

## Policy for Self-Administration of Medicines by Patients (Adult and Paediatric)

Issue Date	Review Date	Version
May 2013	Extended to May 2022	3.3

### Purpose

The purpose of this policy is to provide healthcare professionals with a framework for the safe and effective implementation of self administration of medicines at Plymouth Hospitals NHS Trust (PHNT).

### Who should read this document?

Trust Wide. All Medical, Pharmacy and Nursing staff.

### Key messages

Patient assessment for self-administration of medicines is performed by the registered nurse with the involvement of the clinical team as appropriate e.g. clinician, pharmacist. The NMC standards state that the registered nurse is 'responsible for the initial and continued assessment of patients who are self administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others'.

### Accountabilities

<b>Production</b>	Kandarp Thakka, Reshma Gandecha
<b>Review and approval</b>	Medicines Governance Committee
<b>Ratification</b>	Mark Hamilton - Medical Director
<b>Dissemination</b>	Medicines Governance Committee
<b>Compliance</b>	Medicines Governance Committee

### Links to other policies and procedures

- Medicines Management Policy

### Version History

1	May 2011	Policy Approved by the Medical Governance Committee
2	May 2013	<ol style="list-style-type: none"> <li>1. Reformatted into new template</li> <li>2. Addition of midwives in addition to nursing staff permitted to use policy</li> <li>3. Patients medicines information chart (annex 5) to be used if needed and not for all patients self administering medicines</li> <li>4. Indicating if a patient is self administering medicines or only insulin on page 1 of adult/day case DPAR</li> <li>5. Ward managers are responsible for deciding whether self-administration can be safely practiced on their ward, for ensuring that necessary bedside lockers are available, and for ensuring nursing staff are properly trained in the application of this policy.</li> </ol>
3		Extended by the Medicines Governance Committee
3.1	March 2021	Extended to May 2021
3.2	May 2021	Extended to September 2021
3.3	October 2022	Extended to May 2022

*PHNT is committed to creating a fully inclusive and accessible service.*

*Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.*

*We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.*

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**1****Introduction**

The Audit Commission, the Care Quality Commission and the NHS Litigation Authority recognise that patients should be given the opportunity to administer their own medications in hospital provided this can be done safely. The Nursing and Midwifery Council (NMC) supports self administration of medication and the administration of medication by carers/parents wherever it is appropriate, provided the essential safety, security and storage arrangements are available and agreed procedures are in place (NMC Standards for medicines management).

Self-administration is also encouraged for children who are age appropriate and/or have a sufficient understanding of their treatment or whose parent/carer wishes to take part.

**2****Objectives**

The purpose of this policy is to provide healthcare professionals with a framework for the safe and effective implementation of self administration of medicines at Plymouth Hospitals NHS Trust (PHNT). Specifically:

- Maintain patient independence in self-administration of medication for short stay patients where medication changes are minimal.
- Improve patient knowledge and skills where gaps are identified, thereby increasing independence and concordance on discharge.
- Possibly reduce re-admission due to treatment failure caused by non-compliance.
- Highlight medication related problems prior to discharge e.g. poor eyesight or complex packaging/medication regimes, understanding of labelling.
- Maintain independence and maximum therapeutic benefit for those patients who are on complex timed regimes that do not correspond with the timings of the traditional drug round e.g. Parkinson's disease, diabetes.

Patient assessment for self-administration of medicines is performed by the registered nurse/midwife with the involvement of the clinical team as appropriate e.g. clinician, pharmacist. The NMC standards state that the registered nurse/midwife is 'responsible for the initial and continued assessment of patients who are self administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others'.

**3****Patient Selection****3.1 Inclusion criteria**

- Patients whom appropriate members of the multidisciplinary team (e.g. Consultant, registered nurse/midwife) deem to be suitable
- Patients who are willing to assume responsibility for their medication
- Patients who will assume responsibility for taking their medication at home
- Patients who are on a stable medication regime
- Wards/Units with suitable facilities for storage and security of medication

- **Child Health:** Parents/carers may administer to children where the above criteria are met and this has been agreed with the Nurse in charge. Parental consent is essential for children less than 12 years of age. For older children, where possible it should be discussed with parents or guardians as a matter of good practice.

