

 <p>Lakeridge Health</p>	Patient Safe Use of Medical Marihuana Policy and Procedures	
	Manual: Clinical	Document No.:
	Section: Interdisciplinary Patient Services	Original Date: 28FEB2017 (Minor Revision 23MAY2017)
	Document Sponsor/owner group: Interprofessional Practice	Revision Date(s):
	Approved by: Interprofessional Practice Committee, Nursing Practice Sub-Committee, Operations Committee, Pharmacy and Therapeutics Committee, Medical Advisory Committee	Review Date:
	Cross Reference to: Patient's Own Medication Policy and Procedure; Bedside Medications Policy and Procedure; Narcotics and Controlled Substances Policy and Procedures; Smoking Policy, Medical Marihuana Use and Release from Liability Form (#CAD0310), Self Administered Medication Record Form (#CRX0912)	
	Document Applies to: Authorized prescribers of Medical Marihuana; Health professionals who support administration of Medical Marihuana	
<p><i>A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.</i></p>		

Introduction

The Government of Canada's Access to Cannabis for Medical Purposes Regulations (ACMPR) provides the legal framework that enables patients to use marihuana for medical purposes. These regulations give authorized prescribers primary responsibility for the decision to authorize patient use of marihuana for medical purposes. Authorized prescribers enable patients to access a legal supply of marihuana by completing a medical document that functions like a conventional prescription. This policy will outline the safe use and storage of marihuana for patients prescribed marihuana while at Lakeridge Health.

At Lakeridge Health we are committed to providing compassionate high quality patient driven care while maintaining safety for our patients, families, visitors and staff.

Policy

Patients of Lakeridge Health who use medical marihuana must:

- demonstrate legal possession of marihuana for medical purposes in accordance with current legal requirements (which could include any of the proofs below)
 - Health Canada-issued producer's license
 - Health Canada-issued registration certificate
 - Licensed producer-issued client label
 - Licensed producer-issued "separate document" with the same information as a client label (i.e. authorized health care practitioner's license information,

This material has been prepared solely for the use at Lakeridge Health. Lakeridge Health accepts no responsibility for use of this material by any person or organization not associated with Lakeridge Health. No part of this document may be reproduced in any form for publication without the permission of Lakeridge Health.

patient's name and date of birth, a period of use of up to one year, and a daily quantity of dried marihuana expressed in grams.

- have an order from a Lakeridge Health Authorized Prescriber.
- arrange for the provision of, and payment for their own supply of marihuana while in hospital.
- sign the Medical Marihuana Use and Release from Liability Form ([Appendix A](#))

Use of medical marihuana on hospital grounds is allowed via ingestion or topical means only. Inhaled forms of medical marihuana are not permissible inside any hospital building, with the exception of metered dose inhalers. A patient can choose to inhale medical marihuana off hospital premises in accordance with the *LH Smoking Policy*.

Authorized Prescribers are not obligated to continue medical marihuana and will do so only when, in his/her professional judgment, it is safe and appropriate for the patient. If an Authorized Prescriber determines that medical marihuana is not appropriate, the patient may seek out an alternate opinion.

If a patient's condition prevents the safe and appropriate use of medical marihuana, the Lakeridge Health Authorized Prescriber will discuss with the patient the most appropriate alternative options for pain and/or symptom management during hospitalization. This includes the use of cannabinoids such as nabilone (Cesamet®) and Sativex®.

When a patient's own medical marihuana is utilized at Lakeridge Health it must be stored in accordance with the LH's *Patient's Own Medication policy and procedures*.

Patient self-administration of medical marihuana is permitted but must be in accordance with the *Bedside Medications Policy and Procedure* with the following additional requirements as per the ACMPR:

- Medical Marihuana may not be stored in the patient room/bedside; it must be stored in the unit's locked narcotic storage.
- Documentation of every administered dose will occur on the Narcotic Count sheet as per procedures outlined in this document.

