LEGACY HEALTH

PATIENT CARE
Policy: **900.3104**
Origination Date: **NOV 2021**
Last Review Date: **APR 2025**

SECTION: **DRUG ADMINISTRATION**
TITLE: **PATIENT'S OWN MEDICATIONS (POM): INPATIENT ADMINISTRATION AND USE**

FACILITY:

☒ Legacy Emanuel Hospital and Health Center (as applicable: ☐ LEMC only ☐ RCH only ☐ Unity only)

☒ Legacy Good Samaritan Medical Center	☐Legacy Medical Group
☒ Legacy Meridian Park Medical Center	☐ Legacy Urgent Care
☒ Legacy Mount Hood Medical Center	☐ Legacy Visiting Nurse Association (Hospice)
☒ Legacy Salmon Creek Medical Center	☐ Legacy Lab Services
☒ Legacy Silverton Medical Center	☐ Legacy Research Institute
☐ Administrative / System Support Services	☐ Other:

POPULATION: ☒ **Adult** ☒ **Pediatric** ☒ **Neonate**
(Adult > 18 years of age; Pediatric 0-18 and adult patients under care of a pediatric specialty physician at RCH;Neonate 0-28 days and continued hospitalization in the NICU)

PURPOSE:

1. To define appropriate and compliant use of patient's own medications including controlled substances.
2. To prevent interruption of the medication regimen when a patient has been stabilized on a non-formulary or non-stocked product prior to admission.

RESPONSIBLE STAFF:

Pharmacy, Nursing (RN), Licensed Independent Practitioner (LIP)

DEFINITIONS:

- Medications: include prescription drugs, over the counter (OTC) drugs, dietary supplements (including herbal products), and home remedies
- Controlled substances (CS)**:** medications which are classified as schedule I – V by the DEA. Only CS schedule II-V are allowed for administration in the inpatient setting.
- Patient's own medication (POM): medications that patients have obtained in the community setting and bring to the hospital when admitted

A. POLICY:

1. Patient's own medications may only be used in the following situations:

a. Non-formulary medications approved for use in the hospital but not stocked in the pharmacy
   i. Examples: investigational drugs or oral contraceptives

b. Formulary medications not on the site-specific facility list or stocked in the pharmacy AND not obtainable in timely manner to avoid disruption of care. The pharmacy will begin dispensing once it is procured or if the patient runs out of their own medication supply during the hospitalization.

c. Medications delivered as continuous therapy via pump that were used prior to admission to the hospital.

i. Allowed currently infusing admixed products include:
1. Pain infusions via an implanted infusion (see 900.5033)
2. Prostacyclin analog therapy for pulmonary hypertension

ii. If patient has an implanted insulin pump, please refer to 900.5860 Adult Patients on Continuous Subcutaneous Insulin Infusion (Insulin Pump) Management.

iii. If patient has home parenteral nutrition (e.g., total parenteral nutrition (TPN) or partial parenteral nutrition (PPN)) infusing upon admission, it may only be continued for up to 24 hours as clinically appropriate until completed or new bag can be compounded.

iv. Other continuous therapies not included above must be changed to hospital-provided medication and equipment as soon as possible (ex: heparin transfusing upon transfer from other institution)

d. Exceptions to the above criteria may be applicable during critical product shortages and if no other options are available to meet patient care.

2. Patient's own medications are <u>not</u> allowed in the following situations:

a. Marijuana or any other related components

i. No patient will be allowed to use non-FDA approved marijuana or derivatives (e.g., tetrahydrocannabinol (THC), cannabidiol (CBD)) while they are a patient within a Legacy facility. This includes a patient with a card for use of legal marijuana for medical treatment.

ii. If patient brings non-FDA approved marijuana or derivative into the facility, the family or designee will be asked to take it home or it will be turned over to Legacy Security for destruction.

iii. Patients on FDA-approved, prescribed CBD product (e.g., Epidiolex) may have therapy continued if LIP orders for inpatient use.

b. Dietary or herbal supplements

c. Parenteral nutrition, unless as outlined in Statement A.1.c.iii.

d. Peritoneal dialysis solution

e. Medications that were prescribed for outpatient use but were not filled or started before hospitalization.

3. When not in use, patient's own medications shall be sent home whenever possible.

a. If medications cannot be sent home, they will be secured per LH 900.3243 "Storage and Handling of Medications and Pharmaceutical Supplies in Patient Care Areas" and LH 916.4416 "The Control and Dispensing of Patient Own Controlled Substances" and storage documented accordingly.

B. PROCEDURE / IMPLEMENTATION PROCESS:

1. Patient's own medication may only be used for products outlined in Policy Statement A.1. and when ALL the following requirements are met:

a. LIP has placed a medication order which states that nursing staff is to administer POM which is documented on the MAR. A valid medication order is entered into the electronic medical record and contains the drug name, strength, dose, route and frequency.

b. POM is in original prescription or medication container (e.g. blister pack) and labeled with components required to satisfy a legal prescription label including drug name and strength, patient name, and expiration dating.

