%20date%20the%20original%20version%20of%20this%20policy%20was%20issued.%20%20This%20date%2C%20once%20entered%20does%20not%20change):** *(mm/dd/yyyy)* | February/1994 | **[Reviewed Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Policies%20are%20to%20be%20reviewed%20annually%20by%20Owners.%20%20List%20all%20dates%20with%20the%20most%20current%20last.%20A%20review%20may%20or%20may%20not%20lead%20to%20policy%20revisions.):***(mm/dd/yyyy)* | April/2018July/2020 |
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| **[Revised Date:](%5C%5C%5C%5Cychs2kdata%5C%5Cdeptshare%5C%5CQSR%5C%5CPOLICY%20DEVELOPMENT%5C%5CPolicy%20Development%20-%20MH%5C%5CTemplates%20-%20New%5C%5CProposed%20New%20Policy%20Template%20v4.docx%22%20%5Co%20%22Policies%20are%20to%20undergo%20a%20formal%20revision%20evedry%203%20years.%20Enter%20date%20the%20policy%20received%20approval%20subsequent%20to%20a%20formal%20revision%20of%20the%20policy%20already%20in%20effect.%20List%20all%20dates%20with%20the%20most%20current%20last.)** *(month/yyyy)* | April/2018 | **[Next Revision Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Enter%20the%20date%20of%20future%20formal%20revision.%203%20years%20from%20the%20Original%20or%20last%20Reviewed/Revised%20date%20%28whichever%20is%20most%20recent%29):** *(month/yyyy)* | February/2021 |
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| **[Cross References](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Other%20policies%20that%20may%20be%20impacted%20by%20this%20policy%20or%20may%20contain%20links%20to%20this%20policy):** | Control, Management and Administration of Narcotics and Controlled Medication Policy; Special Access Medications Policy; Request for a Non-Formulary Drug; Medication Samples Policy |
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| **[Key Words](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Single%20words%20or%20phrases%2C%20separated%20by%20commas%2C%20that%20can%20be%20used%20when%20searching%20for%20this%20policy):** | Patient’s Own Medications, Patient’s Own Supply  |
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| **[Developed by](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Enter%20the%20name%20and%20title%20of%20Policy%20Lead%20responsible%20for%20creating%20and/or%20revising%20policy):***(Name & Title)* | **Drug Evaluation Pharmacist** | [**Owner**](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx)**:** *(Name & Title)* | **Operations Director, Clinical Support Services** |

[**POLICY**](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx)**:**

The formulary system will be utilized by healthcare professionals involved in prescribing, recommending, dispensing or administering medications to patients. Patients will be expected to use their own supply of a medication for the duration of their hospital stay in any of the following circumstances:

* The patient is receiving a medication as part of a clinical trial and it is deemed medically necessary to continue this therapy during their hospital stay.
* The patient is receiving a medication through Health Canada’s Special Access Programme (SAP) prior to admission and it is deemed necessary to continue this therapy during their hospital stay.
* Any over-the-counter (OTC) medications and natural health products that are not available on the Mackenzie Health Formulary System and are deemed necessary by the prescriber for current hospital stay.
* Any other medications that are not listed on the Mackenzie Health Formulary System or within the Therapeutic Interchange Policy Statements (Non-Formulary medications). If the patient or the patient’s family is unable to provide these medications, the non-formulary medication process will be followed.

**[DEFINITION](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx%22%20%5Co%20%22Define%20terms%20that%20may%20not%20be%20easily%20understood%20%28e.g.%20by%20new%20staff%29%20or%20may%20have%20an%20unclear%20or%20ambiguous%20meaning.Do%20not%20include%20acronyms%20here.%20Acronyms%20may%20be%20included%20in%20the%20policy%20providing%20they%20are%20written%20out%20in%20full%20with%20abbreviation%20in%20brackets.%20)(S):**

**Special Access Programme (SAP) –** allows practitioners to request access to drugs that are unavailable for sale in Canada. This access is restricted to patients with serious or life-threatening conditions when conventional treatments have failed, are unsuitable or unavailable

**Automated Dispensing Unit (ADU) –** is a computerized drug storage device or cabinet. ADUs allow medications to be stored and dispensed near the point of care while controlling and monitoring drug distribution.

