Hospital Management

 Of

 Patients’ Private Medications



Missouri Bureau of Narcotics and Dangerous Drugs

Dear Registrant:

 The Missouri Bureau of Narcotics and Dangerous Drugs receives requests for guidance and clarification on the handling of medications that a patient brings to the hospital or are abandoned at the hospital. Upon reviewing state and federal controlled substance laws and regulations, along with regulatory licensing laws and the other best practices in the industry, the Bureau is publishing this as an educational guideline to assist hospitals in complying with laws. The information presented is based on existing laws and regulations. The Bureau does not intend to create a new requirement without proper rule-making or legislative procedures.

 Section 195.197, RSMo authorizes the department to coordinate and cooperate in training programs on controlled substance law enforcement at the local and state levels, and also provide information to distributors and retailers to help prevent distribution or diversion of products or substances used in the illicit manufacture of controlled substances. Section 195.198, RSMo authorizes the department to carry out educational programs to prevent and deter misuse and abuse of controlled substances and assist the regulated industry in the reduction of controlled substance abuse. The department may consult with groups to aid them in solving administrative and organizational problems.

 This guideline addresses the most common occurrences. If you find that there is a different situation that is not covered in this guideline, please feel free to contact the Bureau and discuss possible solutions.

Respectfully,

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**Patients Bring Personal Controlled Substance Prescriptions from Home**

 When a patient is admitted to the hospital they are almost always receiving medications in the hospital that have been dispensed from the hospital’s in-patient pharmacy. Pursuant to hospital licensing regulations, all hospitals have an approved formulary and all medications are received and dispensed through the hospital pharmacy.

 Most hospitals discourage patients from bringing their own private prescriptions to the hospital. The hospital may lock and secure those medications with patient property or have the patient arrange to return the medications to their home.

 If practitioners in the hospital want to approve a patient consuming their own private controlled substance prescription, the hospital should follow State Regulation 19 CSR 30-20.100(3), which states:

(38) Medications brought to the hospital by patients shall be handled according to policies and procedures. They shall not be administered unless so ordered by the prescriber and identified by the pharmacist or the prescriber.

**Patient Dies with Legal Private Controlled Substance Medications in Possession**

 In this scenario a patient has a legal controlled substance prescription in their possession and the patient dies while in the hospital. In Missouri, all pharmacies are required to place a warning label on controlled substance prescription containers stating that it is unlawful to transfer this drug to any other person. A person may only possess a controlled substance if it was lawfully prescribed and dispensed to them by an authorized practitioner. It is not legal to possess a controlled substance unless authorized by Chapter 195, RSMo.

 The hospital cannot transfer the controlled substances to a friend, relative, or patient’s attorney. The controlled substances were the private property of the patient but now the drugs cannot be provided to any person who cannot show legal statutory authority. The hospital is advised to follow their normal policies and procedures for the wastage and destruction of unwanted controlled substances in that patient-care area.

 1. Two employees should perform and document the destruction;

 2. Inventory the drugs;

 3. Destroy the drugs beyond reclamation;

 4. Document the drug destruction in the patient’s chart and in any other logs

 required by your hospital pharmacy or hospital policy;

 5. Document the date, drug name, strength, form, quantity, method of destruction, and

 provide the names of the two people performing the destruction.

 6. If your hospital has a drug disposal box where patients can dispose of unwanted

 medications, the hospital may drop the patient’s private prescription in the disposal

 box. This is a situation under Section 195.265, RSMo where the hospital was a

 caregiver and they are disposing of a decedent’s controlled substance prescriptions

 that were legally possessed. The hospital will still want to document how they

 disposed of the drugs and it should be performed by two people.

**Patient is Discharged and Abandons Controlled Substances at the Hospital**

 This situation is similar to the previous situation above. In these cases the patient leaves the hospital and abandons drugs. If the patient will not return and collect their drugs, the hospital should destroy them. They cannot be transferred to another person. It would be good to document the abandonment in the patient chart.

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**Illegal Possession of Drugs in the Emergency Department (ED)**

 It is not uncommon for a patient to arrive in the ED with illegal controlled substances (*street drugs*) in their possession. These are drugs not legally prescribed or dispensed by an authorized practitioner. It is not legal for the patient to possess them. They are committing a crime in your facility.

 The patient cannot legally keep the drugs. Many hospitals have a practice where they inform the patient that their drug possession is not legal and the patient cannot be allowed to keep the drugs. The hospital gives the patient a choice:

 A. The hospital can destroy the drugs; or

B. If the patient refuses to allow destruction, the hospital will call the police and hand

 the drugs over to local law enforcement. The patients routinely approve the

 destruction.

Relations with Local Law Enforcement:

 Depending on the size of your community and jurisdiction, local law enforcement may want you to notify them of ALL illegal drug possessions. Providers should contact their local law enforcement agency to determine the circumstances under which they prefer notice. Providers should also contact their facility’s legal counsel for information about the facility’s preferred practices.

Confidentiality and HIPAA:

 Medical providers are concerned with guarding protected health information and complying with laws regarding confidentiality. Committing a crime is not protected by confidentiality. In these cases the hospital could report to law enforcement that the patient was found to have illegal drugs in their possession. There would not be a need to discuss or reveal the reason for the patient’s treatment, medical condition, or diagnosis.

Prior to disclosing any additional information, providers should consult their facility’s legal counsel to determine what disclosures are appropriate and compliant with HIPAA and the facility’s own policies.

Destruction of Illegal Drugs in the Emergency Department

The hospital administration, ED Director and Director of Pharmacy may develop a policy for how they want destructions of illegal drugs handled. Policies vary among hospitals. The drugs may be destroyed by:

* Emergency department employees of the hospital;
* Pharmacy employees of the hospital; or
* Security employees of the hospital

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 3. Destroy the drugs beyond reclamation;

 4. Document the drug destruction in the patient’s chart and in any other logs

 required by your hospital pharmacy or hospital policy;

5. Document the date, drug name, strength, form, quantity, method of

 destruction, and provide the names of the two people performing the

 destruction.

 **\* Illegal street drugs are not allowed to be placed in a drug**

 **disposal box like legal patient prescriptions are.**