

OFFICIAL

SA Health

# Policy

## Patients' Own Medications

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Government  
of South Australia

SA Health

## 1. Name of Policy

Patients' Own Medications

## 2. Policy statement

This policy outlines the mandatory safety and quality requirements for the management and administration of patients' own medications within SA Health.

## 3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) (including state-wide services aligned with those Networks) and SA Ambulance Service (SAAS).

## 4. Policy principles

SA Health's approach to patients' own medications is underpinned by the following principles:

- > We ensure patients' own medications are used to enhance continuity of care.
- > We ensure patients' own medications are stored and transported safely and securely, and where appropriate, returned to patients or disposed of with consent.
- > We ensure patients' own medications are only administered to patients where it is safe and appropriate to do so.

## 5. Policy requirements

- > LHNs and health services must have local procedures in place regarding Patients' Own Medications (POMs). These processes must incorporate the requirements described in this policy.

### On Admission (or Prior for Planned Admissions)

- > Patients and their carers must be instructed to bring all current medicines and their medicines list (if applicable) into hospital upon admission.
  - The patient information sheet Bringing Your Medicines into Hospital must be offered to patients where possible.
- > When retrieving a patient for transport to hospital, SA Ambulance Services (SAAS) or Medstar staff must collect patients' own medications, where appropriate, and bring them with the patient in the 'Patient Property Bag' (or equivalent bag).
  - The collection of patients' own medications must not compromise patient safety by delaying patient retrieval.
- > If a patient has arrived in hospital via SAAS/Medstar, SAAS/Medstar staff must provide any patients' own medications collected to admitting staff.
- > Patients who have already arrived at hospital must not be asked to return home to collect patients' own medications. Where possible, relatives/carers must be asked to collect patients' own medications on behalf of the patient and bring into hospital when visiting.

- > If illegal drugs are brought into the hospital/health service, they must be handled in accordance with LHN/health service procedures. The local branch of the police Criminal Investigation Branch (CIB) or the police Drug Action Team sergeant must be contacted.

### During Admission

- > Patients' own medications must be used to assist the documentation of a complete and accurate best possible medication history by a pharmacist or other appropriately skilled health care professional. This must be undertaken at the time of presentation or admission, or as early as possible in the episode of care, in accordance with the [APAC Guiding Principle 4, outlined in \*Continuity in Medicine Management - A Handbook for South Australian Hospitals\*](#).
- > Patients' own medications brought into hospital must be documented, including:
  - o Details of where patients' own medications have been stored.
  - o If patients' own medications are returned home, and with whom.
- > Patients' own medications must only be administered to patients where it is deemed safe and appropriate to do so, in accordance with to [Mandatory Instruction 1 and 2 \(Appendix 1 and 2\)](#).
- > Patients' own medications must be securely stored and transported in accordance with [Mandatory Instruction 3 \(Appendix 3\)](#).

### On Discharge or Transfer Between Hospitals/Health Services

- > All medications, including patients' own medications, must be reviewed prior to discharge by a pharmacist or other appropriately skilled health professional, in accordance with [APAC Guiding Principle 5, as outlined in \*Continuity in Medicine Management\*](#)
- > Patients' own medications that continue on discharge must be returned to the patient prior to leaving the hospital or health service.
- > Consent must be obtained for the destruction of patient owned medication, including where it is considered clinically inappropriate to return medicines to the patient as they are not part of the ongoing therapeutic management plan. If consent is not given for destruction, the label must be crossed out, dated, and recorded as stopped and the medicine must be returned to the patient.
- > Changes to the medicine regimen must be communicated to the patient verbally and/or in writing by the medical practitioner or pharmacist and medicine containers re-labelled accordingly.
- > When transferring a patient to another hospital/health service, staff must place all of the patient's own medication into a patients' own medications bag, sealed, and labelled, for transfer with the patient.

### Medicines Left at Hospital/Health Service

- > If patients' owned medications are left at a hospital or health service, staff must attempt to contact the patient to arrange for collection of the items left at hospital, on the ward or in the pharmacy, or to provide consent for the disposal of these items. Any action taken must be recorded.
- > Medicines still in pharmacy from discharged or deceased patients must be reviewed and disposed of at the discretion of the hospital (pharmacy department) and appropriately recorded.

## Managing Patients' Own Medications in Hospital

- > LHNs and health services must have local processes to mitigate inherent risks associated with the use of patients' own medications in the hospital including:
  - Difficulty in correctly identifying patients' own medications
  - Incorrect identification of medicines
  - Use of expired or damaged medicines
  - Potential for patients to self-administer medicines without the knowledge of hospital staff
  - Incorrect or unsafe storage and transport of patients' own medications
  - Failure to identify if a dispensing error has been made
  - Diversion of medicines, and
  - Failure to return medicines on discharge.

## Voluntary Assisted Dying Substance

- > Voluntary assisted dying substance must be managed in accordance with the [Voluntary Assisted Dying Policy](#).