**Drug Formulary –** a continually revised listing of drugs approved for use at Mackenzie Health and representing the drugs of choice for the institution.

**Drug Formulary System** – an ongoing process by which the selection and use of medications at the hospital is optimized. Components include review of drugs for formulary inclusion, Therapeutic Interchange Policy Statements, the Non-Formulary Drug Review Policy, and Drug Use Evaluation.

**Formulary drug** – a drug listed in Mackenzie Health’s Drug Formulary. Such a drug has been approved by the Pharmacy, Nutrition and Therapeutics (PNT) Committee and the Medical Advisory Committee (MAC) for use within the hospital, and is routinely stocked in the Pharmacy Department.

**Non-Formulary (NF) drug** – a drug that is commercially available in Canada or available via the Special Access Program, but not listed in the Mackenzie Health Drug Formulary. These drugs are not routinely stocked in the Pharmacy Department at Mackenzie Health and are non-budgeted. Ordering and provision of non-formulary drugs is therefore done by exception.

[**PROCEDURE**](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx)**:**

**Medication Identification**

1. If the prescriber or pharmacist deems it appropriate to use the patient’s own supply as per the above criteria, the unit pharmacist will identify the medication through visual inspection and document in the patient’s electronic medical record – the medication name, strength, route and frequency and that identification has been completed. Patient’s own medications will be listed as “Patient-Supplied Medication” in the electronic Medication Administration Record.
2. If the unit pharmacist is unable to verify the identity of the medication (i.e. unlabeled vials) or deems the product unsuitable for use (i.e. expired products, refrigerated items left at room temperature etc.), they will follow the non-formulary medication process.
3. Outside of regular unit pharmacy working hours (0800 – 1600), the dispensing pharmacist will document the medication as “Patient’s Own Medication” in the health record and will open an intervention for the unit pharmacist to identify the medication on the next business day.
4. Outside of regular unit pharmacy working hours (0800 – 1600), if the dispensing pharmacist or prescriber determines that the patient’s own medications are critical for their plan of care, they or the on-call pharmacist will identify them with the assistance of a nurse.
5. Upon completion and review of the Best Possible Medication History (BPMH), the pharmacist or regulated pharmacy technician (RPhT) will ensure that patient’s own medications not being used during their hospital stay are sent back home with the patient’s family or next of kin.

**Medication Storage**

1. The patient’s own supply of medications will not be left at the patient’s bedside. The practitioner identifying patient’s own supply of medications, will store these in the patient-specific medication bin (e.g. WOW). Identified medications will be stored in re-sealable plastic bags (i.e. ziplock bags) and a patient-identification label will be affixed to the bag by the pharmacist.
2. Medications requiring refrigeration will be stored in the Automated Dispensing Unit (ADU) refrigerator with the assistance of a regulated pharmacy technician (RPhT).
3. Bulky items that do not fit in the patient-specific WOW bin may be stored in the ADU tower (in areas that have an ADU Tower). For areas that do not have an ADU tower, pharmacy will store the medication in a locked-storage area on the unit.
4. At discharge or transfer, the assigned nurse will return any remaining supply of medications to the patient.

Narcotic and Controlled Substances, SAP medications and Clinical Trial medications

1. Once a medication has been identified as a narcotic, controlled substance, SAP or clinical trial medication, Pharmacy IT will build the drug in the pharmacy dispensing software (Connect-Rx).
2. The RPhT will assign a starting count in the ADU to allow for continual monitoring of patient’s own supply of medication. The process for the nurse to remove the medication is the same as the removal of Narcotic and Controlled Substances that are on formulary. Refer to the Control, Management and Administration of Narcotics and Controlled Medication Policy.
3. At discharge or transfer, any remaining supply of medications will be returned to the patient by the assigned nurse and the unit pharmacist will notify a RPhT to un-assign the patient’s supplied medication pocket from the unit’s ADU.

**REFERENCES**

1. Chase, K. (2008). Medication Management. In Introduction to Hospital and Health -System pharmacy practice.
2. American Society of Health-System Pharmacists. ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System. Am J Health-Syst Pharm 2008;65:1272-83.