



Handling and Storage of Patient's Own Medications – including Schedule 4 Restricted and Schedule 8 Medications Procedure

1. Guiding Principles

Patients attending ED or being admitted for planned admissions are encouraged to bring in their own medications and a complete medication list to the hospital. Patient's having short day procedures where they are unlikely to be admitted, e.g. endoscopes, are encouraged to bring a complete medication list rather than their physical stock of medications.

Upon admission, patient's own medications are utilised to facilitate accurate medication reconciliation and prescribing. It may also be necessary to use patient's own medications in the short term **if** it is not available in the hospital, to enable continuation of essential medications.

Unless specifically outlined in this procedure, if the patient brings their own medications please do not send the medications back home with their families. Please process and store the medication as detailed to facilitate medication reconciliation and safe medication processes during the patient's admission.

Once received, the patient's own medications need to be reviewed and sorted. Non-restricted medications are to be stored in a light green Patient's Own Medications bag, separated from Schedule 4 Restricted (S4R) and Schedule 8 (S8) medications.



For identification, please note that schedule 8 medications will be labelled with "controlled drug" on their packaging. Schedule 4 Restricted medications include paracetamol + codeine combination preparations and some cannabis oil formulations. The schedule of the product can be determined by inspecting the labelling of the product. The Pharmacy Department or ward pharmacist can be contacted for assistance if needed.



S4R and S8 medications need to be stored in the relevant S4R cupboard or S8 safe, recorded and checked daily as per [WACHS Medication Administration Policy](#).

To make storing and recording of patients' own S4R and S8 medications easier, Medication Security Bags are available.

Schedule 9, illicit or prohibited substances are not to be accepted from patients. Pharmacy Services cannot be responsible for the management, storage, disposal or reporting of illicit substances and/or paraphernalia in accordance with the Medicines and Poisons Regulations 2016. Pharmacy Services may be consulted for advice on the identification of substances that appear to be proprietary medicines but are not able to identify other substances.

Take care when handling patient's own medications to avoid the risk of injury such as needle sticks.

2. Handling, Storage and Documentation of Patient's Own Medications

2.1 On Admission

Review and sort the patient's own medications into unrestricted medications, S4R and S8 medications. Check expiry dates and if expired medications are located facilitate discarding of these medication as per the WACHS-SW [Handling of Expired Drugs, Excess Stock and Pharmaceutical Waste Disposal Procedure](#), with patient consent and appropriate documentation into the patient's medical record.

Patient's own medications that are not S4R or S8 are to be placed into a light green Patient's Own Medications (POM) bag with their name / URMN (addressograph) clearly marked on the front. These are to be stored in the locked medication room, locked medication imprest cupboard or locked patient medication drawer. Record the receipt and storage of the patient's own medications in the patient integrated notes. Use the tear off section on the POM bag to record the location of storage of all the patient's own medications and place this in the patient's bedside medication folder.

If receiving patient's own S4R and S8 medications, do not assume that bottles of tablets are full, even if a manufacturer's seal is in place. These seals may stick onto the top of the bottle due to the pressure applied when closing the lid. Confirm that the seal is not able to be removed or if the seal is able to be removed count the tablets and place the seal in the bin.

If the patient's own medications are packed within a dose administration aid (DAA) such as a Webster-pak® or a dosette box, the individual medications are not to be removed from the dosing device. A DAA that is commercially packaged by a retail pharmacy may be used for administration to the patient only where the medication(s) are otherwise unavailable and **all** the medications within the dosing device are prescribed for the patient by the doctor and used from the DAA.

If the DAA contains a S4R and / or a S8 medication then DAA should be stored as per the highest scheduled item it contains.

Due to the potential for volume loss with viscous liquids, any oral liquids should **not** be measured upon receipt. An estimate of the contained volume may be made by the nursing staff and the patient. This agreed volume is to be documented in the patient medical records and used as the received volume in the register.

It is recommended that the patient countersign the register entry (in addition to the 2 authorised staff members).

The level of the meniscus should also be marked on the bottle.