## 6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Storage and Recording of Restricted Schedule 4 Medicines Policy](#)
- > [Voluntary Assisted Dying Policy](#)

## 7. Supporting information

- > [Code of Practice for the Storage and Transport of Drugs of Dependence](#)
- > [Complementary and Alternative Medicines Guideline](#)
- > [Continuity in Medicine Management Handbook](#)
- > [Controlled Substances Act 1984 \(SA\)](#)
- > [National Medicines Policy 2022](#)
- > [The Poisons Standard \(the SUSMP\)](#)
- > [Patient Information Sheet: Bringing Your Medicines into Hospital](#)
- > [Checklist Assessment of Patient's Own Medicines for In Hospital Use](#)
- > [Voluntary Assisted Dying Clinical Guideline](#)
- > [Bringing patients' own medicines into an emergency department by ambulance: effect on prescribing accuracy when these patients are admitted to hospital](#)
- > [Australian regulation of over-the-counter medicines](#)
- > [An overview of the regulation of complementary medicines in Australia](#)
- > [National Health Reform Agreement](#)
- > [Guiding principles to achieve continuity in medicine management](#)

## 8. Definitions

- > **Clinical trial medicines** means medicines that a patient has been provided as part of a clinical trial (research study) in which they are currently participating.
- > **Complementary and alternative medicines (CAMs)** means medicines that are defined by the Therapeutic Goods Administration (TGA) as therapeutic agents consisting principally of one or more designated ingredients, each of which has a clearly established identity and/or a traditional use. The TGA definition includes vitamins, minerals, nutritional supplements, herbal, certain aromatherapy preparations, homoeopathic products, and traditional medicines such as Aboriginal traditional medicines, traditional Chinese medicines and Ayurvedic medicines. Other terms used to describe these medicines include 'natural medicines' or 'herbal medicines'.
- > **Current medicine** means all the medicine(s) that a patient is taking prior to hospital admission. This includes prescribed, OTC, complementary, alternative, and clinical trial medicines. Also see Patient's own medications.
- > **Drugs of dependence (DDs)** means medicines defined in the *Controlled Substances Act 1984* (SA) as Schedule 8 poisons (controlled drugs). Controlled drugs are substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
- > **Health practitioner prescriber (HPP)** means a health practitioner authorised to undertake prescribing within their scope of practice in accordance with SA Health policy.
- > **Medication Assisted Treatment for Opioid Dependence (MATOD) Program** means the opioid pharmacotherapy program operating in South Australia that allows accredited and trained medical or nurse practitioners to prescribe methadone liquid or sublingual buprenorphine (with or without naloxone) to maintain/treat opioid drug dependence. MATOD is delivered through public providers such as Drug and Alcohol Services South Australia (DASSA), community prescribers (mostly general practitioners), and forensic prescribers.
- > **Over-the-counter (OTC) medicines** means medicines that may be sold directly to a consumer without a prescription. OTC medicines can be supplied as:
  - pharmacy medicines (included in Schedule 2 to the Poisons Standard), or
  - pharmacist-only medicines (included in Schedule 3 to the Poisons Standard), or
  - general sales medicines that are not included in any of the Schedules to the Poisons Standard 4.
- > **Patients' own medications (POMs)** means the medications patients bring into the hospital at admission, or that is brought in from an external source at a later point during their stay in hospital. These are the current medicines that patients have been taking prior to their hospital/health service visit and may include prescription medicines, devices containing medicines (such as puffers, insulin pumps etc.), over-the-counter (OTC) medicines and complementary medicines.
- > **Prescription medicine** means medicine that may only be obtained with a written prescription from an authorised prescriber (such as medical practitioner, dental practitioner, nurse practitioner, endorsed midwife, or optometrist).
- > **Restricted Schedule 4 medicines** means Schedule 4 medicines defined in Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive that require additional controls for their security and accountability.
- > **Statewide services** means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

## 9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

## 10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

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Contact for enquiries: [Health.OfficeoftheChiefPharmacist@sa.gov.au](mailto:Health.OfficeoftheChiefPharmacist@sa.gov.au)

## 11. Document history

Version	Date approved	Approved by	Amendment notes
V2.0	11/09/2023	Deputy Chief Executive, Clinical System Support and Improvement	Transfer to new Policy Framework template & incorporated mandatory requirement from previous Policy Guideline
V1.1	09/03/2018	Lynne Cowan, Deputy Chief Executive	Updated to include management of patients' own medications that require additional controls in accordance with the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive. Also included information on the management of medicines dispensed as part of a Medication Assisted Treatment for Opioid Dependence (MATOD) Program.
V1	30/01/13	Portfolio Executive	Original Portfolio Executive approved version

## 12. Appendices

Appendix 1: Assessment of Patients' Own Medications for In-hospital Use Mandatory Instruction

Appendix 2: Administration of Patients' Own Medications to Patients Mandatory Instruction

Appendix 3: Storage and Transportation of Patients' Own Medications Mandatory Instruction

## Appendix 1: Assessment of Patients' Own Medications for In-hospital Use Mandatory Instruction

The following Instruction must be complied with to meet the requirements of the *Patients' Own Medications Policy*.