In most cases patients and/or SDMs are responsible for determining, preparing and administering the dose for administration. Where assistance is required with any of these steps the patient/SDM must provide marihuana in a format that allows the RHCP to easily portion off a "unit dose" (e.g. individually packaged portions of a baked good or pre-measured portions of dried marihuana for an ingestible tea).

The hospital will not prepare marihuana for consumption where it is not feasible to do so (e.g. into a baked good containing medical marihuana; prepared in rolling papers for inhalation). Patients/SDMs will be expected to provide prepared dosages in these situations.

All handling of medical marihuana must be in accordance with the *Narcotics and Controlled Substances policy* and with specific procedures outlined below.

Procedures

There are two scenarios anticipated which would determine the procedures to follow. Select the scenario/procedure below that fits:

- 1) Patient/SDM will portion own dose and self-administer
- 2) Patient/SDM will provide guidance on “unit dose” and RHCP will obtain a pre-determined dose size and assist with administration

Scenario #1 Patient/SDM portions own dose and self-administers

Ordering

Verify competence and suitability to self-administer, have the patient agree to and sign the applicable portion of the Medical Marihuana Use and Release from Liability Form ([Appendix A](#)).

Authorized Prescriber to write order authorizing self-administration of Medical Marihuana. Order to include dose, frequency, route and maximum daily dose (not to exceed daily authorized amount). For example:

Medical marihuana for self-administration: 0.5-1 g (patient to portion own dose) PO Q6H PRN. Maximum 2 g per day.

Handling, Administration and Monitoring

Whenever a patient’s supply of medical marihuana is 1) transferred from the patient to health care team for storage (or vice versa), or 2) opened to remove a dose for administration, there must be two RHCPs present to witness/cosign.

The supply of marihuana must be:

1. provided by the patient/SDM in a sealable container/bag
2. additionally placed inside an appropriately-sized sealing package (e.g. envelope, Ziploc) with the patient’s label affixed to the outside of the envelope
3. labelled in some way to indicate that it contains medical marihuana (this may be a patient/family-made label or manufacturer labelling)

The package must then be sealed with both RHCPs signing across the seal in a manner that prevents tampering (Note: this can be accomplished with co-signed sticky labels placed across the seal of a Ziploc bag opening or by signing across the seal of an envelope; a new envelope or signed labels are required each time a dose is removed and the envelope resealed).

Exception: easily measured marihuana products (e.g. cannabis oil in a labelled, graduated container or cannabis capsules) can be handled in the usual manner for other narcotics.

Documentation

Patient: Provide instruction to the patient on how to use the Self Administered Medication Record Form (#CRX0912), and provide copies for documentation. Ensure the patient is aware that each completed record needs to be kept and filed in the patient’s chart each week.

RHCP: When adding the patient’s supply of marihuana to locked storage, document the following (see picture following):

- Time the supply was added
- Note “added from <patient name>”
- Write in “Medical Marihuana (co-signed package)” as the medication
- Note the addition of 1 co-signed package
- Signatures of the two RHCPs who co-signed the seal and are now adding the marihuana

When removing the supply of marihuana from locked storage to give to the patient for self-administration or at time of discharge, document the following:

- Time the supply was removed
- Patient name
- Authorized Prescriber name
- Dose of “1 package removed for patient self-administration”
- Note removal of package by decreasing count to 0
- Signatures of the two RHCPs who removed the package to bring to the patient

Exception: cannabis oil in a labelled, graduated container, can be handled like any other liquid narcotic.

Document each dose on the patient’s MAR as “S” for self.

During therapy, monitor the patient for effectiveness, side effects and drug interactions.

Scenario #2 Patient/SDM provides guidance on “unit dose”, RHCP obtains dose and assists with administration.

Ordering

Upon determination of a need for assistance with administration, have the patient/SDM agree to and sign the applicable portion(s) of the Medical Marihuana Use and Release from Liability Form ([Appendix A](#)).

The structure of the order for medical marihuana will vary considerably according to dosage form in use by the patient. In some cases, specific efforts will be required to define a “unit dose” prior to writing the order. Example orders are show below, with further explanation in the next section “Determination of a unit dose”.

