SESLHD PROCEDURE COVER SHEET

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SUMMARY	Outline of the procedures to be followed regarding patient's own medications.

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SESLHD PROCEDURE

Patient's Own Medications (POMs) – Handling and Storage in Hospital

SESLHDPR/758

1. POLICY STATEMENT

This document outlines the procedures to be followed regarding patient's own medications (POMs) in accordance with NSW Ministry of Health Policy Directive PD2022_032 - Medication Handling. It is critical that this process is followed to ensure safe handling, storage and usage of POMs.

For management of Voluntary Assisted Dying (VAD) substances refer to SESLHDPR/764 Voluntary Assisted Dying (VAD) Substance Management at SESLHD facilities. VAD is out of scope for this document.

2. BACKGROUND

The physical presence of medicines is a memory trigger for patients and assists health care professionals when establishing a Best Possible Medication History. It is important that hospital staff have access to information pertaining to the patient's current medicines to facilitate the documentation of a complete and accurate medicine history to improve patient safety and treatment outcomes.

The use of POMs can enhance the continuity of care for patients by facilitating the timely provision of essential medicines in emergency situations where a medicine is unavailable at the hospital/health facility. In addition, accessibility of POMs provides opportunities for patient counselling and assessment of the patient's ability to cope with their medicine.

Patient/visitor access to POMs during an inpatient encounter must be appropriately risk managed to reduce the likelihood of inappropriate self-administration of POMs (accidental or deliberate).

It is critical that POMs are only used in inpatients where it is safe and appropriate to do so. Items brought into hospital by patients are often not readily identifiable or suitable for use so it is important that POMs are appropriately assessed before use.

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3. RESPONSIBILITIES

3.1 Employees will:

- Manage patient's own medications (POMs) in accordance with this procedure.

3.2 District Managers/ Service Managers / Line Managers will:

- Provide support for the implementation of this procedure.

3.3 Nursing staff will:

- Receipt, store, administer and return POMs as outlined in this procedure.

3.4 Medical staff will:

- Utilise POMs to obtain a medication history on admission.
- Receipt, store, administer and return POMs as outlined in this procedure.
- Where necessary, assess the appropriateness of POMs for in-hospital use.
- Utilise POMs as part of discharge review and assess appropriateness of return to patient.

3.5 Pharmacy staff will:

- Utilise POMs to obtain a medication history on admission.
- Receipt, store, administer and return POMs as outlined in this procedure.
- Where necessary, assess the appropriateness of POMs for in-hospital use.
- Utilise POMs as part of discharge review and assess appropriateness of return to patient.

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4. PROCEDURE

Whenever possible, patients should be encouraged to bring their own medications to the hospital with them to support documentation of an accurate medication history on admission and allow comprehensive review of medication management plan and counselling on discharge. After Best Possible Medication History has been documented, the POMs (excluding accountable medicines) are to be receipted and stored in accordance with Section 4.1. It is preferable that, accountable POMs are returned home with a carer or relative and should only be kept at the hospital for the duration of the patient stay if there is no one deemed acceptable/appropriate to take the medication home or if the medications are not available within the hospital.

4.1 Receipt and storage of patient's own medications (POMs)

When a patient is admitted to the hospital, nursing/midwifery staff should:

- Inform patients that whilst they are admitted to hospital, medicines will be provided by the hospital and administered by nursing/midwifery staff.
- Ask patients if they have brought any medications with them.
- Ensure POMs are available for review by the Medical Officer (MO) admitting the patient.
- Ensure any POMs which remain in hospital are stored appropriately (as described below) and ensure patients are aware that they should not take whilst admitted.

4.1.1 Storage requirements and documentation

If the patient's medications are already in a designated "patient's own" bag (e.g., NSW Ambulance TABLETS bag) they can be kept in the same bag; however, if they are packaged in another container (e.g., shopping bag, lunch box), this should be placed in a hospital "patient's own" bag. This should be done by the nurse, midwife, MO, or pharmacist taking possession of the POMs in accordance with Infection Prevention and Control precautions.

The nurse, midwife, MO, or pharmacist taking possession of the POMs must check for items that require special storage:

- Medications that required refrigeration should be placed in the patient care area fridge.
- Accountable medications should be placed in the patient care area drug safe after being signed into the register (see section below for more information).

