

encapsulate

Welcome to 'encapsulate'

The fifth edition of **encapsulate** looks at the increasing popularity of complementary and alternative medicines, and how they should be managed as part of a patient's overall treatment. We also revisit the key steps behind preparing a patient's discharge medication, which is an important part of the overall discharge process.

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The Use of Complementary and Alternative Medicines

Complementary and Alternative Medicines (CAMs) include a diverse group of health related therapies that are not considered to be part of mainstream medical care in Australia. CAMs include herbal medicines, vitamin and mineral supplements, traditional medicines such as Ayurvedic and Chinese, homeopathic medicines and aromatherapy oils. Most CAMs are listed medicines, but some are registered depending on their ingredients and the claims made regarding their use. Other CAMs are neither registered nor listed. The quality of such products may vary or even be unknown.

The use of CAMs is widespread in the community and gaining in popularity. According to the National Health Survey 1995, 26% of Australians had recently used vitamins or minerals, an increase from 23% in 1989-90, and just under 10% of people had recently used herbal or natural preparations.¹ In 2005, VicTAG reported that 50-60% of adults were using CAMs at least annually². The increasing prevalence of CAM use in the community has resulted in increasing numbers of patients bringing CAMs into hospital to be administered during their stay. Hospitals have a duty of care to all patients to ensure the safe use of CAMs.

Like all medicines, CAMs may cause side effects or interact with other medicines. However, many Australians may not realise and often forget to tell medical, nursing and pharmacy staff that they are taking a CAM. It is therefore important that the medication history taking process always includes specific questions regarding the use of CAMs.

Hospital medical staff should consider the implications of CAM use for the patient and their condition. Reputable sources of information should be consulted. For example:

- Slade pharmacists
- eMIMS
- Unity Health/IM Gateway Complementary Medicines
- National Prescribing Service Medicines Line (Ph. 1300 888 763)
- www.healthinsite.gov.au/topics/Complementary_and_Alternative_Therapies

If the CAM is safe and appropriate for the patient, the doctor may approve ongoing use during the hospital stay. The CAM should be included with all other prescribed medications on the medication therapy chart. If the doctor has concerns about possible interactions with conventional medicines, risks associated with a procedure or with a medical condition, they should discuss this with the patient and advise against the use of the CAM.

Details of discussions and decisions regarding the use of CAMs in hospital should be documented in the patient's medical record.

References:

1. Australian Bureau of Statistics. *National Health Survey: use of medications, Australia*. Canberra: ABS, 1999. (Catalogue No. 4377.0.) Available at: www.abs.gov.au/ (accessed Jul 2004).
2. Victorian Therapeutics Advisory Group (VicTAG), *Complementary Medicines Resource Document*, February 2005.
3. Therapeutic Goods Administration, *Medicines definitions*, November 2003.
4. National Prescribing Service Medicines Talk No.23 Spring 2007, *Complementary and Alternative Medicines*.

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Discharge Medication

Assembling discharge medication, performing medication reconciliation and providing patient medication counselling is an important part of the patient's discharge process. The process aims to ensure patient safety, quality use of medicines and continuum of care. If the process is not completed effectively, the patient may be discharged with insufficient medication and information or the wrong medication resulting in patient harm.

Hospitals need to have a clearly documented procedure for assembling discharge medication and performing a final check.

Generally the doctor will prescribe discharge medications on the medication therapy chart or discharge summary. It is then the responsibility of the pharmacist or nurse to coordinate discharge medications. From the medication therapy chart or discharge summary they must confirm the medications to be included upon discharge, clarifying with the doctor if required. Particular note should be taken of newly commenced medications and dose changes.

A review of all medication in the patient's drawer must then be undertaken, checking each item against the medication therapy chart. It should never be assumed that what is present in the patient's drawer is all correct and appropriate. Review of patient medication includes:

- Removing imprest medications and returning them to the imprest cupboard (it is illegal to send unlabelled medication home with the patient)
- Separating ceased items. Ideally these should be sent to pharmacy for disposal. If the patient wishes to take these medications home they must be kept separate to all other medication and clearly labelled as 'ceased medications'.
- Separating expired medications and sending them to pharmacy for disposal.
- Ensuring all current medications are labelled correctly and appropriately (i.e.

right patient name, right drug, right brand, right route/form, right strength, right directions). The strength or directions of a medication often change during a patient's admission and the labelling needs to accurately reflect the correct strength/directions at discharge.

- Ensuring the contents of medication packs match the information on the dispensed and/or manufacturer's label.
- Ensuring there is sufficient quantity of medication to last for at least one week post discharge or until the patient's next review. Check if the patient has their own supply of medications at home to avoid unnecessary supply/costs.

Any required medications and/or a patient medication profile is ordered from pharmacy.

Upon discharge, the attending nurse or pharmacist must perform a final check of all discharge medications against the medication therapy chart and medication profile (if provided). The final check is imperative because the initial review of the patient's medication and ordering of discharge medication often occurs in advance of discharge, therefore medication changes may occur. The final check involves the same process as the initial review outlined above. The patient should also be educated on the importance and correct use of medication following discharge from hospital. All medications and paperwork should then be packed in the discharge bag and given to the patient.

Confirmation of the final check, education and discharge details should be documented in the patient's medical record or specific discharge form (where applicable).

This publication is intended to provide a general outline and is not intended to be and is not a complete or definitive statement of the information on the subject matter. Further professional advice should be sought before any action is taken in relation to the matters described in this publication. To obtain further copies of all documents referred to in this publication please see your pharmacist.