SESLHD GUIDELINE COVER SHEET

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	James Mackie Executive Medical Director
AUTHOR	SESLHD Quality Use of Medicines Lead Pharmacist
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SUMMARY	This guideline provides a framework to assist clinical staff to consistently and safely manage patient requests to continue use of complementary medicines which are not listed on the hospital formulary during their admission to hospital.

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Health
South Eastern Sydney
Local Health District

Guideline for Use of Complementary Medicines in Hospital Inpatients

Section 1 - Background

South Eastern Sydney Local Health District (SESLHD) Drug Formulary Policy (SESLHDPD/183) governs medicines available for use, both conventional and complementary medicines, within SESLHD facilities. Complementary medicines are widely used in the community but are mostly unavailable via the SESLHD Drug Formulary. The use of complementary medicines should be considered as part of overall clinical management. The patients' wishes, cultural background and personal beliefs must be duly respected whilst balanced with safety.

The Council of Australian Therapeutics Advisory Groups (CATAG) Position Statement for Use of Complementary and Alternative Medicines[1] provides a framework for both clinicians and patients for management and use of CAM.

This guideline will assist clinical staff to consistently and safely manage patient requests to continue use of complementary medicines which are not listed on the district formulary during their admission to hospital.

Section 2 - Principles

This guideline applies when a patient is already taking a complementary medicine prior to being admitted to hospital. If a complementary medicine is initiated in hospital, SESLHDPD/183 Drug Formulary Policy applies.

Complementary medicines should be included when the best possible medicine history is taken for SESLHD inpatients. An assessment of risk against benefit should be made when considering whether to continue a patient's complementary medicines during their admission.

Section 3 – Definitions

Complementary medicines: therapeutic goods consisting wholly or principally of one or more designated active ingredients, each of which has a clearly established identity and:

a) a traditional use; or
b) any other use prescribed in the regulations (Therapeutic Goods Act, 1989).

Complementary medicines (also known as 'traditional' or 'alternative' medicines) includes vitamin, mineral, herbal, aromatherapy and homoeopathic products. Complementary medicines may be either listed or registered, depending on their ingredients and the claims made regarding their efficacy.

Best Possible Medication History (BPMH): A medication history obtained using a systematic approach, based on information source(s) with high reliability and comprehensiveness, and which may therefore be reasonably assumed to be an accurate and complete reflection of the medicines a patient was taking prior to admission. Wherever possible, a BPMH should involve a patient/carer interview and confirmation with at least one other source (e.g. patient's own medicines, GP, community pharmacist, etc).

Section 4 - Responsibilities

Clinicians (medical, pharmacy and nursing) are responsible for:

- Assessing the clinical benefit against the risk of continuing a patient's complementary medicines during their admission
- Actively seeking information regarding a patient's use of complementary medicines when obtaining a Best Possible Medication History
- Educating patients and carers if required regarding the use of complementary medicines in hospital, including (as applicable):
    - the need for use of the patient's own supply if the complementary medicine is continued
    - reasons for discontinuing use
    - any risks of continuing use of complementary medicines against clinical advice.

Patients and/or carers are responsible for:

- Reporting all use of complementary medicines in the same manner as conventional medicines
- Supply of complementary medicines not listed on the SESLHD Drug Formulary when use is agreed by the treating team.

Section 5

Guidelines

(adapted from Council of Australian Therapeutics Advisory Groups (CATAG) Position Statement for Use of Complementary and Alternative Medicines[1])

- All admitted patients should have a BPMH documented as soon as possible after admission as per SESLHDPR/267 Medicine: Continuity of Management and Documentation.
- Complementary medicines should be included as part of the medication history taking process, and patients encouraged to openly discuss use of complementary medicines so that they can be considered as part of their overall therapy. Details of all complementary medicines including indication or purpose and date of initiation, should be documented as part of the BPMH
- An assessment of the clinical benefit against the risks of continuing the patient's complementary medicines should be made to determine the appropriateness of continuing the medicines during the inpatient stay. This assessment should consider the following:
  - Available evidence of clinical benefit and harm[4]
  - That currently available scientific knowledge of complementary medicines does not always substantiate the judicious, appropriate, safe, or effective use of these therapies
  - That interactions with conventional medicines are often unknown
  - That the effects of complementary medicines in the peri-operative period are often unknown
  - The patient's right to self-determination in medical treatment.
- In the absence of evidence of any clinical benefit, continued use of complementary medicines may be acceptable if the treating team considers that there is a low risk of harm
- If it is determined that it is appropriate to continue a complementary medicine during an admission, the medicine should be prescribed on an approved paper or electronic medication chart
- Patient's own supplies should be used for administration in accordance with local business rules
- If a complementary medicine is to be discontinued during the admission the reasons for discontinuing should be documented. The patient and/or carer should be informed of any actual or potential risks with their complementary medicines. Whenever possible, written information should be provided and supported by verbal information. Provision of verbal information should involve a two-way discussion of the information with information pertinent to the circumstances of the patient emphasised. Provision of information to the patients should be explicitly documented in the medical records

- Hospitals cannot legally prevent complementary medicines being brought into hospital by patients or carers or enforce their removal. Hospital staff cannot prevent self-administration of complementary medicines by patients
- Patients should be made aware that continued use of any unendorsed complementary medicines during their admission is at their own risk. Full documentation of the nature of unapproved use should be entered in the health care record, including information about advice given and the decision of the patient
- Hospital staff should not be involved in the procurement or administration of unendorsed complementary medicines
- Any actual or suspected adverse drug reactions (ADR) to complementary medicines should be documented and reported in accordance with SESLHDPR/267 Medicine: Continuity of Management and Documentation.
- At discharge, information regarding a patient's continued or discontinued complementary medicines should be recorded and provided to both the patient/carer and ongoing healthcare providers. This should include, as appropriate, its purpose, dosage, duration, information regarding monitoring requirements, changes to complementary medicines during admission, and reasons for change.

Section 6

Documentation

Approved electronic medication management systems

Approved paper medication charts

Health Care Record

References

1. Council of Australian Therapeutics Advisory Groups (CATAG) Position Statement for the Use of Complementary and Alternative Medicines (May 2015)
2. ACSQHC Taking a best possible medication history resources
3. TGA. Complementary medicines. https://www.tga.gov.au/complementary-medicines
4. Specific information on complementary medicines may be accessed via CIAP: http://www.ciap.health.nsw.gov.au/home.html

Revision and Approval History

Date	Revision number	Author and approval
November 2012	1	Julie Thompson, SESLHD Drug & QUMC Coordinator
December 2012	1	Revisions suggested by SESLHD Policy Officer and reviewed by D&QUMC
March 2013	2	Revisions from feedback via Draft for Comment process Approved by SESLHD D&QUMC 14th March 2013
April 2013	2	Approved by CQC.
Nov 2013	2	Last Updated.
March 2018	3	Reviewed and updated in accordance with changes to CATAG guidance
May 2018	3	Feedback from Pharmacists and TSH Policy Officer incorporated.
July 2018	3	Major review indicated. Draft for Comment period.
July 2018	3	Processed by Executive Services prior to submission to the Quality Use of Medicines Committee and Clinical and Quality Council.
August 2018	3	Endorsed by Quality Use of Medicines Committee and Clinical and Quality Council.