Patient Self-Medication

Policy

It is the policy of Spring Grove Hospital Center to provide a safe and effective system in which patients can become familiar with their medications and their proper administration.

Scope

This policy and procedure applies to all situations throughout Spring Grove Hospital in which a patient is expected to self-medicate. This includes self-medication while hospitalized, self-medication that is to occur while the patient is on a leave of absence, and self-medication that is to occur after discharge.

Definitions

Self-Medication: A procedure in which a patient assumes limited responsibility for correctly taking their medication as part of ongoing patient education.

Medication: For the purpose of this policy, medication does not include toothpaste, mouthwash, sunscreen, and similar products used independently by most patients.

Goal

To teach patients to manage their own medications while on leave of absence and in preparation for discharge from the facility.

I. Medication Teaching Referral

A. Patient education regarding medications is an ongoing service provided by various members of a patients' treatment team.

B. The following conditions must be met in instances whereby the patient is going to be self-medicating.

1. The patient shall be able to identify his/her medication by name and state the condition for which the medication is being taken.
2. The patient shall be able to identify his/her medication by appearance.
3. The patient shall be able to state the number of times during the day that he/she takes medication and when.
4. The patient shall be able to state the number of tablets or capsules of medication taken at each time of day.
5. The patient shall be able to demonstrate procedures to be followed in the safe administration of his/her medication.
6. The patient shall be able to notice and report changes in his/her medications and medication regimens.
7. The patient shall be able to state any special precautions to be observed while taking the medication, including food and drug interactions as well as any requirements for follow-up lab testing.
8. The patient shall be able to state the proper storage conditions for his/her medications.
9. The patient shall be able to describe side effects of the medication which should result in immediate notification of their physician.
10. The patient shall be able to state what he/she should do in the event he/she misses a dose of medication.
11. The patient shall be able to state the procedures to be followed in obtaining refills of medication.

C. The patient will be required to demonstrate to the RN or LPN that the objectives identified in I.B above have been met. The nurse shall document in the patient/family teaching record that this has occurred. The unit-based pharmacist may be requested to assist with education and teaching of more complicated cases.

D. Patients discharging/leaving from the hospital will receive counseling from a pharmacist, unless requested otherwise by the treating psychiatrist or patient refuses counseling. In the event that there is insufficient time for pharmacy staff to provide counseling, priority will be given to patients with dispositions in which licensed professionals (e.g., corrections, nursing facility, and assisted-living facility) do not provide medications.

E. After the patient has demonstrated that the objectives identified in I.B above have been met, he/she may be immediately placed on self-medication for contraceptive foams, jellies, sponges, diaphragms, or other non-oral agents with a specific order by a physician.

II. Orders for Self-Medication

A. Medication orders for self-medication/teaching are written in preparation for leaves or discharge. As part of the referral for self-medication teaching the physician writes the patient's orders on the order sheet as follows:

1. At the top of a new section on an order sheet, the prescriber clearly writes and underlines that the medications are for self-medication (Example: "Self-Medication").

2. Under that, the prescriber writes each order including the drug, dosage strength, regimen and quantity to be dispensed (usually a one week supply).
3. If more than one order sheet section is required, the prescriber again clearly indicates at the top of the section that the medications are for self-medication.
4. The nursing staff will note on the medication administration record that the medication is for self-administration.

B. The pharmacy provides a seven (7) day supply of medication in the locked medication cassette. Greater quantities of medication may be supplied based on the drug's packaging at the pharmacist's discretion (example: oral contraceptives, topicals).

C. Request for refills of topical medications and other agents that are not supplied in seven (7) day quantities shall be made at least 24 hours before the medication is needed.

D. At medication time, the nurse identifies the patient per protocol. The nurse then sets the patient's medication cassette in front of the patient. The nurse then instructs the patient to pull out the medication needed for that time, without opening the medication the nurse will collect the medication from the patient . Once the medication is verified with the medication administration record, the nurse returns the medication to the patient for administration. Then the nurse signs the medication administration record

III. Self-Medication for Leaves of Absence and Discharge

A. The patient will be required to demonstrate that the objectives identified in I.B above have been met. The nurse or pharmacist shall document in the patient/family teaching record or the Progress Note (Pharmacy Discharge Counseling), respectively, that this has occurred.

B. After having demonstrated that he/she has achieved these objectives, the patient may self-medicate under the procedures identified.

C. After the patient has demonstrated that the objectives identified in I.B above have been met, he/she may be immediately placed on self-medication for contraceptive foams, jellies, sponges, diaphragms, or other non-oral agents with a specific order by a physician.

D. Upon return from leave of absence, the medication nurse counts the medications to ensure that the patient did not take an overdose or miss doses. Dose discrepancies and/or failures to return from an LOA with medications are reported on the Management Variance Report form, to the physician, and to the charge nurse. This allows for continued education of the patient, investigation as to the reason for the discrepancy and reassessment of the patient's appropriateness for self-medication.

IV. Discontinuation of Self-Medication

A. Self-medication may be discontinued at any time by the physician with a written order to discontinue self-medication.

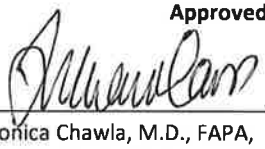
B. The pharmacy continues sending medication via regular medication cassette on the dispensing date for the unit.

C. The medication nurse dispenses medication from the pharmacy provided medication cassette.

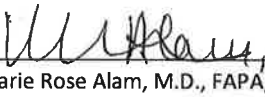
V. Contraceptives

A. The patient may keep contraceptive foams, jellies, sponges, diaphragms, or other non-oral agents along with their locked personal possessions.

Approved by



11/30/23
Monica Chawla, M.D., FAPA, Chief Medical Officer — Date



11/30/23
Marie Rose Alam, M.D., FAPA, Chief Executive Officer — Date

DS/tg

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