



Safety Notice 008/18

Return of Patients' Own Medications

25 July 2018

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation & Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Directors of Medical Services
- Directors of Nursing and Midwifery
- Directors of Pharmacy
- Drug and Therapeutics Committees / Quality Use of Medicines Committees

Expert Reference Group

Content reviewed by:
Medication Safety Expert Advisory Committee

Clinical Excellence Commission

Tel. 02 9269 5500
Fax. 02 9269 5599

Email:
Cec-medicationsafety@health.nsw.gov.au

Internet Website:
<http://www.health.nsw.gov.au/sabs>

Intranet Website
<http://internal.health.nsw.gov.au/quality/sabs/>

Review date

July 2019

Background

A recent Coroner's inquest has raised concerns regarding the safe management and handling of patients' own accountable Schedule 8 (S8) medications at discharge from hospital.

S8 medications have a high potential for abuse, misuse and physical or psychological dependence. Accountable medications include S8 medications and Schedule 4 Appendix D medications. Accountable medications must be stored out of patient and public access as outlined in *Medication Handling in NSW Public Health Facilities Policy Directive PD2013_043*.

Patients admitted with deliberate self-poisoning from an accountable medication or other medicine are at risk if their own medications are returned to them at discharge without formal medical review.

The availability of patients' own medications on hand at admission can facilitate Medication Reconciliation (i.e. ensuring that patients receive all intended medicines), and assist in identifying any medication related problems. These medications should be stored securely during the hospital admission and be reviewed prior to discharge to determine whether they should be reissued, relabelled or confiscated and destroyed. Patient or carer's consent must be obtained prior to confiscation or disposal of patients' own medications. Where consent is not granted by the patient or carer, the matter should be escalated to a medical officer suitably qualified to assess the patient's continuing risk of self-harm (where relevant) and decision-making capacity.

Formal Medication Reconciliation processes and robust procedures on management of patients' own medications will minimise the risk of unintentional harm from inappropriate supply and/or return of these medications.

Suggested actions by Local Health Districts/Networks

1. Forward information to relevant clinicians, clinical heads of departments/units, and the Drug and Therapeutics Committee.
2. Conduct a review of relevant policies to ensure that they include procedures to manage the storage, review, reissuing and confiscation (if clinically and legally appropriate) of patients' own medications (including accountable medications).
3. Incorporate the following recommendations in relevant local procedures or guidelines regarding accountable medications and/or patients' own medications:
 - a. The patient's identifiable sticker/label should not be applied directly to the patients' own medications brought in to the hospital (as this may be misconstrued to be a dispensing label and/or may obstruct important information); rather a labelled plastic bag should be used to enable inspection of contents.
 - b. 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 confiscated and disposed of with the patient or carer's consent.
 - c. For patients who have been admitted with deliberate self-poisoning, the attending medical officer should determine whether it is appropriate for the patient's own medications brought into the hospital to be returned to the patient on discharge.

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Suggested actions by Local Health Districts/Networks continued:

- d. The patient or carer's consent must be obtained prior to any confiscation or disposal of patients' own 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 self-harm (e.g. where the patient had been admitted with deliberate self-poisoning) and decision-making capacity.
 - i. 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 *NSW Mental Health Act 2007* and/or the *NSW Guardianship Act 1987*.
 - ii. 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, 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.
4. Plan and implement strategies to reduce the risk of patients' own medications being inappropriately returned. Consider incorporating an assessment of the risk of medication misadventure following discharge into Medication Reconciliation procedures. The potential risk of harm from overdosing on the discharge medications, usual risk factors and any mental health diagnoses should be considered.
5. Ensure staff involved are informed of the new requirements in managing patients' own medications.
6. Ensure a system is in place to document actions taken.