### **3.2 Exclusion criteria**

- Patients at risk of self-harm.
- Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005).
- Short term memory loss
- Patients who will not be self-medicating upon discharge.
- Those patients on compliance devices filled by a community pharmacist except for patients self administering only insulin. However, for patients being newly initiated on a compliance aid, patients may have a compliance aid supplied by Pharmacy prior to discharge and the patient self administer from the compliance aid to confirm they can cope with the device.

### **3.3 Caution criteria**

- History of drug abuse.
- Psychiatric illness, severe depression.
- Physical disabilities which prevent self administration.

*Note: It is important not to automatically exclude patients who are confused if they are expected to manage their own medicines when they go home. It may be possible to establish a safe routine before they are discharged.*

### **3.4 Additional Information**

- Patients must not self administer controlled drugs which require storage in CD cupboard.
- If patients are identified as having difficulty in opening bottles or reading labels then this should be brought to the attention of the pharmacist so that the problems can be addressed.
- For patients with learning disabilities, refer to the learning disability liaison team

**4.1 Medical Staff/Non-medical Prescribers must**

- Be made aware that a patient is self-medicating
- Inform the nursing staff/midwives and patients self-administering medications independently (level 3) when they have amended the drug chart

**4.2 Ward/Department managers:**

- Ward managers are responsible for deciding whether self-administration can be safely practiced on their ward, for ensuring that necessary bedside lockers are available, and for ensuring nursing staff are properly trained in the application of this policy.

**4.3 Nursing staff//Midwives are responsible for:**

- Patient assessment
- Patient education
- Patient supervision
- Producing a medicines information chart (annex 5) in conjunction with Pharmacy except for patients self-administering only insulin if this is felt necessary. The nurse/pharmacist must complete the medication chart accurately and legibly in block capitals and sign and date the completed chart
- For patients self administering insulin, supply enough disposable needles for 7 days on discharge from ward stock
- Making a record in the patient's notes to inform the medical team that a patient is self-medicating

**4.4 Pharmacy Staff**

- In conjunction with nursing staff/midwives assess patients suitability for above and introduce further compliance aids as necessary
- Supply each patient with their own medication dispensed as per discharge unless using TTA packs. For patients only self-administering insulin, this will just be the insulin
- In conjunction with the nursing staff/midwife produce a medicines information chart (annex 5) if this is deemed necessary. This must be completed accurately and legibly (Block capitals). The chart is to be dated and signed by whoever completes it. The exception will be for patients self-administering only insulin.
- **The pharmacist / medicines management (MM) technician must respond quickly to the request for medication supply for the scheme to ensure that patients do not miss doses.**

## 5 Accountability of Self-Administration

It is the responsibility of the registered nurse/midwife to ensure that, if delegating administration of medicines to the patient, the patient is competent to undertake this. The registered nurse/midwife is accountable for the appropriateness of this delegation.

The registered nurse/midwife must ensure safe and secure storage of medicines with access only for the individual patient.

## 6 Patient Assessment

All patients must be fully assessed prior to commencing self-administration. Assessment should be done as soon as possible after admission to determine if the patient is suitable and the level of supervision the patient requires. The assessment must be carried out by a registered nurse/midwife who has received training and been assessed as competent

There are two Self Administration of Medicines Assessment forms, annex one covers self administration of all medicines, and annex two covers self administration of insulin only. Once the appropriate form is completed, file in the patient's medical notes.

- Completion of one of these assessments enables the healthcare professional to:
- Assess the patient's existing knowledge of his/her medication(s)
- Confirm the patient's ability to identify packaging and read labels as appropriate.
- Ensure the patient can open the containers and demonstrated the ability to self-administer any devices, i.e. insulin pens
- Ensure the patient can recognise which drug is which.

The self administering medicines tick box on page 1 of the Adult in-patient/Day case Drug Administration and Administration Record (DPAR) must be ticked to indicate whether the patient is self administering all medicines or insulin only.

Patients can be started on Level 3 (see following section) provided the trained nurse/midwife is satisfied this is appropriate.

### **Table 1: Self Administration levels – adapted from the NMC 2007**

The level should be recorded together with the date and name and signature of the assessor, if necessary annotated with 'Insulin ONLY' for patients self administering insulin only, on:

- Page 19 of the Adult DPAR
- Page 5 of the Paediatric and Neonatal DPAR
- Page 1 of the Day Case Adult DPAR

This should be amended as the patient changes from one level to another.