The nurse, midwife, MO, or pharmacist who takes possession of the POMs should document in the patient's electronic medical record (eMR) that their own medications have been stored and a "Patient's Own Reminder Card" may be completed and placed with the patient's medication chart, or a notation made on the Patient's Care Board to facilitate return of medications.

On inpatient wards, non-accountable POMs should be placed in a dedicated "patient's own" storage area in the patient care area. This storage area should be locked to prevent

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unauthorised access. For accountable POMs (Schedule 8 or Schedule 4D) refer to Section 4.1.3.

In emergency departments, POMs may remain with the patient's belongings unless this is deemed unsafe by staff (e.g., dementia, risk of overdose) or they can be stored in the patient's slot / shelf with the patient's notes.

4.1.2 Unidentifiable substances

Where a medicine or substance cannot be identified/verified, is unlabelled, does not have a dispensing label affixed or the dispensing label is for another person, or the amount of medicine brought in is excessive, it is to be disposed of with the patient or carer's consent. If the substance is not suspected to be a schedule S4D or Schedule 8 medication, this can be done by a nurse, midwife, MO or pharmacist. Where the substance is (or is suspected to be) a schedule S4D or Schedule 8 medication, follow instructions in PD2022_032 Destruction of expired, unusable or unwanted Schedule 8 medications.

If the patient (or their carer) refuses to relinquish the medication, the matter should be escalated to a medical officer suitably qualified to make an assessment of the patient's continuing risk of harm (e.g. where the patient had been admitted with deliberate self-poisoning) and decision-making capacity.

- Decision-making capacity can be impaired by mental illness and other conditions such as dementia and delirium. It may be appropriate to consider treating the patient under the provisions of the *Mental Health Act 2007* (NSW) and/or the *Guardianship Act 1987* (NSW).
- Where the medication is no longer appropriate, but the patient or carer does not provide consent for disposal and a suitably qualified medical officer has deemed the patient capable of decision-making, NSW Health Safety Notice 008/18 advises that the medication label (either dispensing label or original label) should be crossed out, dated and recorded as stopped prior to returning the medication to the patient. Where there are safety concerns about returning medications to the patient, the discharging specialist should be consulted before the patient's drugs are returned to them. If concerns remain, agreement should be sought from the patient for the hospital staff to discard patient's drugs.

Documentation of this process in the medical record is essential and must include the medical officer's name and time and date of consultation, along with the decision and actions.

4.1.3 Accountable Patient's Own Medications (Schedule 8 or Schedule 4D)

Where possible, at the earliest opportunity, and with the patient's permission, patient's own accountable medications should be returned home with a carer or relative and documented in the patient's eMR.

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If the POM is a S8 medicine dispensed as part of an Opioid Treatment Program, e.g., methadone liquid or sublingual buprenorphine (with or without naloxone), discuss with a pharmacist before returning the medicine to the patient or carer.

If the patient's own accountable medications are unable to be sent home or they are required for in-hospital use, they must be recorded in inpatient wards Accountable Drug Register and stored in the Accountable Drug Cupboard, unless already in use (e.g., fentanyl patch).

To streamline the process of checking, accountable POMs may be secured in tamper-evident bags.

- Multiple accountable POMs can be sealed in one of these bags. The bag may then be checked as a single item using its unique alpha-numeric code.
- The initial receipt of the accountable POMs must be clearly documented in the ward's patient's own drug register, including: all drug names, strengths, and quantities. (See section 4.6.1.)
- The tamper-evident bags can store either S8s or S4Ds. There is no need to separately account for bags of S8 and S4R/S4D medications.

Option ONE: Accountable POMs using a patient's own tamper-evident bag

1. On a new page in the ward Patient's Own Accountable Drug Register, in the present of a suitable witness, document:
    a. the patient's name and MRN
    b. all patient's own S8s/S4Ds and quantities on the single page
2. Add the accountable POMs into the bag and seal as per the manufacturer's instructions (see Appendix B).
3. Document the unique bag number in the ward register.