When storing S4R or S8 patient's own medications sites are encouraged to utilise the Medication Security Bags. These bags allow multiple restricted medications, of the same schedule, to be stored together. As the bags have a tamper evident seal, once in use they are able to be checked daily to confirm that they are still securely sealed without having to check the physical balance of each medication within the sealed bag.

WACHS South West Handling and Storage of Patient's Own Medications – including Schedule 4 Restricted and Schedule 8 Medications Procedure

Daily checks can then be recorded and signed as **balance check, correct and sealed**.

Medication Security Bags are available in two sizes, select the appropriate sized S4R or S8 Medication Security Bag. Affix the patient identification label to the front of the Medication Security Bag and seal the bag.

On receipt restricted (S4R or S8) patient's own medications need to be recorded in the appropriate S4R or S8 ward Patient Own Medication Register (see example below) and stored in the required S4R cupboard or S8 safe. Include the full details of each medication (including generic medication name, strength and individual quantities) and the unique Medication Security Bag Number on a single page.

The Medication Security Bags have a tear off section at the top containing a unique Medication Security Bag number. This can be placed in the patient records for reference e.g. in the patient's bedside folder or alternatively attach to the patient's discharge checklist.

Document the receipt of the patient's own scheduled medications, storage and the unique Medication Security Bag Number in the patient medical notes.

Example (Storage of patient own S8's using a Medication Security Bag):

RECORD OF DRUGS: RECEIVED, ADMINISTERED OR SUPPLIED											
DRUG <i>Patient's Own Medications for ANTON PATIENT</i>											0067
Balance _____ brought forward from page _____											
P123456											
Date	Received		Identifying Details	Administered or Supplied			Balance	Name of prescriber	Administered, supplied or received by (sign & print name)	Witnessed by (sign & print name)	
	Amount	Requisition number		Time	Dose administered	Amount discarded					Amount issued from stock
18-1-21			Drycodone capsules (oxycodone) 5mg x 15 Drycodone tablets (oxycodone) 40mg x 28								
	Placed in S8 Medication Security Bag		AP10003524				11:20L		J NURSE	J NURSE	
19-1-21			Balance checked, correct & sealed	14:00			sealed		J NURSE	J NURSE	
20-1-21			Balance checked, correct & sealed	13:10			sealed		J NURSE	J NURSE	
21-1-21			returned to patient sealed bag	09:00			sealed bag NIL		J NURSE	J NURSE	
Balance carried forward _____											to page _____

Sealed S4R or S8 Medication Security Bags should not generally be opened.

Therefore, if patient's own S4R or S8 medication is required to be used during inpatient stay, these medications should be recorded separately in the S8 or S4R register and have a balance check performed daily. These medications should not be stored in a Medication Security Bag.

2.2 On Transfer

If a patient is to be transferred to another hospital or ward area, ensure all the patient's own medications are transferred with the patient, this is the responsibility of the transferring nurse assigned to the patient's care.

Transfer of the patient's own unrestricted medications in the green Patient's Own Medication bag are to be recorded in an entry with the patient's integrated notes.

When transferring patient's own S4R or S8 medications, the transfer must be recorded within the relevant ward Patient's Own Medication register and the patient's integrated notes.

The entry in the Patient's Own Medication register must detail the new hospital / ward location. Transfer of S4R or S8 medications also require completion of a requisition of transfer that must contain the full details of the contents within the bag so that this can be accepted by the receiving area and written into the receiving areas relevant register.

See [Handling and completion of entries in Schedule 4 Restricted \(S4R\) and Schedule 8 \(S8\) Registers and Requisitions Books](#) for examples of how to complete these documents.

Physical transfer of S4R and S8 medications, including Patient's Own, is the responsibility of a Registered Nurse.

Ensure that the tear off slips of the green patient's own medication bag and the S4R / S8 Security bags are also transferred with the physical stock.

The receiving site is to following the processes as included in the Admission section above.

2.3 On Discharge

On discharge patients are to be provided with information regarding any changes to their medications and counselled to only take the medicines listed by the doctor on their complete discharge medication list.

It is best practice that upon discharge patient's own medications including S4Rs and S8s are reconciled against the patient's new medication list prior to returning to the patient.

