

SUBJECT: MEDICATIONS BROUGHT IN BY CONSUMERS

EFFECTIVE

DATE: 07-31-09 (replaces 10-01-07)

APPROVED BY:

Executive Director

Medical Director

Pharmacist

Reviewed (no changes): _____

POLICY

It is the policy of McIntosh Trail CSB that all medications brought in by consumers be properly identified prior to administration or supervised self-administration.

PURPOSE

To ensure safety in the administration of all medications for consumers in sites where medication is secured, administered, or supervised by staff.

PROCEDURE

1. All prescription medications brought in by a consumer shall have a pharmacy label to be accepted.
2. The staff will record the name of the medication, supplied dosage, and the amount of medication remaining (i.e. specific number of pills) on the consumer Medication Record (see attachment). The consumer will sign the Consumer Medication Record, and the staff will sign as a witness.
3. The labeled bottle will be considered the physician's order for the medication.
4. No open bottles of liquid medications will be accepted.
5. Identification by pharmacist:
 - a. All medications that are brought to the site must be verified by arrangement with local community pharmacist or agency pharmacist within 72 hours of admission.
 - b. Medications must be verified before given to consumer.
 - c. Orders or prescriptions obtained on transfer or after admission, with an appropriately labeled bottle, do not have to be taken to pharmacist for further identification.

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PROCEDURE (Continued)

6. Attempt to contact the prescribing physician or primary care physician for further information regarding previously prescribed medications, if needed.
7. Obtain consent form from the consumer for release of information and contact the appropriate outside sources to gather pertinent information on prescribed medication, if needed.
8. If medications are discontinued or cannot be used, follow Policy & Procedure for destroying medications.

Attachment: Consumer Medication Record

**CONSUMER MEDICATION RECORD
(McIntosh Trail CSB)**

CONSUMER NAME: _____

SERVICE SITE: _____

CID NUMBER: _____

ADMISSION DATE: _____ TIME: _____

MEDICATION	DOSAGE	AMOUNT REMAINING	PHARMACIST IDENTIFICATION (INITIALS)

The medications listed above are a complete list of all medications brought in on admission.

Consumer Signature: _____

Witness Signature: _____
