



Section	Psychiatric Health Facility (PHF)	Effective:	4/6/2011
Sub-section	Operations - Medications	Version:	2.1
Policy	Discharge Medications	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
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PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	NM-3.3 – Discharge Medications rev. 3/24/2011		
Approvals:	PHF Medical Practice Committee: DRAFT	PHF Governing Board: DRAFT	

1. PURPOSE/SCOPE

- 1.1. To comply with all state and federal laws and regulations regarding the provision of medication prescriptions for patients discharged from the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF").

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed nursing staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or licensed psychiatric technician (LPT).
- 2.2. **Prescriber** – PHF psychiatrists, staff physicians, or nurse practitioners who order medications for patients.

3. POLICY

- 3.1. The PHF shall provide medication prescriptions at discharge to support continuity of care and ensure patients continue prescribed medications until their next outpatient appointment with a psychiatrist. The PHF provides a written prescription for the medication, or faxes the prescription to the patient's preferred pharmacy.

- 3.2. Medications which have been dispensed for individual patient use and are labeled in conformance with state and federal law for outpatient use shall be furnished to patients at discharge on the order of a physician. If the discharge orders do not include provisions for medication disposition, medications shall be furnished to patients unless:
 1. A physician's order specifies otherwise;
 2. The patient leaves or is discharged without a physician's order or approval;
 3. The patient is discharged to a general acute care hospital or acute psychiatric hospital;
 4. The medication was discontinued prior to discharge; or
 5. The labeled directions for use are not substantially the same as the most current orders for the medication in the patient's health record. [22 CCR §77079.10(a)(1-5)]

4. DISCHARGE MEDICATION STANDARDS

- 4.1. Any medications provided at discharge, and/or prescriptions provided or faxed to the pharmacy for the patient at discharge, will be fully documented in the patient's medical health record. [22 CCR §77079.10(b)]
- 4.2. Discharge medication prescriptions will be clearly specified as "Discharge" medications when inputted into RxNT (the prescription management software), or on the order form when faxed to a pharmacy.
- 4.3. If patients are discharged home, all discharge medications must be provided in childproof containers (i.e., no blister/bubble packs). Medications may remain in bubble packs if the patient is being discharged to another facility (e.g., a Crisis Residential Treatment facility) that accepts medication packaged in this manner.
- 4.4. Patients or their legal representatives will be provided a list of discharge medications which highlight changes from the patient's pre-hospitalization medication regimen. Written information and instructions along with education or counseling will be offered as part of the patient's discharge planning to support medication adherence post-discharge. Written information and instructions must be legible, in plain, non-technical language and in the patient's primary/preferred language whenever possible.
- 4.5. Medications belonging to the patient and brought to the PHF will be returned at discharge when appropriate, and in accordance with the PHF's "[Patients' Own Medications](#)" policy.

5. DISPOSAL OF DISCONTINUED MEDICATIONS FOLLOWING DISCHARGE

- 5.1. Any patient medication supplied by prescription which has been discontinued, and those which remain at the PHF after the patient's discharge, shall be disposed of in accordance with the PHF's "[Medication Disposal and Destruction](#)" policy. [22 CCR §77079.10(c)]

5.2. If at the time of discharge a patient has not been receiving a medication per prescriber-ordered parameters (e.g., if a patient has refused the medication or if a medication is held), the patient's treating physician and the current prescriber will be notified when obtaining discharge medication orders.

REFERENCE

California Code of Regulations
Title 22, Section 77079.10

RELATED POLICIES

[Patients' Own Medications](#)

[Medication Disposal and Destruction](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
DRAFT	2.1	<ul style="list-style-type: none"> Added directions for nursing staff regarding medications not administered.
12/12/2018	2.0	Updated to reflect current PHF practice.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).