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WARD REGISTER of DRUGS OF ADDICTION - POISONS AND THERAPEUTIC GOODS ACT 1966

Drug: (Name / strength / form) Patient's Own: John Smith Ward: MAU

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
9/6/20	1521	From John Smith MRN: 123456										
		Jurnista 64mg	12			12		A Nurse	A Nurse	B Nurse	B Nurse	
		Endone 5mg	16			16		A Nurse	A Nurse	B Nurse	B Nurse	
		Temazepam 10mg	10			10		A Nurse	A Nurse	B Nurse	B Nurse	
		Sealed in Bag # AAB0214489	1			1		A Nurse	A Nurse	B Nurse	B Nurse	

Balance Checks

Accountable POMs sealed in a tamper-evident bag should not need to be removed from the bag for routine balance checks.

1. Confirm the seal on the tamper-evident bag is intact (i.e., it hasn't been cut or punctured in any way).
2. Count the number of tamper-evident bags against the record in the register.
3. Confirm the unique bag number (printed underneath the barcode) against the record in the register.
4. Write the unique bag number into the *comments* column.

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WARD REGISTER of DRUGS OF ADDICTION - POISONS AND THERAPEUTIC GOODS ACT 1966

Drug: (Name / strength / form) *Patient's Own: John Smith* Ward: *MAU*

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
4/6/20	1521	From John Smith MRN: 123456										
		Jurnista 64mg	12			12		A Nurse	A Nurse	B Nurse	B Nurse	
		Endone 5mg	16			16		A Nurse	A Nurse	B Nurse	B Nurse	
		Temazepam 10mg	10			10		A Nurse	A Nurse	B Nurse	B Nurse	
		Sealed in Bag # AAB0214489	1			1		A Nurse	A Nurse	B Nurse	B Nurse	
4/6/20	2200	Balance Checked				1		C Nurse	C Nurse	D Nurse	D Nurse	AAB0214489
5/6/20	0900	Balance Checked				1		R Nurse	R Nurse	J Nurse	J Nurse	AAB0214489

Option TWO: Accountable POMs NOT in a sealed tamper-evident bag
Signed into the ward Patient's Own Accountable Drug Register on a new page, by two nurses/midwives (one being an RN/RM) or a nurse/midwife and a pharmacist or medical officer in accordance with NSW Health Medication Handling PD2022_023 Section 5.14.1. With the name and strength of each accountable medication listed on a separate page, with the quantity of each drug checked.

Balance checks to occur in accordance with NSW Health Medication Handling PD2022_023 Section 5.14.3.

4.2 Use of POMs in the hospital

Excepting circumstances listed in Section 4.2.1, POMs may be used for inpatient administration if the patient care area does not have immediate access to the facility's stock of the medication.

Ongoing use of POMs may be permitted for the following medications/therapies:

- The medication required (or its generic equivalent) is not available within the hospital, including cases where the patient has a specialised formulation made specifically for their use.
- implantable pump therapy

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- insulin pump therapy
- disposable insulin pen
- specialised formulations for individual patients (such as paediatric patients)
- adrenaline (epinephrine) autoinjectors (additional requirements)
- clinical trial medications
- medication obtained under the Special Access Scheme
- medication supplied under a sponsor facilitated Medicine Access Program
- non formulary medications (for example specific eye drops or inhalers)
- complementary medications
- unregistered Schedule 8 cannabis medicines (additional requirements)

4.2.1 Circumstances where POMs MUST NOT be used

- Methotrexate tablets brought in by patients must not be used within the hospital. A strict protocol is in place for oral methotrexate to minimise the risk of iatrogenic overdose with this drug, including the proviso that all oral methotrexate used within the hospital must be supplied from the Pharmacy Department.
- Drugs for the treatment of opioid dependence:
  - Single dose packs of methadone syrup (i.e., "take away" doses).
  - Buprenorphine sublingual tablets (Subutex®) or buprenorphine/naloxone sublingual films (Suboxone®)
- Medication that is labelled with another patient's name (e.g., the patient's spouse).
- Medication which is not in its original packaging. This would include medications that have been packed into a smaller container or dose administration aid e.g., Webster-pak® (or similar) or a dosette box. EXCEPT where the medication remains in its original foil container within the pack and is clearly labelled with the contents, batch and expiry date (e.g., ciclosporin capsules).

