Patient Own Drugs (PODs): Procedure for use

Ref: PHARM-0056-v5

Status: Approved
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Contents

1 Purpose

Following this procedure will help the Trust to:

- Ensure safe management and appropriate use of Patients Own Drugs (PODs)
- Improve continuity of care for patients in relation to medicines

2 Related documents

This procedure describes what you need to do to implement the Patients own drugs section of the Medicines Overarching Framework

> ⊕ The Medicines Overarching Framework Policy defines **Patients own drugs use**. Consult this information before carrying out the procedures described in this document.

This procedure also refers to:
- ✓ Medicines reconciliation – Policy for medicines reconciliation on admission of adults to hospital
- ✓ Medicine administration record (MAR) chart - procedure for use
- ✓ Preparation and Administration procedure
- ✓ Controlled Drug Standard Operating Procedures

3 The framework for using PODs

- PODs are defined as medicines that are the legal property of the patient. They have been prescribed for, or purchased by the patient prior to admission or whilst on leave.
- PODs should be used wherever possible and practical.
- PODs must only be used for the individual patient for whom they have been prescribed.

3.1 Permission

The Trust operates a system of using Patients Own Drugs on admission, unless the patient has any objections. Any objections should be discussed with ward staff on admission.

Any medication assessed as unsuitable for use, will be destroyed unless the patient objects. Any medications destroyed must be documented on Paris. Medications may be returned to the patient on discharge, unless it's in the best interest of the patient not to do so.

3.2 Admission

Crisis team will collect medications which the patient is currently taking at home and will take them to the admitting ward in a green medicines bag. RNs or pharmacy staff are to inform the patient of any medications that are deemed as unsuitable to use on the ward, when appropriate to do so. Unsuitable medications can be quarantined until a discussion can take place with the patient, apply a quarantine sticker, see Appendix 8.

3.3 Suitability of PODs

3.3.1 When can PODs be administered?

- PODs can only be administered by Registered Nurses (RNs) and Nursing Associates (NAs) if:
    - They are deemed appropriate for use (see below) AND
        - prescribed on a prescription and administration record by a trust prescriber OR
        - recorded on a medicine administration record (MAR) chart in services approved to use MAR charts (see MAR charts procedure for use)

3.3.2 Which PODs are deemed appropriate for use?

- Medicines must be positively identified including controlled drugs; where this is not possible the medication may be returned to the patient (on discharge) if it is deemed appropriate and safe to do so. If it is not safe to return the medicines then place the medicines in the pharmacy returns section in the medicines cupboard to be destroyed.
- Medicines **should** be in their original dispensing container.
- Medicines must not have passed their expiry date
    - When opening all creams, liquids, drops or insulin the date of opening must be written on the label, checking whether the manufacturer states a reduced expiry once opened. If there is no date of opening, the date of dispensing should be used as the date of opening.
- On in-patient wards, liquid preparations should be sealed, i.e. unopened, to ensure the integrity of the medicine when possible.   In respite units, a disclaimer must be sought from the carer/relative/patient stating compliance to all the parameters required of the medicine, e.g. storage or date opened. Where the bottle is not sealed, but there is no alternative, it is advisable to discuss with Trust pharmacy before use.
- Labelled containers (i.e. amber plastic dispensing bottles) of loose tablets or capsules can be used providing the Trust pharmacy team can identify them
- Parallel imported (foreign) medicines must have been labelled/over labelled in English by a registered pharmacy; if not, the medicine cannot be used
- Insulin – unlabelled insulin pens can be used provided the type of insulin has been confirmed and date of removal from the fridge has been confirmed.

Note: All the legal and Trust requirements relating to Controlled Drug (CD) recording keeping and storage apply to CD PODs.

