



## Practice sting 2021-24

### Practice sting Home medication in the hospital

Very regularly VMI receives reports from hospitals about situations in which management of home medication by patients leads to incidents. The following notification is an example.

#### Notification

A patient brought his medication from home. The nurse tells the patient that the hospital will provide his medication and that he should not use any of his own medication. However, a nurse hears during the morning transfer that the patient has been taking his home medication at night. When the patient asks for pain medication, the nurse again checks whether the patient has not taken any home medication this time. The patient indicates that he cannot access his own medication, because it is placed high in the cupboard. The nurse gives the other medication from the morning round, in addition to the pain medication. After an hour the patient calls because a medicine has fallen down. The nurse sees that it is a blood pressure lowering agent brought from home. During the conversation that follows, the patient mentions that in the morning he took his own medicines in addition to the medicines from the hospital.

#### Analysis

When admitted to hospital, patients often take their home medication with them. The hospital often also asks for this, in addition to verification via LSP (Country Switch Point) and Basic Set of Medication Data (formerly current medication overview). In this way it is easier to make an inventory of the medication which a patient uses at home. Sometimes, patients continue to use their own medication in the hospital. Taking this medication can be managed by the nurse or by the patient. It is important that the hospital has clear procedures about which home medication the patient continues to use in the hospital and which medicines the hospital pharmacy must supply. Is the medication from home not used during hospitalization? Then the patient should not keep it himself. These medicines must be stored safely and properly within the facilities of the hospital, or be given to the family or carer to take home. This prevents confusion and incorrect pharmacotherapy.

It is also necessary that the hospital has a clear procedure about which medicines may be self-administered and how it is assessed whether the patient's self-management of medication is safe and possible. The agreements with the patient about self-management must be recorded and be clear to the patient. It must also be clear to the patient where to keep the medication. This should be in a place that third parties – such as visitors and roommates – cannot reach.

#### Recommendations

##### For the Medicines Commission and the hospital pharmacist

- Develop a policy on the continued use of medication brought from home in the hospital. Record in which situations this is desirable.
- Develop a policy on self-administration of medication in the hospital. Pay attention to, among other things, when self-administered medication is possible and when not and how it is assessed whether self-administration is possible.
- Make procedures about the storage of the medication that is self-managed and about the storage of medication from home that is not used in the hospital.

##### For nurses

- Medication brought from home

- If medication brought from home is continued in the hospital, check whether these medicines have not expired and whether they have been stored under the correct conditions. Also check whether there are enough medicines in stock for the entire hospital stay<sup>1)</sup>.
  - Keep medication brought from home that the patient should not have under his own management or will not continue to use in the hospital, in a safe place. Or give this immediately to the family or carer.
  - When transferring to another department, ensure that the medication that has been brought from home is physically transferred and that it is clear which medication the patient continues to use during hospitalization.
- Self-management of medication
    - Map out whether it is safe for a patient to keep his own medication. Discuss with the doctor whether he is in agreement.
    - Make a clear agreement with the patient about the use of the medication under self-management and where to store it. Record these agreements in the EPD (electronic patient file).
    - Check whether the self-administration of medication is done properly.
    - When transferring to another department, ensure that the medication is physically transferred by the patient.

#### **For prescribers**

- Give the nurse permission for a patient to have medication under his own management.
- Be aware of the medication that the patient has under his own management.
- List in the EVS all medication that the patient uses during hospitalization. Also state whether the medication is self-managed and/or from home.

<sup>1)</sup> This task may also be carried out by pharmacy assistants.