***KEY POINT**: Pharmacist has the discretion to not approve the use of POMs if they have reason to believe the medication was not properly stored or if the packaging is suspect.*

c. For Controlled Substances, Patient's Own Controlled Substance Inventory Record is completed and maintained following Policy LH 916.4416 "The Control and Dispensing of Patient Own Controlled Substances."

2. Provider Responsibility:

a. Evaluate if POM use is appropriate for inpatient use and order medication in the electronic health record (EHR). A nursing communication does NOT qualify as a medication order.

b. Indicate that the patient may use their own supply of the specific medication in the comment or administration instruction field.

3. RN Responsibility:

a. Prior to any administration of POMs, the nurse must notify a pharmacist to assure appropriate identification and labeling of each medication.

b. Arrange for medication to be supplied to pharmacist for verification.

c. Document administration in the medication administration record (MAR) section of the EHR.

d. When a CS POM is retrieved from the pharmacy for administration, document with pharmacist on the Patient's Own Controlled Substance Inventory Record following LH 916.4416 The Control and Dispensing of Patient Own Controlled Substances .

e. Ensure that upon admission to the hospital, patients requiring administration of medications via an infusion pump or other device will be changed to Legacy-approved equipment, unless allowed as outlined in Policy Statement A.1.c.

***KEY POINT:** Medication must be verified and labeled by a pharmacist prior to any administration by RN.*

4. Pharmacist Responsibility:

a. Evaluate appropriateness of POM

i. POM must be in original prescription container or medication container (e.g. blister pack) and labeled with components required to satisfy a legal prescription label including drug name and strength, patient name and expiration dating.

1. Packaging of POM should contain only one medication. Packaging which contains more than one medication, such as multi-medication "bubble pack" or "blister pack," will not be considered for POM use unless withholding the drug would be detrimental to the patient's health pursuant to a practioners order.

ii. For Controlled Substance POM, complete the Patient Own Medication Controlled Substance tracking form and follow procedure in Policy 916.4416 "The Control and Dispensing of Patient Own Controlled Substances".

1. The pharmacist is responsible for confirming tablet identification using Micromedex Drug ID, as necessary. Confirmation will be documented in the

patient's chart using an iVent which will include the medication name and tablet strength.

b. Assess hazardous drug status
    i. The pharmacist will determine whether or not the medication is an antineoplastic, non-antineoplastic, or reproductive risk-only medication based on the medication's therapeutic class.
    ii. The medication will then be handled according to the dosage form of the drug according to Attachments A-C of LH 900.3901 Hazardous Drugs: Safe Handling.
    iii. The pharmacist will input one of the following statements into the administration instructions in EPIC:
        1. "Hazardous Drug Antineoplastic. Follow appropriate handling based on the dosage form of the drug."
        2. "Hazardous Drug: Non-Antineoplastic/Reproductive Risk Only. Follow appropriate handling based on the dosage form of the drug."
    iv. Prior to hazardous drugs being added to the EPIC compendium or automatic dispensing cabinet, appropriate designations will be assigned by the pharmacy compliance team to ensure that the correct, standardized nomenclature is used.

c. Labeling
    i. Generate a barcode label in the EHR and affix to the medication container for POM that meet criteria. On label, include:
    ii. Add to Administration instructions of storage location.
    iii. Designation of "patient supplied," making this information readily available on the MAR.

d. Documentation
    i. Pharmacist will enter an iVENT in the EHR to note medication, NDC, lot, expiration, and number of tablets (if applicable).

e. When medications are not identifiable, do not agree with the prescription label, or pharmacist discretion, contents will not be administered to the patient. Pharmacist will:
    i. Reject the orders during the verification process.
    ii. Return container to RN to be sent home or stored according to Policy LH 900.3243 "Storage and Handling of Medications and Pharmaceutical Supplies in Patient Care Areas", LH 900.3105 "Patients Own Medication Belongings", and Policy LH 916.4416 "The Control and Dispensing of Patient Own Controlled Substances"
    iii. Notify LIP of the change through the discontinuation of the order during verification

f. For admixed sterile products, ensure ALL the following conditions are met in addition to above:
    i. The product is prepared by a licensed pharmacy.
    ii. The product is appropriately labeled to comply with all applicable state and federal laws.
    iii. The storage conditions required for admixed product stability and sterility can be validated by a pharmacist.
    iv. The expiration date of an admixed sterile product can be verified.

5. Storage or disposition/destruction of POMs, both those being used inpatient and those stored that could not be sent home:

a. See LH 900.3243 Storage and Handling of Medications and Pharmaceutical Supplies in Patient Care Areas and LH 916.4416 The Control and Dispensing of Patient Own Controlled Substances.

Key Words:	Patient's own medications, patient's own controlled substances, POM, CS POM, Marijuana, Patient's Own, home supplied medications, CBD, cannabidiol, TPN, blister pack, bubble pack
References:	Cite any references, including cross-referenced Legacy standards
Replaces:	900.3240
Approval:	CSR NEC MEC MQ&C
Originator:	Pharmacy
Owner:	Pharmacy