3.3.3 When is a POD normally considered to be inappropriate for use?

- The following PODs should not normally be used unless there are exceptional circumstances. Exceptional circumstances could include; the medicines are specialist in nature or there is a lack of availability.
    - Medicines purchased by the patient (sometimes known as "over the counter" – OTC – medication) as these will not have a pharmacy dispensing label. However, if vitamins have been purchased, they have been prescribed on the prescription and administration chart and a dispensed supply cannot be obtained, the OTC supply can be used as long as they are in date and all the same size, shape and colour as described on the packaging.

- However, due to changes in prescribing from GPs, respite units can use OTC medications, see MAR procedure. Carer/parents must complete the OTC section on the medication/invite letter. Dosage and frequency being administered must be within the administration guidance on the packaging. OTC medications must be brought in to the unit in the original packaging.
- Unboxed blister strips – to be used in exceptional circumstances all relevant details must be visible on the strip and they should be checked by Trust pharmacy.
- Containers holding a mixture of different medicines or strengths. The medication inside the box must match the description on the pharmacy dispensing label.
- PODs in a compliance aid
  - To use a medicine from compliance aid the healthcare professional must be able to clearly identify which drug is which. Advice can be sought from the pharmacy team, including the on call pharmacist out of hours.

3.3.4 When should a POD definitely not be used?

- If there is any doubt of the integrity of medicines requiring specific storage, e.g. medicines requiring maintenance of a cold chain, they must not be used
- Expired medicines
  - Expired eye drops – medication past the opened expiry.
- Different patients name

3.4 Discharge

- Patients Own Drugs should be given back to the patient on discharge. This should include any PODs that (at admission) were deemed unsuitable for use but were not destroyed due to the patient not consenting to this.
- Consideration should be given to any risk associated with returning PODs to the patient on discharge, bearing in mind that they are the patient's property. A decision not to return PODs to the patient based on a risk assessment should be recorded in the electronic patient record.
- PODs should be checked to see if there is sufficient quantity to meet the recommended supply before writing the discharge prescription.
- When the prescriber writes the discharge prescription, an annotation should be noted on the prescription against those items that are PODs and do not need to be dispensed.
- RNs or pharmacy staff should add the PODs to the discharge medication bag at the point of discharge.

3.5 Training and reaccreditation of staff

3.5.1 Trust Pharmacists

- Clinical pharmacists new to the Trust must be familiar with this procedure and must be deemed competent to assess PODs by their line manager; a record of competence must be kept on their personal file with a central record held in Trust pharmacy
- All competent pharmacists must use clinical supervision to maintain skills and knowledge
- Pre-registration pharmacists can be an accredited POD assessor by completing in house training.

3.5.2 Trust Pharmacy Technicians

- Pharmacy technicians must be accredited by completion of the appropriate module (National Medicines Management Course) or locally agreed training and evidence held in their personal file with a central record held in Trust pharmacy
- Pharmacy technicians must be reaccredited every two years to ensure competence.

3.5.3 Student Nurses

- Patients' Own Drugs (PODs) and Medicine Administration Records (MAR)
  - Student nurses can be involved in the administration of medicines against a MAR chart, using PODs, under the **direct** supervision of a registered nurse who has completed the Trust approved training and has the Trust Pharmacy's authorisation to practice. They can observe the process of assessment for suitability of PODs but cannot be directly involved.

3.5.4 Preceptorship nurses

- Registered Nurses in preceptorship, working in units that operate MAR & POD system & Durham and Darlington crisis team can access POD training after three months and with agreement from line manager.

3.5.5 Bank Registered nurse

- RNs working as a bank nurse can access POD training if they are working on a ward/unit where PODs are used as the only source of medicine supply. They must complete the relevant training and be accredited before they can assess PODs. They must maintain competency by completing POD assessment on a ward every SIX months.

3.5.6 Registered nurses working on units that operate MAR &POD system

- Registered Nurses working on units that operate a MAR & POD system will receive specific training to assess PODs (see appendix 2,3,4)

3.5.7 Registered nurses and Nursing associates working on inpatient wards

- Registered nurses and Nursing associates working on inpatient wards will not be formally trained in assessing PODs for use on inpatient wards. They will be expected to understand this procedure and follow the same principles for preparing medication for administration (see Preparation & Administration of Medicines procedure). See appendix 1.

