<table>
<thead>
<tr>
<th>Policy Title/Number:</th>
<th>Patient Medications Brought from Home or Other Non-VUMC Sources</th>
<th>CL 30-06.15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories:</td>
<td>Medication Administration</td>
<td></td>
</tr>
</tbody>
</table>
| Contributors:       | Kathleen Burns, RN, BSN, MNEd, CCRN, CVICU Clinical Nurse Specialist  
|                     | Sheree Foster, D.Ph., Pharmacy Mgr, Compliance/Process Improvement  
|                     | Alison Grisso, Pharm D, Pediatric Clinical Pharmacy Specialist;  
|                     | Neal Patel, MD, Associate Professor, Pediatrics  
|                     | Hayley H. Rector, Pharm D, BCPS, VMG Clinic Pharmacy Manager  
|                     | Vickie Thompson, RN, MSN, Nursing Special Projects Mgr, VCH |
| Review Responsibility: | Clinical Policy Committee                                  |              |
| Effective Date:     | March 2000                                                   |              |
| Last Revised Date:  | March 2009                                                   |              |
| Team Members Performing: | All faculty and staff  
|                      | MD  
|                      | RN  
|                      | LPN  
|                      | VUSN/VUSM students  
|                      | X Other licensed staff (specify): Pharmacists  
|                      | X Other non-licensed staff (specify):  
|                      | X Not Applicable  
| Guidelines Applicable to: | VUH  
|                      | X VMG*  
|                      | X Children’s Hospital  
|                      | X VPH  
|                      | VUSM  
|                      | VUSN  
|                      | Other (specify):  
|                      | Exceptions (specify):  
|                      | X Not Applicable  
| *includes satellite sites unless otherwise specified. |
| Specific Education Requirements: | Yes X No Not Applicable |
| Physician Order Requirements: | X Yes No Not Applicable |
PATIENT MEDICATIONS BROUGHT FROM HOME OR FROM OTHER NON-VUMC SOURCES

I. Outcome Goal:

To promote patient safety and compliance with all applicable regulations and accreditation standards by controlling the use of medications from outside sources.

II. Policy:

All medication administered to inpatients at VUMC are provided by the VUMC Pharmacy, unless the medication qualifies for an exception approved by the VUMC Pharmacy and Therapeutics Committee. Patients of VUMC outpatient services may self-administer certain medication from non-VUMC hospital or clinic sources, unless directed otherwise by their physician/outpatient healthcare provider providing services to the patient.

Medications brought in by patients are not re-dispensed to other patients.

III. Definition:

Medication - includes prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, over-the-counter drugs, vaccines, diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug. The definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

IV. Specific Information - Inpatients:

A. Upon Admission: The admitting nurse or designee assesses whether the patient has medications with them.

1. The admitting nurse requests medications to be sent home with an adult member of the patient’s family or other responsible adult.

2. If sending the items home is not feasible, the medications will be treated as patient belongings. The admitting nurse or designee arranges for the medication to be picked up from the patient and stored as patient belongings. Reference policy OP 10-50.07, Patient Belongings.
B. Limited exceptions when medications will be used during the inpatient stay:

1. There are limited exceptions approved by the Pharmacy and Therapeutics (P&T) Committee for when the patient’s own medication from non-hospital sources is allowed to be administered by nursing staff while the patient is in the hospital:
   a. Non-formulary medication with no therapeutic substitution on formulary as agreed upon by the prescriber and the pharmacist.
   b. Specific situations approved by the P&T Committee where the use of patient’s own medication is preferred. (e.g., programs requiring prescriber and patient enrollment such as Thalidomide [Thalomid]). See Web References.
   c. The medication is provided under protocol as part of the patient’s participation in an investigational study. The primary investigator must be contacted to provide any information necessary for the patient’s medical record.

2. A medication order must be entered into the Computerized Provider Order Entry (CPOE) system for each medication clearly stating that “Patient’s own medication may be used”. For non-formulary medications where the medication is not listed in the CPOE system, a medication order is entered using the “Pharmacy Miscellaneous” medication file.

3. The pharmacist processes the order in the pharmacy computer system such that the Medication Administration Record (MAR/eMAR) reflects that the patient’s own medications are being used. The pharmacist generates a “no charge” label to provide a bar code for the home medication, attaches this label to a baggie, and places the patient’s home medication into the baggie.

