LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

MEDICATIONS BROUGHT INTO HOSPITAL BY PATIENTS

Policy:

Patients are encouraged to bring medications and alternative/herbal remedies they are currently taking to the hospital at the time of admittance to assist the physician during the history procedure. Such medications and/or supplements should preferably be removed from the hospital premises at the conclusion of the admitting history procedure. If a patient is unable to have their medications removed, they will be packaged and stored with the patient’s other belongings as per Hospital Policy 2.4 (Patient Valuables) and returned to the patient at the time of discharge.

A. If it is necessary for a patient to continue therapy on a medication that is not normally available from the pharmacy (i.e., a non-formulary drug), the patient’s own supply may be used provided the conditions below are met.

1. The patient’s own medication is deemed essential for patient survival and has no suitable formulary alternative and/or is unable to be obtained by the pharmacy.

2. A physician enters an order in the patient’s chart during medication reconciliation or using the “non-formulary” entry in the electronic health record (EHR). The order must include the name, strength, dose, frequency and route to be administered.

3. Before use or administration of a patient’s own medication, a pharmacist must identify the medication and visually evaluate the medication’s integrity.

4. The patient’s own controlled substance(s) may not be used unless being administered for a chronic condition with approval of pharmacy and physician.

5. If the medication is unable to be identified, is adulterated, or otherwise unsuitable for use, the pharmacist will notify the patient’s physician, and the patient’s own medication may not be used.

6. All medications identified by pharmacy will be entered into the patient’s medication profile and logged in pharmacy interventions in the EHR.

7. The pharmacy may notify the patient’s nurse when the identified medication(s) is/are ready to be picked up from the pharmacy. The medication is then returned to the patient care area to be stored with other medications and administered by a nurse. [Exception: patient’s own controlled substances identified for use will be stored and dispensed in the Central Pharmacy’s automated dispensing system (ADS) by a nurse].
8. A brief description of the patient’s own medication(s) being administered during admission will be entered in to the discharge navigator under patient belongings by the patient’s nurse.

9. All administrations of patient’s own medication(s) will be recorded on the patient’s Medication Administration Record (MAR) in the EHR.

B. Medications which are not approved by the FDA – Continuation of an herbal supplement or alternative medicine that a patient was taking prior to admission to the hospital.

1. Upon admission, the patient is asked about the use of herbal or botanical products, and dietary supplements. The patient’s response is documented as per the Medication Reconciliation process.

2. The patient’s own supply of herbal or botanical products and dietary supplements may not be taken without a prescriber’s order. The order must include all required elements for a medication order.

3. The attending physician is responsible in determining the safety and efficacy and dosage of each ordered product in consultation with a pharmacist or dietitian, as appropriate. The physician will be responsible for this documentation in the chart.

4. If approved for use, the patient will provide their own supply. The pharmacy will not purchase herbal supplements or alternative medicines which have not been approved by the P&T Committee.

5. The order for herbal or botanical product/dietary supplement shall be screened by the pharmacist for drug interactions, duplications, dosage, etc. prior to therapy initiation in the same manner that new medication orders are reviewed. The prescriber will be notified when the pharmacist identifies potential therapeutic issues as per the usual pharmacy procedure.

C. Patient death, discharge, or loss of valuables

1. Upon discharge, nursing will obtain the patient’s medication(s) and will return them to the patient or the patient’s caregiver.

2. If patient medication(s) are not returned prior to discharge, nursing staff will surrender these medications to the University Police Department (UPD).

3. In the event of the patient’s death, nursing will bring the patient’s medication(s) to the UPD for disposal according to statues of the State of Louisiana.

4. If patient medication(s) are lost or cannot be located, nursing shall complete and submit a variance to Quality Management.
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Administrator

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Date

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