3.5.8 Reaccreditation for RNs

- Initial re-assessment will be needed 3 years after the first successful assessment.
- If the RN successfully passes the first assessment and the subsequent re assessment in 3 years' time, the RN will not be required to attend for any further POD reaccreditation.

4 Audit

- Pharmacy staff will audit the use of PODs in areas where they are regularly in use within a locally agreed timeframe.

5 Errors

- A Datix form must be completed for any errors involving PODs. Staff involved must reflect on the error in clinical supervision.

6 Definitions & abbreviations

Term	Definition
GTN	• Glyceryl trinitrate
MAR	• Medicine administration record
Medicines Reconciliation	• Medicines reconciliation involves collecting and documenting relevant information about all current medicines prescribed for the patient from all/any services involved in their care
POD	• Patient's own drugs
RN	• Registered Nurse
OTC	• Over The Counter medication. Medication that has been purchased from a shop or pharmacy that will not have a pharmacy dispensing label on.
Original container	• A box or bottle that has a computer generated label, which has been dispensed by a registered pharmacy, where the quantity is equal to or less than the quantity stated on the label.

7 References

- NMC Standards for Medicine Management
- Medicine Overarching Framework
- Regional Pharmacy Education and Training North East POD module

8 Document control

Date of approval:	26th September 2019	
Next review date:	1st October 2022	
This document replaces:	Patient Own Drugs (PODs): Procedure for use Ref PHARM-0056-v4.1	
Lead:	Name	Title
	Amanda Metcalf	Lead Pharmacy Technician
Members of working party:	Name	Title
	Pharmacy Leadership Team	
This document has been agreed and accepted by: (Director)	Name	Title
	Ruth Hill	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drugs and Therapeutics Committee	26th September 2019
This document was ratified by:	Name of committee/group	Date
An equality analysis was completed on this document on:	General pharmacy EIA applies	

Change record

Version	Date	Amendment details	Status
1.0	09 Jan 14		Superseded
2.0	May 2016	Reviewed to be able to use PODs in preference General editing	Superseded
3.0 (2.1)	June 2017	Amendment to paragraph 3.3.5 & appendix 6	Superseded
4.0 (2.2)	March 2018	Amendment to appendix 6	Superseded
4.1 (2.3)	April 2019	Amendment to paragraph 1.1 and appendix 6	Superseded
5.0	September 2019	Full review and updated. Shildon Recovery House references removed, Nursing associate information added. Discharge and admission sections added	Current

9 Appendix 1: Inpatient checklist to administer PODs against a Prescription and administration record

The following must be followed to use PODs for administration against a prescription and administration record

- ☐ **Must be prescribed on the prescription and administration record**

- ☐ **Must have the patients name on the pharmacy dispensing label**

- ☐ **Must be within the manufacturer expiry date, or within six months of dispensing if it is a bottle dispensed by pharmacy containing loose tablets**

- ☐ Check all storage information on product box for reduced expiries once open

- ☐ **Containers must hold only one type or brand of preparation and must match the label and box description**

- ☐ PODs must only be used for the individual patient; they must not be used for other patients.

Note

All staff involved in using PODs for administration must be satisfied with the general condition of the medicine, its packaging and labelling.

10 Appendix 2: POD assessment training for RNs on Respite and day units operating an approved MAR & POD system

Aims

To ensure registered nurses working on units that operate a MAR & POD system are adequately trained in the assessment and safe and appropriate use of PODs.

Registered nurses (RNs) who successfully complete the training will be able to:

- ✓ Understand the framework and assessment of POD's.
- ✓ Correctly assess PODs
- ✓ Gain the patient's/carer's consent for destruction of unsuitable POD's when needed
- ✓ Complete the appropriate documentation

Framework for training Registered Nurses in the assessment of POD's

Stage 1:   Managers approval obtained to undergo training.