However, these medications remain useful for confirming a patient's medication history, ensuring appropriate supply and information provided on discharge.

4.2.2 Assessment of POMs for in-hospital use

If POMs are to be used (administered) during the patient's admitted episode, an authorised clinician must assess the POMs using the POMs assessment checklist [Appendix A]

The SESLHD Drug and Therapeutics Committee authorise a pharmacist or other appropriately skilled health professional to identify medicines deemed suitable for use and annotate on the medication order as appropriate for use.

The use of a patient own medication in a patient care area must be specifically notated on the medication order as appropriate for use.

4.2.3 Administration of POMs within the hospital

Use of POMs should, generally be limited to situations where a patient urgently requires medicine that is unavailable from the hospital, Use of POMs in less urgent situations may

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also be permitted, such as for continuity of product, e.g., inhalers, creams, short-dated stock.

POMs should only be administered to patients during their admitted episode once:

- The treating prescriber has assessed the appropriateness and effectiveness of current medicines and prescribed to continue during inpatient admission.
- Consent for use of the POMs during the patient's admitted episode must be obtained from the patient, relative or carer and recorded in the patient's eMR.
- The medicine has been assessed by an appropriately qualified health professional and a notation on the medication order indicates it is suitable for in-hospital use.

4.2.4 Patient Self-Administration of POMs

Patient self-administration of medicines (patient's own or hospital supplied) must be in accordance with the NSW Health Medication Handling PD2022_032 Section 6.10.

Efforts should be undertaken to ensure that patients do not use medicines that have not been prescribed to continue during inpatient admission or assessed for in-hospital use in accordance with Section 4.2.2, e.g., use of medicines hidden amongst patient's belongings or brought in by a third party; this should be undertaken with the patient's consent.

4.2.5 Clinical Trial Medicines

If the patient is a subject in a clinical trial, the admitting medical team must contact the principal investigator to advise of the patient's hospitalisation. If the principal investigator wants the patient to continue on the medicine whilst admitted, then adequate information should 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 admitting 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.

4.2.6 Accountable Patient's Own Medications (Schedule 8 or Schedule 4D)

Opening a tamper-evident bag to administer Accountable POMs

Occasionally a patient's own tamper-evident bag may need to be opened during the patient's hospital stay, for example to use one of the patient's own medications. In this case:

1. Open the bag.
2. Transfer the POMs needing to be used to a separate page in the register.
3. The remaining POMs should be sealed in a new tamper-evident bag and accounted for on the same page. The accountable POMs which is 'in use' should not be returned to a sealed bag until such time as it is no longer required to be used for that patient.

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4. The reason for opening the bag should be documented in the *comments* column in the register.

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Drug: (Name / strength / form) Patient's Own: John Smith Ward: MAU

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
6/6/20	2200	Balance Checked				1		C Nurse	C Nurse	D Nurse	D Nurse	AAB0214489
7/6/20	0700	Balance Checked				1		R Nurse	R Nurse	J Nurse	J Nurse	AAB0214489
07/06/20	1521	Bag #AAB0214489 opened to remove Jurnista										
		Jurnista 64mg to page 39		12		0		A Nurse	A Nurse	B Nurse	B Nurse	Removed from bag - needing to use patient's own
		Endone 5mg	16			16		A Nurse	A Nurse	B Nurse	B Nurse	
		Temazepam 10mg	10			10		A Nurse	A Nurse	B Nurse	B Nurse	
		Sealed into new Bag # AA00000504	1			1		A Nurse	A Nurse	B Nurse	B Nurse	

4.4 Transferring POMs

When a patient is transferred to another patient care area, their own medications should be transferred with them.

When a patient is being transferred to another patient care area:

1. The nurse caring for the patient should confirm whether or not the patient brought medications in with them (e.g., asking the patient and/or checking their eMR documentation).
2. If the patient did bring medications in with them and they are still in the patient care area, these should be transferred, with the transfer of POMs being documented in the patient's eMR notes.

4.4.1 Transferring a Accountable Patient's Own Medications

Patient's own accountable medications may only be transferred between patient care areas in the hospital by an authorised person (registered nurse or midwife, pharmacist, medical officer). This should be done at the time of patient transfer.

