

IREDELL HEALTH SYSTEM

Home Medications	
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Nursing Leadership P&T Committee	Date: 03/2021 Date: 04/2021

Policy:

Iredell Health System (IHS) Pharmacy will dispense all inpatient medications as ordered by the provider or per approved substitution policy (see “Therapeutic Substitution” policy). If medications are brought into the hospital by a patient, IHS personnel will encourage patients to send the medications home per the “Patient Valuables and Belongings” policy after medication reconciliation is completed.

The pharmacy may not dispense, nor may a nurse or other hospital employee be involved with the administration and storage of any medication that is not approved by the FDA and/or foreign medications, except in the case of investigational drugs that if not given would jeopardize the patient’s medical care or the ability to continue to participate in their clinical research study. The lack of assurance that such drug meets FDA requirements for safety, and has the identity, strength, quality and purity characteristics that is represented to possess, and does not pose a risk of drug interactions among medications not approved by the FDA, makes administration of such drugs a true patient safety issue.

Exceptions to this policy include:

- (1) Investigational medications
- (2) Non-formulary medications that do not have a therapeutic substitute
- (3) Medications not stocked in the pharmacy that do not have a therapeutic substitute
- (4) Medications for patients in Observation Status or Extended Recovery

Procedure:

1. If a provider continues a medication that a patient is taking at home of which is not stocked in the pharmacy, the patient may be asked if they are willing to use his / her own medication from home. If so, the medication should be sent to the pharmacy for identification and labeled to indicate that the pharmacist has verified the medication. It should then be returned to the nursing unit and placed in the medication cart for nursing to administer per provider order. If the patient does not wish to use his / her own medication and pharmacy is unable to obtain the medication, the pharmacist should contact the physician. If the medication ordered is not on the formulary, the Non-Formulary Medication Policy should be followed.
 - a. If a patient is taking a non-FDA approved and/or foreign medication, the pharmacist will contact the provider to determine an appropriate alternative.
2. If medications that are not to be administered during the patient’s stay cannot be given to the patient’s family to take home, the nurse should do the following:
 - a. Attach the patient’s identification label to an Alert Security Bag and to the back of the receipt stub on the bag or write the patient’s name, date of birth, and room number on the envelope and receipt stub.
 - b. Write the date and contents on the bag.
 - c. Place the patient’s medications in the bag, and seal the bag in the presence of the patient.

- d. All Controlled Substances should be counted in front of the patient and with a second licensed personnel to validate that the count is correct. This should be documented on the Alert Security Bag with both licensed personnel's signatures.
 - e. Have the patient or patient representative (if the patient is unable) sign in the comments section on the bag. If neither the patient nor patient's representative is available, a second licensed personnel may sign.
 - f. A nurse should transport the bag to pharmacy. The pharmacy employee shall document the receipt of the sealed bag and place in the designated storage area.
 - g. The nurse should place the receipt stub on the inside front cover of the patient's chart so that medications may be reclaimed when the patient is discharged.
 - h. At the time of discharge, a nurse should bring the receipt stub to pharmacy to claim the bag. Pharmacy should return the bag to the nurse and have the nurse document to confirm return of bag
 - i. The nurse should give the unopened bag with medications to the patient and document that this was done on the Nursing Discharge Instruction Sheet. If the bag contains controlled substances, the nurse should open the bag in the presence of the patient and another licensed personnel. The controlled substance(s) should be counted and validated all are present before returning to patient. These actions should be documented on the Nursing Discharge Instruction Sheet.
3. If the bag must be opened for any reason prior to discharge, a new bag should be obtained and step 2 should be repeated.
 4. Medications not claimed within 30 days after the patient is discharged will be destroyed.
 5. If a patient does not take his/her medications home at the time of discharge and sends a representative to pick them up, the representative must bring his/her personal identification and a copy of the patient's identification, along with written consent from the patient, to the pharmacy. Pharmacy personnel will document who received the patient's medications (patient or representative).
 6. In the event of the patient's death, all Schedule II, III and IV controlled substances should be destroyed. (Federal law prohibits the transfer of Schedule II, III and IV drugs to any person other than the patient for whom it was prescribed.) All controlled substances destroyed should be recorded on a Controlled Substances Destruction Record and kept on file for 2 years.

INITIAL EFFECTIVE DATE: 09/2011

DATES REVISIONS EFFECTIVE: 04/2018, 12/2019, 04/2021

DATES REVIEWED (no changes):