Stage 2:   Staff read and understand the framework and assessment procedure for POD's

Stage 3:   RNs attend a training presentation and a practical assessment with a trust pharmacy technician to assess suitability of 25 mock PODs. Respite/day unit staff using MAR & PODs will assess suitability of PODs against a MAR chart

Stage 4:   A Trust pharmacy technician will review the assessed PODs to ensure they have been assessed correctly. Any errors in the assessment will be recorded on the log and depending on the severity of the error further training may be necessary before approved status is decided. See appendix 3 & 4.

Stage 5:   Once the above stages have been successfully completed staff will be signed off as competent.

Stage 6:   A certificate will be provided for the staff's PDP file to show successful completion of the training and details added to the pharmacy database and ESR.

Stage 7:   Re-assessment will be needed every 3 years to ensure evidence of continued competency.

11 Appendix 3: POD assessment marking criteria

Table One	
Type of error	**Number of bags to assess**
Up to 5 minor errors	One complete bag (5 items)
Between 5 – 10 minor errors	Two complete bags (10 items)
More than 10 minor errors	Complete further 25 items
Major error	Complete further 25 items

Major error
Assessed as suitable but it is one of the following:

- Medicine expired (code C)
- Name of patient incorrect (code G)
- Container contains more than one type of medicine (code I)
- Quantity incorrect (code E)
- Code A documented but it is unsuitable

Minor error

- Assessed as unsuitable but it is suitable to use
- Wrong code written on assessment form but correct outcome.

If the candidate fails the first assessment, POD assessing is suspended until they pass an assessment.

Assessment no. 1
Pass　　　　　　**Fail**
　　　　　　　　　↓
　　　　　　See table one

Assessment no. 2
Pass　　　　　　**Fail**
　　　　　　　　　↓
　　　　　　See table one

Assessment no. 3
Pass　　**Fail**
　　　　　↓
　　　　　Unable to assess PODs → Actions – Personal reflection,
　　　　　shadow accredited POD assessor for three months,
　　　　　 supervision then assess 25 new PODs.

Re-assessment will be needed every 3 years to ensure evidence of continued competency. 25 PODs will be assessed using the same process as above.

12 Appendix 4: RN Training Log - Assessment of PODs

Nurses name _____Ward/clinical area _____ Assessment date _____

	Bag number	POD (drug, form, strength)	Assessment code /comments	Outcome		Pharmacy Technician to complete			Assessment codes:
				OK to use on ward	To be destroyed	Date	error	Initials	
1									**A.** suitable for use
2									**B.** packaging unsuitable or no label
3									**C.** medicine expired
4									**D.** drug name, strength or quantity incorrect on label
5									**E.** dosage instructions incorrect on label
6									**F.** name of patient incorrect on label
7									**G.** medicine not prescribed on current drug chart
8									**H.** container contains more than one type of medicine (i.e. not only medication listed on label)
9									**I.** medicine cannot be positively identified as that on the label
10									
11									
12									
13									

Nurses name _____Ward/clinical area _____ Assessment date _____

Bag number	POD (drug, form, strength)	Assessment code /comments	Outcome		Pharmacy Technician to complete			Assessment codes:
			OK to use on ward	To be destroyed	Date	error	Initials	
14								**A.** suitable for use
15								**B.** packaging unsuitable or no label
16								**C.** medicine expired
17								**D.** drug name, strength or quantity incorrect on label
18								**E.** dosage instructions incorrect on label
19								**F.** name of patient incorrect on label
20								**G.** medicine not prescribed on current drug chart
21								**H.** container contains more than one type of medicine (i.e. not only medication listed on label)
22								**I.** medicine cannot be positively identified as that on the label
23								
24								
25								

Assessed   by   _____   Pass/Fail   **Further   assessment   required   Yes/No**

13 Appendix 5: Respite Units & Day units guidance for using PODs

Assessment of PODs for use on a MAR chart unit may be carried out by accredited RNs only.

