



**Volume VII**  
**Book A Medical Staff**  
**Chapter 1 Medical Staff Approved Policies**  
**Policy Number XX**

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**MEDICATION BROUGHT INTO THE HOSPITAL BY THE PATIENT POLICY**

<b>PURPOSE</b>	The purpose of this policy is to establish guidelines for the ordering, identification, and documentation of medication brought into the hospital by the patient.
<b>POLICY STATEMENT</b>	<p>The use of a patient's own medication(s) is discouraged, as the storage and handling prior to the hospitalization is unknown. When patients bring medications into the hospital the following are required before the medication can be administered.</p> <ul style="list-style-type: none"><li>A. An order must be written by the physician or other authorized prescriber to use the patient's own medication(s). The order must also specify the medication, dose, frequency, indication, and route.</li><li>B. All ordered medication that has been brought in must be given to a pharmacist for identification. If the medication cannot be identified, the medication may not be administered.</li><li>C. Total Parenteral Nutrition (TPN) solutions, other Parenteral Infusions, Irrigation Solutions, and other compounded products prepared outside M.D. Anderson are not to be used. The existing hanging Parenteral Infusion or Irrigation container with which the patient was admitted may be completed.</li><li>D. Medications administered from the patient's own supply shall be documented in the patient's medical record.</li></ul>
<b>SCOPE</b>	This policy covers all patients at M.D. Anderson Cancer Center.
<b>DEFINITIONS</b>	None

## **MEDICATION BROUGHT INTO THE HOSPITAL BY THE PATIENT PROCEDURE**

### **Return of Medication to Home**

1. All medications brought into the hospital upon admission should be returned home whenever possible. Nursing personnel carrying out the admission procedure should determine whether the patient has brought any medication with him/her from home. Such medications should be placed in tamper proof bags and placed in a secured area in the nursing unit.

### **Ordering use of the patient's medication**

2. The use of a Patient's own medications is discouraged, as the storage and handling prior to hospitalization is unknown. A patient's own medication may be used only upon the written order of the physician or other authorized prescriber.

### **Order requirements**

3. The written order for use of the patient's own medication shall include a statement that the *Patient's own medication may be used*. For each medication, the order must also specify the medication, dose, frequency, indication, and route.

### **Identification of Medication**

4. For medication(s) ordered to use the patient's own medication, the medication must be identified. Medications that cannot be identified are not to be used. For identification the following apply:
  - Upon receipt of the medication order, the nursing unit may notify the pharmacist when the use of a patient's own medication has been ordered to expedite the identification of the medication.
  - Upon receipt of the medication order, the pharmacist shall enter the order in the pharmacy patient profile. The medication order will appear on the pharmacy patient profile and patient medication administration report/record (MAR). A supply of medication (not to exceed a 24 hour supply) will be sent to use until the patient's own medication can be identified.If the medication ordered is non-formulary, other requirements apply, related to the use of non-formulary products, that the pharmacist will address to insure the patient's therapy is not interrupted. The pharmacist will review the patient's own medication, on the nursing unit, for verification of the identification of the medication and a visual evaluation of the integrity of the product. Also, if the medication brought in is non-formulary, determine if a non-formulary request should be submitted for

future doses.

The pharmacist will use appropriate reference resources for verification purposes.

- The pharmacist will affix a label to the patient's own medication container indicating the medication has been identified or cannot be identified, the date, and pharmacist initials. If the medication cannot be identified, such information shall be communicated by the pharmacist to the prescriber.

**Compounded products**

5. Compounded products such as Total Parenteral Nutrition (TPN) solutions, other Parenteral Infusions, Irrigation Solutions, and other compounded products prepared outside M.D. Anderson are not to be used. The existing hanging parenteral infusion with which the patient was admitted maybe completed.

**Administration**

6. The patient may not self-administer medication brought into the hospital by the patient unless the requirements for the *Self-Administration of Medication by Inpatients Policy* are met. The medication will be administered by nursing personnel authorized to administer medications and will be kept in the nursing unit medication cart.

**Documentation**

7. Medications administered from the patient's own medication supply shall be documented on the Medication Administration Report/Record (MAR) in the patient's medical record by authorized nursing personnel administering the medication.

**REFERENCES:**

1. JCAHO MM 2.40
2. MDACC Safety Standards for Medication Use

**Approvals:**

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