

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

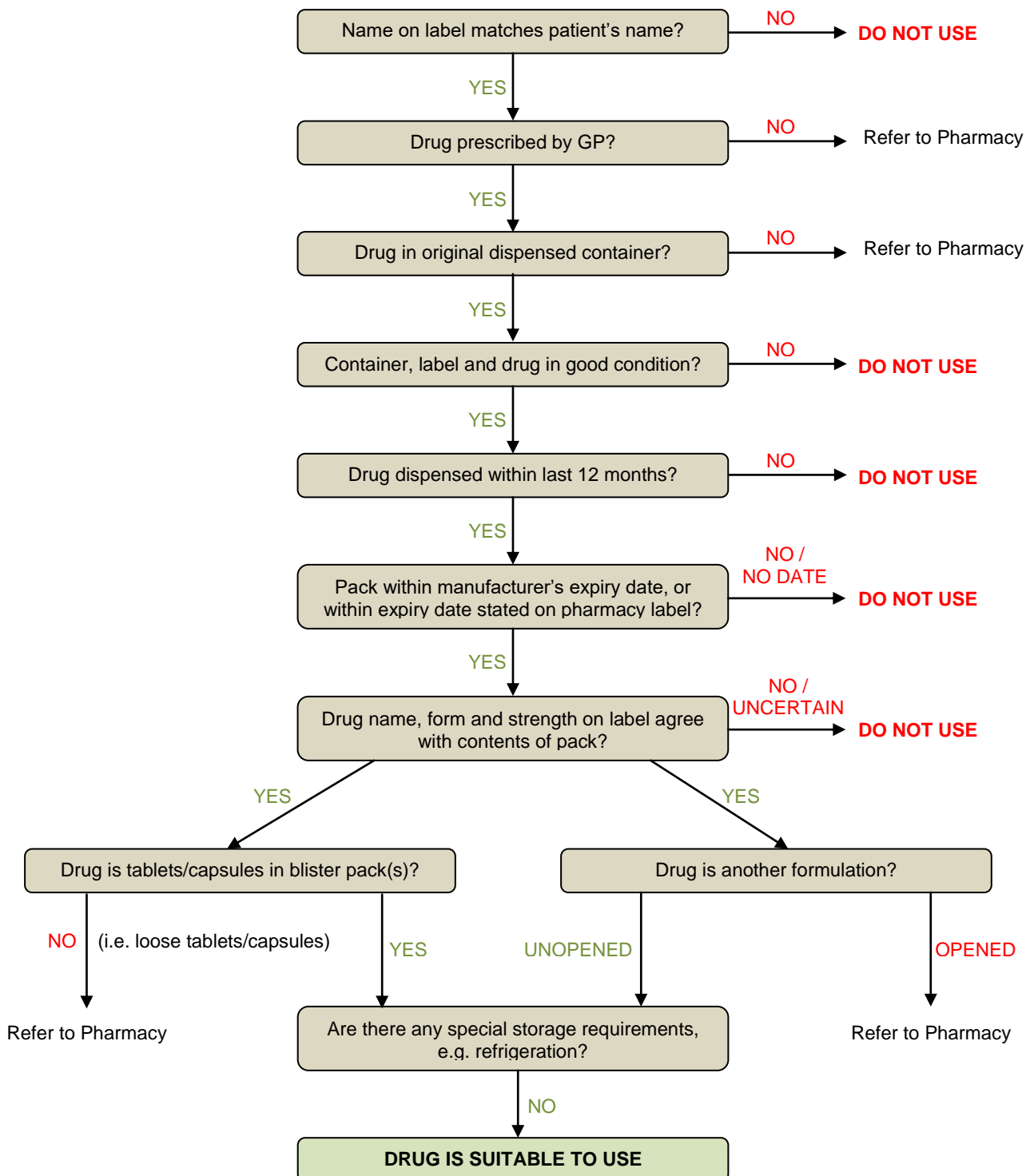
USE / DISPOSAL OF PATIENT'S OWN MEDICINES

