



Medication Storage Procedure - Wheatbelt

1. GUIDING PRINCIPLES

This procedure aims to provide additional information to support the implementation of the WA Country Health Service (WACHS) [Medication Administration Policy](#).

Storage of medications in locked bedside drawers enables bedside administration and documentation with reduced opportunity for interruption and error. Research in Australia and overseas has shown that there is less risk of medication errors when medications are stored and issued from a bedside drawer than when stored elsewhere^{1, 2, 3}.

Bedside storage of medications is to be the usual practice in Wheatbelt hospitals. This procedure provides further information about how bedside medication storage is to be implemented, and the likely exceptions.

Medications stored in bedside lockers are to be removed on transfer or discharge of the patient. The locked medication drawer is to be used for medications only, not money, watches or other valuables.

2. PROCEDURE

2.1 Patient's own medication

- Staff are to encourage family/carer to take medications home after medication history has been obtained and, where possible, medication reconciliation, has occurred as per section 5.3 of the WACHS Medication Administration Policy.
- If patient's own Schedule 4 Restricted and Schedule 8 medications are required to be used on site they are to be locked in the ward Scheduled drugs cupboard and logged into the patient's own S8/4 register, with notation in the patient's discharge plan and on the patient valuables record. If not required, the medications are to be sent home. If they cannot be sent home, they are to be stored in the sealable Schedule 8 and/or Schedule 4R bag/s for each patient and locked in the ward Scheduled drugs cupboard.
- Should a patient be prescribed a medication which is not available at the site, but which they bring to the hospital with them, a nurse may store and administer these medications at the patient bedside, provided the medications have been ordered and dispensed in a form consistent with the WACHS Medication Administration Policy. This process is only to occur until such time as the hospital is able to obtain a supply of the medication(s).

2.2 Acute inpatients

- Oral, sub-lingual, inhaled, intranasal, intra-ocular, aural and topical medications prescribed for administration during hospitalisation are to be stored in top locked drawer at patient's bedside for bedside administration. This includes 'when necessary' (PRN) medications.

- Pre-drawn subcutaneous and intramuscular injections which do not have specific storage requirements (e.g. refrigeration) are also to be stored in top locked drawer at patient's bedside for bedside administration.
- Insulin pens in current use are to be stored in top locked drawer at patient's bedside for bedside administration.
- Intramuscular, intravenous, parenteral chemotherapy, enteral feeds, epidural, intrathecal, Schedule 8 and Restricted Schedule 4 drugs are to be stored in the locked medication cupboard and/or room according to site procedures. These medications are to be prepared and taken to patient's bedside at time of administration.

2.3 Aged care residents

- As aged care residents are frequently away from the bed at time of medication administration (e.g. in dining room at meal times), it may be more appropriate for sites to store resident medication in a central location and dispense from a trolley. This decision is to be made at site and notation of storage location made on each resident's care plan.

2.4 Outpatients

- When possible, outpatients are to keep their own medication at home and only bring it to the hospital if they need assistance to administer it (e.g. subcutaneous anticoagulant injections, intravenous antibiotics).
- Should the outpatient be unable to store the medication at home, each medication item is to be labelled with the patient's name, date of birth and unit record number (URN), and stored separately to impost stock.

2.5 Domiciliary patients

- Domiciliary patients are to store all their medications within their home with advice from domiciliary nurses and community pharmacists regarding storage. Administration of and assistance for self-administration by WACHS staff is to be undertaken according to the WACHS Medication Administration Policy and South Metropolitan Health Service (SMHS) / WACHS Documentation Clinical Practice Standard.

3. RELATED POLICY DOCUMENTS

WACHS [Medication Administration Policy](#)

SMHS/WACHS [Documentation Clinical Practice Standard](#).

4. 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 may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

5. EVALUATION

This procedure is to be evaluated by the Wheatbelt Medication and Safety Committee through the tabling of medication error reports and medication administration audits.

6. REFERENCES

1. Fisher, M., Norris, D., Camac, K., Hawkshaw, B. (2001) A comparison of medication errors between two storage sites *Contemporary Nurse* Vol. 11, Iss. 1, pp. 55-59
2. Bennett, J., Harper-Femson, L., Tone, J., Rajmohamed, Y. (2006) Improving medication administration systems: an evaluation study. *The Canadian Nurse*. Vol. 102 (8), pp. 35-39.
3. Carmac, K., Fisher, M., Norris, D. (1996) Medication errors: a comparative study of drug storage sites. *Australian Journal of Hospital Pharmacy*. Vol. 26, Iss. 2, pp. 234-237.

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