### 1. Assessment of Patients' Own Medications for In-Hospital Use

- > The medicine was prescribed for that patient. Medicine must only be used for whom it was originally dispensed.
- > The medicine must be able to be identified as that on the label (either from the original package or name and strength on the foil strip). Medicines dispensed in a bottle, e.g., liquids or unmarked tablets, must be assessed by a pharmacist or other appropriately skilled health professional and deemed safe for use.
- > Loose medicines, such as mixed supply contained in a bottle, compliance aid, (e.g. Dosette or blister pack), must not be used unless they can be positively identified. If the number of tablets/capsules is clearly more than suggested on the label, indicating that the patient may have mixed several supplies, this medicine must not be used.
- > Where applicable, the label must be legible and state:
  - a) Supplier details, i.e. dispensing pharmacy name or dispensing doctor's name
  - b) Patient's name
  - c) Drug name, form and strength
  - d) Dose
  - e) Quantity dispensed
  - f) Date dispensed
- > If the dosage instructions have changed, then the medicine must be re-labelled, where possible.
- > The medicine must be within the expiry date printed on the pack. If no expiry date is printed, the medicine must not be used.
- > The condition of the medicine and the container must be of good quality, such as clean, dry, with no sign of tampering, damage, or contamination.
- > Medicines with specific storage instructions or short expiry once opened must only be used if clearly unopened and stored correctly, e.g. fridge items, eye drops.
- > If the medicine has been dispensed outside of Australia its use may be unlicensed and must be regarded as such. If the medicine is required for the continuation of therapy contact pharmacy or pharmacist for advice.
- > The pharmacist or other appropriately skilled health professional must identify medicines deemed suitable for use with a signed and dated LHN approved sticker and store accordingly.

## Appendix 2: Administration of Patients' Own Medications to patients Mandatory Instruction

The following Instruction must be complied with to meet the requirements of the *Patients' Own Medications Policy*.

### 1. Administration of Patients' Own Medications to Patients

- > The decision to allow the use of patients' own medications during admission must be made by the individual LHN/health service, taking into consideration any resource implications, and ensuring that this policy is adhered to.
- > If patients' own medications are to be administered during the patient's admitted episode, a pharmacist or other appropriately skilled health care professional must assess the patients' own medications according to LHN/health service procedure (or other similar documents) to ensure they meet the requirements as detailed in *Mandatory Instruction 1 (Appendix 1)*.
- > Patients' own medications must only be administered to patients if they have been written into the patient's medicine plan by the treating health practitioner prescriber (HPP).
- > The decision to withhold or provide treatment using patients' own medications must be considered within the context of risk versus clinical need.
- > Patients' own medications must be assessed for suitability by appropriately skilled health care professionals before they may be administered to patients.
- > Patient/carer consent must be provided and documented prior to administration of any of their own medications within the hospital/health service.
- > Self-administration of medications (patient's own or hospital supplied) must be in accordance with any relevant local LHN/ Health service procedures regarding medicines self- administration.

### 2. Clinical Trial Medicines

- > If the patient is a subject in a clinical trial being conducted under the auspices of another institution, the principal investigator must be advised of the patient's hospitalisation. If the principal investigator wants the patient to continue on the medicine whilst admitted, then adequate information must be provided to the admitting consultant to enable him/her to decide if it is appropriate for the treatment to continue.
- > Where the treatment is to continue, the hospital medical consultant is responsible for making this decision and recording the treatment on the medicine administration chart. The hospital pharmacy must not re-issue clinical trial medicines; the patient's clinical trial supply is to be used.



## Appendix 3: Storage and Transportation of Patients' Own Medications Mandatory Instruction

The following Instruction must be complied with to meet the requirements of the *Patient Owned Medications Policy*.

### 1. Storage and Transportation of Patients' Own Medications

- > Patients' own medications must be clearly identifiable to ensure that they are able to be returned to the patient where appropriate, as they remain the property of the patient.
- > If a patient's own medication is a drug of dependence (Schedule 8 medicine) dispensed as part of a Medication Assisted Treatment for Opioid Dependence Program (MATOD), this must be discussed with the pharmacist before returning the medicine to the patient or carer.
- > Single use, transparent, patients' own medication bags (POMs bag) must be used for storing and transporting patients' own medications within and between LHNs/health services.
- > If a patient's drugs of dependence cannot be sent home, they must be recorded on the relevant drugs of dependence form/register and stored in the drugs of dependence cupboard in accordance with state legislation, the Code of Practice for the Storage and Transport of Drugs of Dependence and LHN/health service local procedures (or similar documents).
- > If a patient's own Restricted Schedule 4 Medicine cannot be sent home, they must be recorded on the relevant form/register and securely stored in accordance with LHN/health service procedures (or similar documents) and the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy.
- > Patients' own medications must be stored in accordance with the manufacturers' recommended storage requirements (e.g. correct temperature).