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These medications cannot be given to a person who is not an authorised person such as a wards person.

Transferring Accountable POMs in a tamper-evident bag

STEP 1: An S8/S4D requisition must be used to transfer S8s/S4Ds in a sealed tamper-evident bag.

- Ward receiving the patient, orders the Patient's Own Medicine (POM), from the current ward, by writing an order on their S8/S4D requisition e.g., Patient's Own Medicine (POM) for John Smith 1 tamper-evident bag from Ward: C4West
- Ward sending the patient & Accountable POM is to write the tamper-evident bag no. (e.g. #AA00000504) on the requisition
- Original (top white copy) of the requisition should be stapled into the back of the sending/supplying ward's S8/S4D register (MAU in this example.

SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT 00001
REQUISITION FOR SUPPLY OF ACCOUNTABLE DRUGS
Ward or Department: C4West ordered from MAU.....

ALL DETAILS MUST BE COMPLETED BEFORE DRUGS ARE ISSUED				PHARMACY ONLY	
DRUG NAME (Block letters)	Form	Strength	Quantity Required	Quantity Issued	Quantity Returned
Patient's Own Medicine S8/S4D For John Smith			1 tamper-evident bag	1 bag #AA00000504	N/A

Ordered by: .....C4W Nurse (Signature) Date: .....
C4W Nurse First Name & Last Name... (Name – please print)
Dispensed by: MAU Nurse Date: .....
Received by: .....C4W Nurse Date: .....

STEP 2: Transferring the tamper-evident POMs out of the S8/S4D ward register.
Two nurses/midwives (one being an RN/RM) or a nurse/midwife and a pharmacist or medical officer from the ward transferring the patient must:

1. Check the patient specific tamper-evident bag(s).
2. Confirm the unique bag number.
3. Ensure that the tamper-evident seal and the bag are intact.
4. Document the transfer of the tamper-evident bag(s) in the Ward Accountable Drug Register as "Transferred to **«new ward»**". Document the tamper evident bag number on the S8/S4D requisition.
5. Staple the requisition for ordering/supplying the S8/S4D POM into the back of the Ward Accountable Drug Register.

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WARD REGISTER of DRUGS OF ADDICTION - POISONS AND THERAPEUTIC GOODS ACT 1966

Drug: (Name / strength / form) Patient's Own/ John Smith Ward: MAU

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
6/6/20	2200	Balance Checked				1		C Nurse	C Nurse	D Nurse	D Nurse	AA00000504
7/6/20	0930	Transferred to C4West - Sealed Bag #AA00000504		1		0		A Nurse	A Nurse	B Nurse	B Nurse	

6. An authorised person transferring the accountable POMs notify the accepting ward by telephone that the patient is being transferred with these.
7. On arrival in the new ward, the authorised person who has transferred the accountable POMs in the tamper-evident sealed bag, together with another registered nurse/midwife (or Pharmacist or MO) from the receiving ward must:
    - Check that the tamper-evident bag(s) matches the transferred patient's name and MRN.
    - Ensure that the tamper-evident seal and the bag are intact*.
    - Immediately sign the tamper-evident bag into the Ward Drugs Register as Patient's Own, "Received from **«ward name»**" and document the unique bag number, then lock the bag in the ward safe.

**If the tamper-evident sealed bag is not intact when it arrives on a new ward – The NUM should be notified and IMs+ incident lodged (to the sending ward). The affected bag must be opened by 2 authorised staff; the contents counted and documented on separate lines in the register and sealed into a new tamper-evident bag (following the example in 4.3.5.1). Contents will need to be compared to the original contents from the sending ward's Accountable Drug Register.*

4.2 Returning POMs on discharge

Clinical staff must identify patients with POMs. A laminated POMs card could be inserted in front of the bedside chart as a reminder; however, it is good practice to check for stored POMs to ensure POMs have not been missed.

A pharmacist or other appropriately skilled health professional is to review POMs brought into hospital and reconcile with the discharge medication plan to ensure accuracy and continuity of supply.