- Follow the POD assessment flowchart.

- Assess one medication at a time and document on the Patients Own Drugs (PODs) Assessment Record.

- Assess rescue medication first.

- Ensure sufficient supply for length of patients stay.

- Apply suitability stickers

  - Suitable medication – green POD sticker
  - Unsuitable medication – red POD sticker
  - Medication suitable on this occasion (advice sought from pharmacy during the assessment process or to use for feeds) – yellow sticker

- Store in the patients individual drawer/locker in the medication cupboard/trolley.

Unsuitable medication must be labelled with a red 'POD unsuitable for use' sticker, be sealed in a clear sealable bag or envelope and placed at the back of the patient's individual drawer/locker in the medication cupboard/trolley until patient leaves the unit.

Carers/parents must be informed of the reasons for unsuitability.

Any remaining medication must be counted and logged on the assessment record at the end of the stay.

Keep the POD assessment record with the MAR chart until the patients respite/day attendance has ended. If used as a source of evidence for medicines reconciliation, keep the form with the current sources of evidence & the MAR chart.

PODs must only be used for the patient they are prescribed for; they must not be used for other patients.

PODs in a compliance aid – can be used as long as:
- The compliance aid has been prepared / dispensed by a pharmacy (not the patient themselves or a carer)
- Dispensing labels for each medication are attached.
- The dosage instructions on the labels match those on the MAR chart.
- It is the current 'in use' compliance aid.

14 Appendix 6: POD Assessment Flowchart for use by pharmacy, respite & day unit staff where MAR charts are in use

EXPIRY DATES & SUITABILITY FOR USE

Regular medicines: within manufactures expiry, it meets the opened criteria and confirmation that it is currently prescribed

As required medicines: within manufactures expiry, it meets the opened criteria and confirmation that it is currently prescribed

