

AATOD Guidelines for Guest Medication

Introduction

Absent regulations or published practices for Guest Medication, AATOD is providing these recommended guidelines. While we acknowledge that there may be state and program variations, AATOD believes that Guest Medication should be patient centered, respectful, and compassionate.

Sending Clinic Responsibilities:

We suggest, if at all possible, that the Sending Clinic forward information to the Receiving Clinic, one (1) week prior to the guest's attendance, absent an emergency. Attached to this document is a recommended information sheet, which should be faxed to the Receiving Clinic. The Sending Clinic will also give the patient a copy of this information to carry with him/her. The Sending Clinic should make sure that they have all pertinent information that the patient will need regarding fees, a contact person, times of medication, etc. The Sending Clinic should verify receipt of the information sent to the Receiving Clinic. Guest medication is not a veiled mechanism to discharge a patient. The Sending Clinic must accept the patient upon return unless other arrangements have been made.

Receiving Clinic Responsibilities:

The Receiving Clinic will respond to the Sending Clinic verifying receipt of information and acceptance of the patient for guest medication as quickly as possible. This acceptance will include the fact that the Receiving Clinic will provide the same dosage that the patient is receiving at their home clinic.

AATOD recommends that the Receiving Clinic's daily fee reasonably covers the cost of medicating a patient for a day and does not seek to procure excess profit through these transactions. The Receiving Clinic may have additional financial requirements, such as an administrative fee and a fee for meeting with a doctor, which must be communicated to the Sending Clinic.

Patient Responsibilities:

The patient shall carry his/her Guest Medication Form from his/her home clinic with him/her. The patient must have the required fees. The patient should know the name of a contact person that his/her home clinic has talked to in case there are any problems. The patient will present himself/herself in the best possible manner. The Receiving Clinic has the right to not medicate a patient if s/he presents inebriated or under the influence, acting in a bizarre manner, threatening violence, loitering, or inappropriately interacting with patients.

Sending Clinic Sample Guest Medication Form

Form Prepared By: _____	Date Prepared: _____
Personal Data:	
Patient Name: _____	
Birth Date: _____	Ethnicity: _____
Height: _____	Weight: _____
Hair: _____	Eyes: _____
Visible Distinguishing Characteristics such as tattoos, etc. _____	
Type of Photo Identification Card: _____	
Clinic Treatment Information:	
Home Clinic: _____	
Address: _____ _____	
Telephone: _____ () _____	Facsimile Number: _____ () _____
Contact Staff Person(s): <i>(specify nurse or counselor)</i> _____	
Dose: _____ mgs.	Pick Up Schedule: _____
Last Day in Home Clinic: _____	Travel Dose Given: _____ mgs.
First Day in Receiving Clinic: _____	Last Day in Receiving Clinic: _____
Travel Dose Required: _____ mgs.	Date Back in Home Clinic: _____
Other Information <i>(patient is transferring for admission, medical conditions, comments, or special instructions)</i> : _____	
Travel Data:	
Temporary Telephone: _____	
Temporary Residence: _____ _____	
Reason for Travel: _____	
Receiving Clinic Name: _____	
Receiving Clinic Address: _____ _____	
Receiving Clinic Telephone: _____ () _____	Receiving Clinic Facsimile #: _____ () _____
Contact Staff Person(s): <i>(specify nurse or counselor)</i> _____	

Cost: _____ per dose, payable in full prior to first medication. No personal checks accepted.
 _____ additional fees for _____.

Physician's Signature: (if required)		Date Signed:	
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