- POMs that continue on discharge should be returned to the patient.
- If it is considered clinically inappropriate to return medicines to the patient as they are not part of the ongoing therapeutic management plan, the patient will be asked to consent to their destruction, as POMs remain their property. If consent is not given for destruction the label should be crossed out, dated, and recorded as stopped and the POM must be returned to the patient.
    - For patients who have been admitted with deliberate self-poisoning, the attending medical officer should determine whether it is appropriate for the

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patient's own medications brought into the hospital to be returned to the patient on discharge.

- Any changes to the medicine regimen need to be communicated to the patient verbally and/or in writing either by the medical practitioner or pharmacist and re-labelled accordingly. The advice given to the patient with regard to their ongoing medicine needs and the patient's subsequent acceptance or rejection of this advice should be documented in the patient's eMR.
- Document the return of the POMs in the patient's eMR.

Returning Accountable POMs to the patient

Confirm the unique bag number on each bag and that the bag is intact:

a. If the tamper-evident bag is intact:
   i. To minimise risk to the individual returning the medications, leave the accountable POMs in the sealed intact tamper-evident bag.
   ii. Document "Returned to **«patient or carer name»**" and unique bag number. Confirm this coincides with the record of what was placed in the bag (by checking the original register page).

WARD REGISTER of DRUGS OF ADDICTION - POISONS AND THERAPEUTIC GOODS ACT 1966

Drug: (Name / strength / form) Patient's Own: John Smith Ward: C4West

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
6/11/19	0930	Balance Checked				1		C Nurse	C Nurse	D Nurse	D Nurse	AA00000504
7/11/19	0530	Balance Checked				1		C Nurse	C Nurse	D Nurse	D Nurse	AA00000504
7/11/19	1500	Returned to John Smith: Whole Bag #AA00000504		1		0		A Nurse	A Nurse	B Nurse	B Nurse	Intact Bag #AA00000504 Not opened

b. If the tamper-evident bag is not completely intact:
   i. Open at the marked point / cut line along the bottom of the bag and count each medication.
   ii. Document "Returned to **«patient or carer name»**" and unique bag number. Document each type and quantity of S8/S4D separately (see example). Confirm this coincides with the record of what was placed in the bag (by checking the original register page).
   iii. Any discrepancy between what is in the bag and what is recorded, should be considered a potential accountable drug loss / theft.
   iv. An IMs+ incident notification, investigation and relevant reporting is required.

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WARD REGISTER of DRUGS OF ADDICTION - POISONS AND THERAPEUTIC GOODS ACT 1966

Drug: (Name / strength / form) _____ *Patient's Own: John Smith* _____ Ward: *C4West* _____

Date __/__/__	Time received or given	Patient's Name / Received From	Amount received	Amount given	Discard	Balance	Name of Prescriber	Print Name of Administering or Supplying Person	Signature of Administering or Supplying Person	Print Name of Person Witnessing, supervising or directing	Signature of Person witnessing, supervising or directing	Comments / Professional Registration number if applicable
Transferred Balance from Page:												
6/11/19	*0930*	*Balance Checked*				*1*		*C Nurse*	*C Nurse*	*D Nurse*	*D Nurse*	*AA00000504*
7/11/19	*0530*	*Balance Checked*				*1*		*C Nurse*	*C Nurse*	*D Nurse*	*D Nurse*	*AA00000504*
7/11/19	*1500*	*Returned to John Smith from bag #AA00000504*		*1*		*0*		*A Nurse*	*A Nurse*	*B Nurse*	*B Nurse*	*Damaged bag #AA00000504 opened to check*
		Endone 5mg		*16*		*0*		*A Nurse*	*A Nurse*	*B Nurse*	*B Nurse*	
		Temazepam 10mg		*10*		*0*		*A Nurse*	*A Nurse*	*B Nurse*	*B Nurse*	

Hand medications to the patient or their carer.
Document the return of POMs in the progress notes.

4.5 POMs left at the hospital

The hospital should attempt to contact patients to collect items left at hospital or to consent to the disposal of these items and this should be recorded.

If the patient consents to their accountable POMs being disposed of, contact pharmacy services. Accountable POMs must be destroyed in accordance with NSW legislation.

Medicines still in pharmacy from discharged/deceased patients should be reviewed and disposed of at the discretion of pharmacy services and recorded.

5. DOCUMENTATION

Patient's medical record.