Creams & Liquid Medicines: use within manufacturer date of opening recommendations, if there is no reduced expiry length stated once opened, use within 6 months of opening
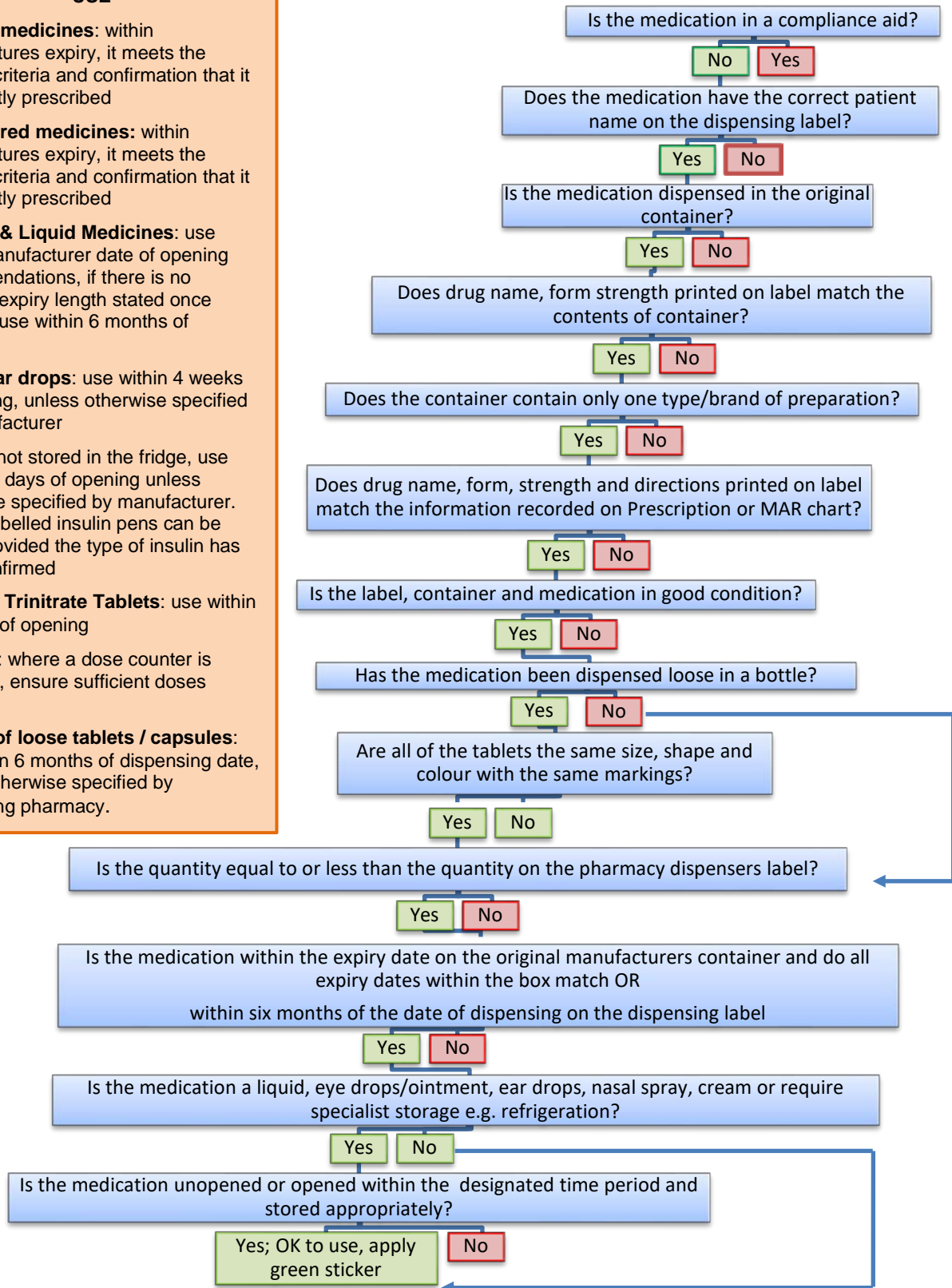
Eye & Ear drops: use within 4 weeks of opening, unless otherwise specified by manufacturer

Insulin: not stored in the fridge, use within 28 days of opening unless otherwise specified by manufacturer. NB. Unlabelled insulin pens can be used, provided the type of insulin has been confirmed

Glyceryl Trinitrate Tablets: use within 8 weeks of opening

Inhalers: where a dose counter is available, ensure sufficient doses available

Bottles of loose tablets / capsules: use within 6 months of dispensing date, unless otherwise specified by dispensing pharmacy.

Is the medication in a compliance aid? — No / Yes

Does the medication have the correct patient name on the dispensing label? — Yes / No

Is the medication dispensed in the original container? — Yes / No

Does drug name, form strength printed on label match the contents of container? — Yes / No

Does the container contain only one type/brand of preparation? — Yes / No

Does drug name, form, strength and directions printed on label match the information recorded on Prescription or MAR chart? — Yes / No

Is the label, container and medication in good condition? — Yes / No

Has the medication been dispensed loose in a bottle? — Yes / No

Are all of the tablets the same size, shape and colour with the same markings? — Yes / No

Is the quantity equal to or less than the quantity on the pharmacy dispensers label? — Yes / No

Is the medication within the expiry date on the original manufacturers container and do all expiry dates within the box match OR
within six months of the date of dispensing on the dispensing label — Yes / No

Is the medication a liquid, eye drops/ointment, ear drops, nasal spray, cream or require specialist storage e.g. refrigeration? — Yes / No

Is the medication unopened or opened within the designated time period and stored appropriately? — Yes; OK to use, apply green sticker / No

If a medication is not suitable for re-use as indicated by a red box please apply a red sticker. If it is a critical medicine or an alternative supply cannot be sourced in a timely manner, please contact the Trust Pharmacy Team for advice. Out of Hours, the on-call pharmacist can be contacted on 07787105800

15 Appendix 7: POD Assessment Record

Patient Name:……………………………………………….. **NHS Number:**………………………………………**Date of Birth:**…………………………………….