4. The pharmacist brings the label to the patient care unit as staffing allows and examines the medication for positive identification, for visual inspection of integrity, and proper labeling according to the physician order. Any medication whose contents or integrity cannot be verified (e.g. opened oral liquids, ophthalmic solutions) will not be used. The following criteria are utilized for verification:
   a. The medication must be contained in an original prescription container with labeling that identifies the name, strength, dose, route, and directions for use.
   b. Upon visual inspection, the product does not appear to be deteriorated, expired, or otherwise adulterated.
   c. The pharmacist will verify the product via online product identification system.
   d. Whenever the integrity cannot be verified, the product is excluded from use.
e. Compounded products such as intravenous admixtures and total parenteral nutrition solutions (TPN) cannot be visually identified. Therefore, these products are excluded from use.

f. In the event that a medication must be compounded by the VUMC staff for a patient involved in a special program where use of patients on medications is preferred, product must be shipped directly from the company to the VUMC Pharmacies (see Web References).

6. The pharmacist enters an order into the CPOE system using the mnemonic “Verify” which states, “Home meds verified by pharmacy”. The specific home meds which have been verified can then be listed in the comment field.

7. Once the medications which will be used are verified these products are stored in the “Patient Specific Drawer” of the Automated Dispensing Cabinet or other secured location. Medications may not be left unsecured in the patient’s room.

8. When Schedule II controlled substances are used from a patient’s own supply, a Controlled Drug Record (CDR) must be issued for documentation of doses administered to the patient. These will then be stored in the Miscellaneous Narcotic drawer of the automated dispensing device.

9. If the medication cannot be identified, is adulterated, or otherwise unsuitable for use (e.g., expired, deteriorated, multiple medications mixed in one container), the pharmacist will notify the prescriber to discuss alternatives.

C. Transfer between Inpatient Units:

Medications are transferred to the receiving nursing unit along with the patient’s other belongings. The transferring nurse and receiving nurse are responsible for transferring these medications to the new location during the hand-off process.

V. Specific Information - Outpatients:

A. Except in rare exceptions set forth below, Vanderbilt personnel do not administer medications to a patient that the patient brings to an outpatient visit at VUMC.

B. The patient’s provider may instruct the patient to continue to self-administer maintenance medication during an extended outpatient encounter at VUMC.

C. The provider or nurse documents in the patient’s medical record that the patient self-administers the patient’s own medications.
D. If the Provider or nurse observe anything unusual or concern regarding the outpatient’s medication or self-administration of the medication, or believes it is otherwise indicated, then the Provider or nurse inspects the medication to evaluate integrity, labeling, and any other characteristics pertaining to the safety of the medication. The Provider or nurse seeks to take possession of any medication that appears unsafe. The pharmacy is contacted when needed for assistance.

E. In the rare exception that Vanderbilt personnel will be administering the medication, the following criteria are utilized for verification:

1. The medication must be contained in an original prescription container with labeling that identifies the name, strength, dose, route, and directions for use.
2. Upon visual inspection, the product does not appear to be deteriorated, expired, or otherwise adulterated.
3. The pharmacy is contacted when needed for assistance with the verification process.
4. Whenever the integrity cannot be verified, the product is excluded from use.

F. VUMC personnel may only administer injectable medications that have been prepared by the VUMC pharmacy. For patients involved in a special program where use of the patient’s own medication is preferred, products must be shipped directly from the company to the VUMC Pharmacies (see Web References).

VI. Upon Discharge:

A. Medications brought in by or for the patient are returned to the patient or their family members unless there is a safety concern. If there is a safety concern, the provider, pharmacist, and Legal and Risk Management departments may be contacted as needed to determine whether a patient’s medication can be returned to the patient.

B. All areas of potential storage need to be considered when retrieving medications (e.g., Patient Specific Drawer, Misc. Narcotic Drawer).

VII. Web References:

CL 30-19.10 Patient’s Personal Belongings – Children’s Hospital
CL 30-06.20 Medication Reconciliation
CL 30-18.07 Mechanical Ventilation
VIII. **Endorsement:**

Pharmacy and Therapeutics Committee – July 2008

Clinical Practice Committee – January 2009

IX. **Approval**

Marilyn Dubree, RN, MSN 4/10/09
Executive Chief Nursing Officer

Pat Givens, RN, MSN 4/1/09
Chief Nursing Officer, Children’s Hospital

Margaret Head, RN, MSN 4/14/09
Chief Operating Officer, VMG

Pam Jones, RN, MSN 3/30/09
Chief Nursing Officer, VUH