6. AUDIT

The SESLHD Drug and Therapeutics Committee will oversee effectiveness and compliance of this document in partnership with local site / service Medication Safety Committees.

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7. REFERENCES

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8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
31 January 2024	1.0	New document written by Erica Wales, Quality Use of Medicines, Lead Pharmacist to support implementation of the NSW Medicines Formulary and enhance continuity of care. Approved by SESLHD Drug and Therapeutics Committee and SESLHD Clinical and Quality Council.

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Appendix A: Checklist – Assessment of Patient's Own Medications for In-Hospital Use

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

Checklist: Assessment of Patient's Own Medicines for In-Hospital Use

☐	The medicine was prescribed for the current patient (i.e., a prescription medication).
☐	Medicines in original package/foil strip is able to be identified as that on the label either from the original package or name and strength on the foil strip; **OR** Medicines dispensed in a bottle (e.g., liquids or unmarked tablets) have been assessed by a pharmacist or other appropriately skilled health professional and deemed safe for use (If the number of tablets/capsules is clearly more than suggested on the label, indicating that the patient may have mixed several supplies, this medication must not be used); **OR** Loose medicines (i.e., blister pack) are able to be positively identified as that marked on the blister pack. (Mixed supplies contained in a bottle or dosette should not be used).
☐	Dispensing label (for prescription medicines) is legible and states: ☐ Supplier details (i.e., chemist's/dispensing doctor's) ☐ Patient's name ☐ Drug name, form and strength ☐ Dose ☐ Quantity dispensed ☐ Date dispensed If the dosage instructions have changed, then the medicine should be relabelled, where possible
☐	Medicine is within the expiry date printed on the pack (If no expiry date is printed, the medicine must not be used).
☐	Medicine and its container are in good condition (i.e., clean, dry, with no sign of tampering, damage or contamination)
☐	Medicine with specific storage instructions or short expiry once opened may only be used (e.g., fridge items, eye drops) if clearly unopened and stored correctly
☐	Medicine was dispensed/purchased in Australia **OR** If the medicine has been dispensed/purchased outside of Australia, its use may be unlicensed and should be regarded as such - If it is required for continuation of therapy the pharmacy/pharmacist must be contacted.

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Appendix B: Tamper – Evident Bag User Guide

TAMPER EVIDENT
HIGHLIGHT UNAUTHORISED ACCESS

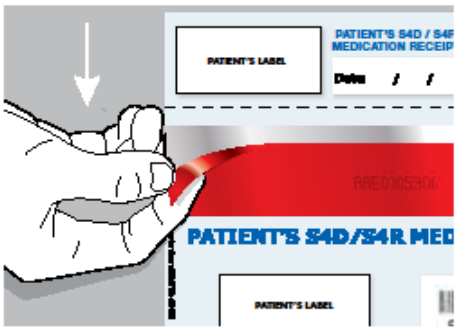
Assembly / Usage Guide

S4D/S4R and S8 Patient Medication Bags

PLEASE READ ALL INSTRUCTIONS BEFORE USAGE
The silver backing strip is to be removed.
Do not peel the red tamper-tape away from bag, this is part of the bag.

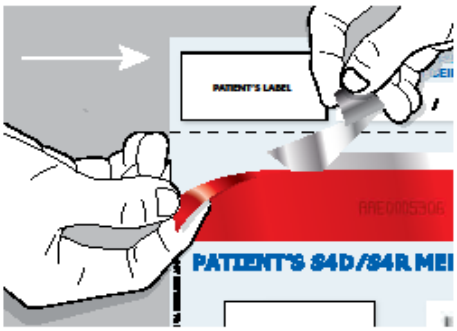
1. Complete Contents

Add patient labels to the body of the bag and receipt tab. Fill out the contents description. Insert medication.



2. Separate Silver Backing Strip

Use your fingernail to gently separate the red tamper-tape in the top left-hand corner from its silver backing strip.



3. Remove Silver Backing Strip

Grip silver backing strip with one hand. Pull it upwards and away from bag, separating completely. Smooth the red tamper-tape onto bag.

4. Remove Patient Receipt

Remove the patient receipt section by tearing along the perforated edge. Give to patient.

1300 726 711 tamperevident.com.au

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