I. Title

*Patient-Owned Medical Equipment/Devices*

II. Policy

The use of patient-owned medical equipment or devices is restricted to those instances where the equipment is not readily available within the UTMB hospitals to provide the needed care for the patient.

Note: This policy excludes the use of patient’s insulin pump and continuous glucose monitoring devices during the hospitalization. More information is available regarding the safe use of insulin pumps and continuous glucose monitoring devices in Pharmacy Policy 07.07-Medications Brought from Home and 07.09-Self-Administration of Medications.

Patient-owned medical equipment or devices shall only be permitted after all of the following conditions have been met:

1. Equipment has been checked for electrical safety compliance by an authorized service technician from Clinical Equipment Services (CES) or another authorized department.
2. Physician and nursing staff have verified the competency of the patient to use the equipment properly.
3. There is a physician’s written order for in-hospital use that also includes the justification for its use.
4. A waiver of liability must be signed by the patient.

Any patient-owned medical equipment or devices that do not meet equipment safety standards will be removed and given to the patient’s representative.

UTMB has the right to inspect all patient-owned medical equipment or devices should there be a related injury, illness, or death. UTMB may take possession of this equipment pending the review of the incident. All equipment will be returned following the completion of the review.

UTMB respects the diverse cultural needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered.

III. Related UTMB Policies and Procedures

IHOP - 09.13.21 - Reporting of Devices and Supplies Involved in Patient Injury, Illness, or Death
IHOP - 09.13.22 - Handling of Malfunctioning or Defective Equipment, Devices, and Supplies
IV. Dates Approved or Amended

<table>
<thead>
<tr>
<th>Originated: 07/14/1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed with Changes</td>
</tr>
<tr>
<td>Reviewed without Changes</td>
</tr>
<tr>
<td>12/23/2021</td>
</tr>
</tbody>
</table>

V. Contact Information
Hospital Clinical Engineering
409-747-6148