Level 1	<b><i>The Nurse administers medicines in conjunction with the patient providing full explanation</i></b>
	<p>The nurse is responsible for medication storage and the supervision of the administration process ensuring the patient understands the medications being administered.</p> <ul style="list-style-type: none"> <li>• Medicines containing full TTA directions are locked in the medication locker.</li> <li>• The key is kept by nursing staff/midwives.</li> <li>• At the time of administration the nurse/midwife and patient discuss what drugs should be taken at that time</li> <li>• The nurse may prompt the patient to test his/her knowledge of the drugs.</li> <li>• Patients felt to be capable of correct selection, of obtaining their dose and where necessary measuring it out for at least 1 day may be admitted onto Level 2</li> <li>• Patients who have been anaesthetised in the last 24 hours or are receiving Patient Controlled Analgesia (PCA) must be classified as level 1.</li> </ul>
Level 2	<b><i>Patient self-administers under nurse supervision</i></b>
	<p>Whilst the nurse is responsible for safe storage of medications the patient self-administers the medications under supervision.</p> <ul style="list-style-type: none"> <li>• Medications will be kept in the patient's locked bedside cabinet</li> <li>• The patient dispenses the medications under the supervision of a nurse who unlocks the cabinet and checks that the dose and the drug selected are correct.</li> <li>• The nurse can still provide information to the patient but retains control over access to medications.</li> <li>• A medicines information chart (appendix 5) can be completed and given to the patient if felt necessary.</li> <li>• Having satisfied the nurse responsible of their proficiency in self administering their medication, after review of the nursing assessment and in consultation with the doctor, the patient may be moved on to Level 3. <b>NB For parents administering medicines to their babies/children they should be kept at level 2.</b></li> </ul>
Level 3	<b><i>Patient self-administers medications independently</i></b>
	<p>The patient demonstrates sufficient knowledge of his drugs and self-medicates unsupervised, accessing medication from his bedside cabinet independently.</p> <ul style="list-style-type: none"> <li>• Medications will be kept in the patient's locked bedside cabinet. The only exception is insulin (and associated equipment such as needles/syringes, pen devices, sharps bins, etc) and as required devices, i.e. salbutamol inhalers, GTN sprays, etc. These must be stored by the patient out of sight and in a secure location of their keeping only accessible by themselves when needed</li> <li>• The key is kept by the patient (not applicable if patient is only self administering insulin).</li> <li>• The patient administers their medicines without direct supervision.</li> <li>• The nurse checks suitability and compliance verbally.</li> </ul>



- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• The prescription chart is annotated with 'self' (denoting self-administered medication) and the nurses signature in the administration section for each medication self administered.</li></ul> |
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## Reassessment

Patients must be re-assessed:

- If their condition deteriorates e.g. become confused, become more unwell and increasingly dependent
- If they have had an anaesthetic / have a PCA in progress
- If their condition improves (they may progress from level 1 to level 2)
- Following a self administration incident or if the patient inappropriately misses a dose
- At pre-determined intervals (at the discretion of the ward manager) and at least weekly.

It is the registered nurse/midwife's responsibility to reassess the patient if their condition changes. Reassessment must be recorded on the back of the assessment form and on the DPAR.

## 7 Patient Consent

'The Safe and Secure Handling of Medicines: A Team Approach' recommends written consent is required prior to self administration of medicines in hospital (Royal Pharmaceutical Society 2005). Self administration of medicines is explained to the patient and a patient information leaflet is provided (Annex 3). Relatives and carers/parents should be included if appropriate. If the patient/carer wishes to participate, he/she signs the consent form (Annex 4).

The patient consents to:

- take part in self administration of their medicines;
- the use and disposal of his/her own medications whilst in hospital;
- for patients self administering insulin, understand they are responsible for keeping their insulin medication / equipment safely out of sight and will ensure the safe disposal of any sharps used.

The patient is informed that participation is voluntary and consent may be withdrawn at any time if the patient condition changes.

**Child Health:** The parent/carer consents to take part.

## 8 Patient Education

Patients must be given the Patient information leaflet (Annex 3), prior to commencing administration. It is good practice to ask the patient what they understand after reading the leaflet.

If the patient is unable to read, the nurse should read the information leaflet aloud – allowing time for the patient to take in the information and ask questions.

The level of supervision determined on initial assessment is discussed with the patient and the nurse ensures the patient fully understands the implications of this.

For patients entering at Level 1 or Level 2, education on the dose, timing and method of administration of medicines will be provided every time medications are dispensed. Patients will also be given information on the actions of their medicines, their role in the administration process and the potential to achieve greater control over the administration of their drugs during their hospital stay.