- Medical Marihuana 1 - 1 ½ Prepared Unit doses PO Q2h prn (Unit dose = 1x1x1 inch brownie pieces), Maximum of < # of units> doses per day.
- Medical Marihuana 1 - 2 Prepared Unit doses PO Q4h prn (Unit dose = ¼ Gram dried product), to be added to hot water for 10 minutes prior to patient consumption. Maximum of < # of units> doses per day.
- Cannabis oil (concentration 1:20) 1 - 2 mL PO Q 2-4 h prn for pain, to be added to butter for patient consumption. Maximum of <# of mL, mcg or mg> per day

Determination of a unit dose

In cases where the precise dose of medical marihuana cannot easily be quantified and therefore a “unit dose” is required, this section and a tool for determining the unit dose amount ([Appendix B](#)) can be used.

Preferred practice is for the supply of marihuana to be provided by the Patient/SDM already portioned and packaged in individual dosage amounts.

To determine a unit dose a RHCP (e.g. Pharmacist) will need to discuss with the patient/SDM, and quantify and document a typical “unit dose” for the patient. The tool in Appendix B is offered to assist with discussion if needed. The Patient/SDM and RHCP will determine who is best able to portion the supply into those units. For example:

- Family to portion a baked good into 1 inch by 1 inch measured size for consumption

Once the “unit dose” is determined, the order for dose range and frequency is to be written by Authorized Prescriber, along with any special administration instructions (see examples in ordering section above).

Handling, Administration and Monitoring

In cases where the dose is easily quantifiable (e.g. cannabis oil), the RHCP administers the dose as ordered in the usual fashion.

In cases where the dose is not easily quantifiable, the supply of marihuana is first portioned into “unit doses” as described earlier, and then the RHCP administers the number of unit doses ordered.

The supply of marihuana must be:

1. packaged in individual “unit doses” in appropriate packaging (e.g. individually wrapped standard baked good sizes; in pre-rolled papers, etc.)
2. additionally placed inside an appropriately-sized sealing package (e.g. envelope, Ziploc) with the patient’s label affixed to the outside of the envelope
3. labelled in some way to indicate that it contains medical marihuana (this may be a patient/family-made label or manufacturer labelling)

The package must then be sealed with both RHCPs signing across the seal in a manner that prevents tampering (Note: this can be accomplished with co-signed sticky labels placed across the seal of a Ziploc bag opening or by signing across the seal of an envelope; a new signed, sealed envelope or signed sticky labels are required each time a dose is removed/added.

Whenever a patient’s supply of medical marihuana is 1) transferred from patient to health care team for storage (or vice versa), or 2) opened to remove a dose for administration, there must be two RHCPs present to witness/cosign.

In cases where the supply requires transport to Pharmacy for unit dose portioning, this transport should be done in accordance with the *Narcotic and Controlled Substances Policy/Procedures*.

Documentation

1. Document on the MAR each time a dose is administered: include dose taken (if there was a dose range specified), time and initials; the dose should be specified in a way that is consistent with the order, for example, volume in mL, number of puffs, or number of “unit doses” taken
2. Document on the Narcotic Record each time one or more doses are received or administered, and when completing the narcotic count.

In the case where the dosage form is in a usual, countable form (i.e. liquid or capsule), document as per usual in accordance with the *Narcotic and Controlled Substances Policy/Procedures*.

In the case where doses have been individually packed in “unit doses” inside signed, sealed packaging, document the number of “unit doses” received, administered or counted.

For example, if starting with 15 unit doses, and one unit dose is removed from the outer signed, sealed packaging, the record must show the removal of one dose with a resultant decrease to 14 unit doses. The column can be listed as “Medical Marihuana unit doses”.

Definitions

Medical Document- a document as outlined in the ACMPR provided by a health care practitioner to a person who is under their professional treatment and which complies with the requirements set out in the ACMPR, CPSO policy and CNO NP Practice Standard.

Medical Marihuana - use of marihuana by people who are authorized by law to be in possession of the drug for medical purposes.