1. INTRODUCTION

- 1.1. It is permissible to use a patient's own medicines brought with them on admission, provided these have been assessed as suitable for continued use. This document includes an algorithm (see [Annex 1](#)) which should be used by nursing or pharmacy staff to assess whether a patient's own medicines are suitable for use.
- 1.2. This algorithm can be used for assessing a patient's own controlled drugs, but additional record-keeping requirements apply. Refer to Appendix 3 of CLPG13-MH.
- 1.3. If a patient's own medicines have been assessed as suitable for continued use, written consent to do so must be obtained using the consent form contained in [Annex 2](#). The completed consent form should be filed in the patient's healthcare record.
- 1.4. If a patient's own medicines are not required because the admitting doctor decides to discontinue the treatment, or they are assessed as unfit for use, permission should be sought for the medicines to be disposed of as pharmaceutical waste on the ward. Consent for disposal must be obtained using the consent form contained in [Annex 3](#).
- 1.5. If permission to destroy a patient's own medicines is not granted, they should be sent home in the same way as any other property not required by the patient.
- 1.6. In some circumstances, a member of a community team may be asked or may feel it necessary to destroy/secure patient's own medicines when reviewing a patient at their place of residence or at a community site. If medicines are removed to be stored or destroyed at the community team base then a record must be made in the community team medication book/folder as highlighted in CLPG13-MH, Section 9.4.13. Written consent should be sought using [Annex 4](#) and this should also be filed in the patient's healthcare record. This form should also be completed if removing medication from a patient's residence and transporting to a local community pharmacy for destruction. If medication is to be surrendered to a community pharmacy or another member of staff for storage/destruction, the bottom section of annex 4 should be completed for audit trail purposes.



**ALGORITHM FOR ASSESSING WHETHER A PATIENT'S OWN MEDICINE IS
SUITABLE FOR CONTINUED USE WHILST AN INPATIENT**





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PATIENT CONSENT TO USE THEIR OWN MEDICINES

Patient's name:		NHS Number:	
Ward:		Date of Admission:	

1. I agree to the continued use of my own medicines (listed below), whilst I am an inpatient.
2. I understand that any remaining supply of my medicines will be returned to me on my discharge. If my own supply of any of these medicines runs out whilst I am an inpatient, I understand that an additional supply will be provided for me.
3. Any of my medicines that are discontinued by a doctor whilst I am an inpatient may be disposed of.
4. I understand that my medicines will be stored in a locked cupboard, and given to me by a member of the nursing staff at the appropriate times.

Drug name and formulation	Strength	Directions	Quantity

Signature:	Date:
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This form should be filed in the patient's healthcare record



PATIENT CONSENT TO THE SAFE DISPOSAL OF UNWANTED MEDICINES INCLUDING CONTROLLED DRUGS (INPATIENT)

Dear Patient

Thank you for bringing your medicines in with you when you were admitted.

The following medicine(s) are no longer required for your treatment, or are not suitable for use. We would like to ask your permission to dispose of them safely on the ward, in line with environmental guidelines and regulations. If you consent to these medicines being disposed of, please sign the box below.

Thank you

Name of patient		NHS No:	
Ward/unit	Date	Time	
Qualified nurse			
Medicines to be disposed of:			
Name	Strength	Form	Quantity
Patient signature for consent to destruction			

If you do not consent to these medicines being destroyed on the ward, they will be stored safely until you are ready to be discharged. You will then have the opportunity to consent to their destruction on the ward, or to take them home with you. If you decide to take them home, even though you no longer require them for your treatment, you are advised to take them to a community pharmacy for safe disposal.

Nursing staff: If the medicines listed above include a Controlled Drug, and the patient consents to disposal, this form should be placed inside the CD Record Book pending transfer to the pharmacy (Essex only) or denaturing of the item by an approved person (Bedfordshire and Luton only).



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PATIENT CONSENT TO THE SAFE DISPOSAL/STORAGE OF MEDICINES INCLUDING CONTROLLED DRUGS (COMMUNITY)

Dear Patient

We would like to ask your permission to DISPOSE / STORE the following medicines, in line with guidelines and regulations. If you consent to these medicines being disposed / stored on your behalf, please sign the box below.

Thank you (delete as appropriate)

Excess Medicines stored at team base and returned to patient in instalments	Excess medicines returned to community base for destruction	Excess medicines returned to a community pharmacy for destruction.
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Name of patient	NHS No:
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Team	Date	Time
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Qualified Person Removing medication

Medicines to be disposed/stored	Strength	Form	Quantity

Patient signature for consent

Nursing staff: If the medicines listed above include a CD, and the patient consents to disposal, this form should be placed inside the CD Record Book pending transfer to the pharmacy (Essex only) or denaturing of the item by an approved person (B&L only) if returned to community base.

Drugs for destruction/storage accepted by:

Location:

Date