Assessed on admission by:

Name:………………………………….   Signature:……………………………….   Designation:……………………………………….   Date:……………………………………   Page …….. of …………

	Drug name, form, strength						
Remember to assess rescue medication first							
Quantity of medication received on admission:							
Dispensing date:							
Medication suitable (✓ or ✕)							
Medication suitable on this occasion (✓ or ✕) **(Respite only)**							
Medication Unsuitable (✓ or ✕)							
Notes e.g. advice from pharmacy							
Quantity of medication returned on discharge: **(including unopened feeds)**							
Medication on discharge counted by							

Medication returned to patient/carer by:

Name:……………………………………   Signature:……………………………………. Designation:………………………………………   Date:……………………………………

_____

Patient Name:……………………………………………….. **NHS Number:**…………………………………………… **Date of Birth:**……………………………………….

Assessed on admission by:

Name:……………………………………… Signature:………………………………. Designation:……………………………………. Date:……………………………… Page ……… of …………

Remember to assess rescue medication first	Drug name, form, strength						
Quantity of medication received on admission:							
Dispensing date:							
Medication suitable (✓ or ✕)							
Medication suitable on this occasion (✓ or ✕) **(Respite only)**							
Medication Unsuitable (✓ or ✕)							
Notes e.g. advice from pharmacy							
Quantity of medication returned on discharge: **(including unopened feeds)**							
Medication on discharge counted by							

Medication returned to patient/carer by:

Name:……………………………………… Signature:………………………………. Designation:……………………………………. Date:………………………………

16 Appendix 8: Example of POD assessment labels

Yellow sticker to be used in respite units/day units only

> **TEWV**
> **Medication suitable on this occasion**
>
> **Advice from (name)**
> **Pharmacy Technician/Pharmacist**
>
> **Date:**
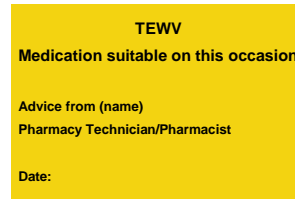
Green sticker – assessed as suitable for use

> **MEDICINES SUITABLE**
> **FOR RE-USE**
> **TEWV**
>
> **Assessed by:**   **Date:**
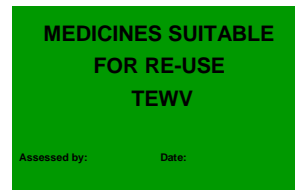
Red sticker – assessed as unsuitable to use

> **MEDICINES UNSUITABLE**
> **FOR RE-USE**
> **TEWV**
>
> **Assessed by:**   **Date:**
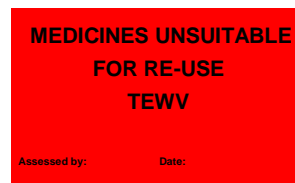
Quarantine – inpatient wards

> **QUARANTINE**
> **Patient's own drugs**
> NAME……………………………
> DATE……………………………
> **Unsuitable for use on ward – to return to the patient on discharge after confirming with the doctor**

17 Appendix 9: Community settings - Consent for destruction of patient's own medicines (PODs)

Disposal needs to be arranged for medicines that have been changed and are no longer prescribed, they are not fit for use or they could pose a safety risk. If you are happy for us to dispose of any medication no longer required, please sign this consent form.

I give consent for any medicines that are unsuitable for use or are no longer prescribed or could pose a safety risk to be destroyed.	
Patient / Patients representative signature	Date
Signature of Staff removing medication:	

Drug Name	Strength & form	Quantity

Name and address of pharmacy medication handed into	Signature of Community Pharmacy staff:	Tewv staff signature	Date:

File in patients notes