References

Access to Cannabis for Medical Purposes Regulations (Aug 24, 2016). Retrieved from <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-230/index.html>

College of Nurses of Ontario (2017). Practice Standard: Nurse Practitioner. Retrieved from https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf

Appendix A: Medical Marihuana Use and Release from Liability Form



Lakeridge
Health

Medical Marihuana Use and Release From Liability



Instructions: Read and Initial all applicable sections below; then read and sign the liability agreement.

All patients intending to use medical marihuana while in hospital

(initial) I have presented documentation confirming that I am licensed by Health Canada to possess and use medical marihuana for purposes related to my health condition. I will comply with all applicable legislation while using the medical marihuana. I understand that Lakeridge Health accepts no responsibility for any harm or ill effect that may occur as the result of my use of medical marihuana

(initial) I understand that my supply of marihuana must be locked up by staff in the unit's narcotic storage. I am solely responsible for replenishing that supply when needed and understand that there may be space limitations for storing certain forms of marihuana. Lakeridge Health nor its staff and/or affiliates will accept any responsibility for the sufficiency of my medical marihuana supply. I also understand that I am not permitted to store my medical marihuana anywhere in the hospital other than the unit's locked narcotic storage.

All patients who will leave the hospital building to smoke/inhale medical marihuana

(initial) This is to certify that I, _____ will be leaving the inpatient unit and going outside in order to smoke/inhale medical marihuana. I confirm that I am responsible for the handling of my medical marihuana while I am off of the unit and that neither Lakeridge Health nor its staff and/or affiliates will accept any responsibility for any loss or theft of my medical marihuana while I am off of the unit with it. I understand that I must abide by Lakeridge Health's smoking signage and that Lakeridge Health accepts no responsibility for any harm or ill effect that may occur as a result of my leaving the hospital premises to smoke/inhale medical marihuana.

Patients who will self-administer medical marihuana

(initial) I understand that, although a health care provider will bring me my supply for dosing, it is my sole responsibility to prepare my dosage amount, administer it and document it on the form provided. I accept sole responsibility for ensuring my dosage is safe, correct and within the limits of my daily authorized amount.



**Medical Marihuana Use and
Release From Liability**



Patients who require assistance with preparation and administration of medical marihuana

(initial) I understand that, unless agreed otherwise, I will be responsible for portioning off and packaging my supply into agreed-upon individual dosage amounts.

(initial) I accept sole responsibility for verifying the medication, dose and concentration in cases where the supply of marihuana is provided in an alternate form where the dosage cannot be determined by a health care provider (e.g. a baked good).

RELEASE FROM LIABILITY

I _____ hereby release and hold harmless Lakeridge Health, its employees, agents, directors, officers and trustees, as well as the medical staff of Lakeridge Health from any liability, loss, damage, or claim arising from my use of the medical marihuana.

Sample only
Do not use

Patient Signature Date

Print Patient Name Witness



Appendix B: Tool for Determining “unit dose” Amount

Medical Marihuana dosage form (dried, oil, capsule)	Ask patient to describe or show typical dose taken (specify range if applicable) *Note: if precise measurement not known consider if the amount can be quantified with a ruler, weigh scale or syringe	Typical frequency (specify range if applicable)	How does the patient typically take the dose? (e.g. inhaled in rolling papers, ingested as a tea, mixed in a baked good, or other food, etc)	If in a baked good, or any “diluted” form, where concentration cannot be easily determined, ask patient/SDM how much was used in total (and divide by number of unit doses for approximation)	Who is most appropriate to prepare unit doses?*	Maximum daily amount authorized

*Guideline for Unit Dose Preparation

The most appropriate person to prepare unit doses for patient administration will require a case by case conversation to determine feasibility and resources to prepare.

Dose preparations that we would expect a patient/SDM to prepare would include:

- Dried marihuana in rolling papers for a patient
- Baked goods cut and wrapped baked goods in equal proportions

Dosage preparations that LH could potentially prepare include:

- A quantifiable amount of oil mixed in something at the time of administration
- A quantity of dried marihuana to be weighed and packaged in Pharmacy, to be prepared as a tea