Any ceased/changed non-S4R or non-S8 medications are to be removed from the green Patient's Own Medications bag and processed for destruction, with the patient's permission, by placing the medications in the Return to Pharmacy tray (Bunbury Hospital and Busselton Health Campus) or prepared as per the [WACHS South West Handling of Expired Drugs and Excess Stock Procedure for District Sites Procedure](#). This is to avoid inadvertent duplication or incorrect medications / doses administered once the patient is discharged.

WACHS South West Handling and Storage of Patient's Own Medications – including Schedule 4 Restricted and Schedule 8 Medications Procedure

Patient's own S4R or S8 Medication Security Bags may be opened on patient discharge to remove specified medications if it is deemed clinically imperative by the treating doctor. The register entry needs to clearly document that the bag was opened, what was returned to the patient and, with the patient's permission, what was returned to Pharmacy for destruction.

Record the return of patient's own medications in the patient's integrated notes, detailing any medications that were removed and the reasons for this.

3. Definitions

Non Restricted Medications	A range of medications including unscheduled, Schedule 2, Schedule 3 or Schedule 4 medications (as per the Standard for the Uniform Scheduling of Medicines and Poisons).
Schedule 4 Restricted	Range of Schedule 4 medications that are liable to abuse and therefore require additional storage and recording requirements within public hospitals. As defined by Department of Health Medicines Handling Policy MP139/20
Schedule 8	Poisons to which the restrictions recommended for drugs of dependence by the "1980 Royal Commission of Inquiry into Drugs" are to apply. A drug register is required to monitor and record usage.
<i>The Medicines and Poisons Act (2014) and Poisons Regulations (2016)</i>	Provide clear instructions for nurses in relation to the handling and administration of medications.
Pharmacy	WACHS South West Pharmacy Department located at Bunbury Hospital and the WACHS South West Satellite Pharmacy located at Busselton Health Campus.

4. Roles and Responsibilities

It is the responsibility of all nursing, medical and pharmacy staff to ensure compliance with this procedure.

Nursing staff (registered nurses / registered midwives / enrolled nurses / nurse practitioners) are responsible for the handling of medications in line with the relevant levels of responsibility as defined by the WACHS Medication Administration Policy.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by Nurse Unit Managers as part of confirmation of standard documentation.

7. Equipment

Patient's Own S4R and S8 Medication Security Bags:

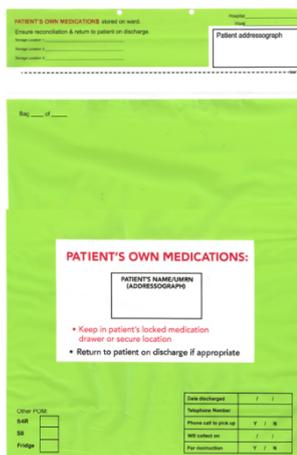


Patient's Own S4R or S8 Medication Security Bag

- S4R Small (A5) bag – 154413B
- S4R Large (A4) bag – 154412A
- S8 Small (A5) bag – 154414C
- S8 Large (A4) bag – 154411Y

Use the relevant item number to order from Supply

Patient's Own Medication Bag (non S4R or S8 Medications):



Patient's Own Bag

Available via Pharmacy
On the imprest list of all district sites
ProdID 5648

8. Standards

National Safety and Quality Health Service Standards

Clinical Governance Standard: 1.6

Medication Safety Standard: 4.1, 4.4, 4.14, 4.15

9. Legislation

Medicines and Poisons Act 2014 (WA)

Poisons Regulations 2016 (WA)

10. References

WACHS Medication Administration Policy

11. Related Forms

WACHS South West Handling and completion of entries in Schedule 4 Restricted (S4R) and Schedule 8 (S8) Registers and Requisitions Books

12. Related Policy Documents

WACHS Medication Administration Policy

13. Related Department of Health Policies

Department of Health Medicines Handling Policy MP139/20

14. Policy frameworks

Clinical Governance, Safety and Quality

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Regional Chief Pharmacist		
Directorate:	Operations South West	TRIM Record #	ED-CO-13-37696
Version:	3.00	Date Published:	09 March 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.