For patients training towards independence at discharge, a medicines information chart (appendix 5) may need to be provided giving details of all the medicines held in his/her cabinet. It is acknowledged that some clinical areas already provide similar charts and it is acceptable to use these in place of that provided in Annex 5.

## 9 Dispensing and Storage of Medication

### 9.1 Use of Patient's Own Medications

Patient's own medication can be used for self administration of medicines if the following criteria are met:

- The patient has consented to use his/her own medications whilst in hospital (Annex 4).
- The packaging is intact and the expiry date has not been passed.
- The label is clearly readable and contains the following information (except for insulin pens which may not be labelled):
  - Name and strength of medication
  - Dose and frequency
  - Patient's name
  - Date dispensed (must be within the last 6 months)
  - Name and address of dispensing chemist or doctor
- The medicines are intact, dry and not broken, they appear to be of good quality and match up with the label.
- Eye drops have been opened less than 4 weeks ago.
- Insulin vials/cartridges/disposable pens have been opened less than 4 weeks ago.
- The packaging contains only those medicines identified on the label.

If the dosage on the label is not what the patient is currently taking (e.g. dose increased following verbal telephone discussion with GP), the patient cannot self medicate that medicine until it has been relabelled.

Patient's own medications can be checked by the registered nurse/midwife responsible for drug administration at ward level, using the above criteria. If there is any doubt, pharmacy staff (ward pharmacist or technician) can be asked to assess the suitability of the medications.

### 9.2 Monitored Dose Systems/ Patients with Disabilities

- **Dosette box:** Patient's who are admitted with a filled Dosette box, must not self-administer from this as it has not been prepared and labelled by a pharmacy, and the tablets are not identifiable.

- **Blister packs:** These must not be used for self administration of medications as dosages of medication are frequently changed on or during admission. The tablets are unidentified.
- **MDS packs;** these are the packs where each tablet is packed individually .e.g. Boots medi-dose system. These may be used for self administration of medicines. They must be checked by Pharmacy against the in-patient prescription prior to use.

### 9.3 Secure Storage of Medications

For patients on self administration of medicines, medications are stored in secure cabinets within/attached to the bedside lockers. The only exception is insulin (and associated equipment such as needles/syringes, pen devices, sharps bins, etc) and as required devices, i.e. salbutamol inhalers, GTN sprays, etc. If the patient does not have access to secure cabinet by the bedside, these must be stored by the patient out of sight and in a secure location of their keeping only accessible by themselves when needed. However, there must be a risk assessment every 24hours for insulin and if there are any other patients at risk in the vicinity, i.e. same bay, the patient **MUST** be excluded from the scheme.

The medication cabinets must only contain medications clearly labelled for that individual patient. Patients on level 3 are provided with a key to the cabinet. Keys for cabinets of patients at levels 1 and 2 are retained by nursing staff/midwives. The registered nurse/midwife holds a master key for each cabinet and a spare should be kept on the ward.

It is the responsibility of the patient and the discharging nurse/midwife to ensure any keys are returned to the ward prior to discharge from hospital.

**Lockable medicines lockers must be available for patients who are going to self-administer (except for insulin, see above). Each locker must have its own key, as well as a master key.**

Patients, who have been fully assessed as level 3 and have fully and correctly labelled medication (stating name, drug and directions) will be given the key to their individual medicines locker.

If the locker key is to be kept by the patient, the patient is responsible for ensuring the key is kept secure at all times while it is in their possession. If at any time the patient is unable to keep the key secure, it must be returned to the nursing staff/midwives. The key must stay with the patient at all times unless they are going for a procedure off the ward in which case the key should be returned to the nurse.

The master key **must never** be given to the patient.

The key must be returned to the ward nursing staff/midwives upon transfer/ discharge.

If a key is lost, the patient must inform the nurse in charge immediately. Every effort should be made to find the key. If the key is not found then the patient's medication cupboard should be emptied with the master key. These medicines should be placed in the ward medicine trolley.

### 9.4 Medications omitted from inclusion in self administration

The following medications or circumstances need special attention:

- Controlled drugs will continue to be kept in the controlled drugs cupboard and administered by nursing staff/midwives
- Medications which have been recently introduced where the dose needs to be

stabilised, e.g. warfarin, may not be kept with the patient initially.

- Any drugs that require special storage conditions or refrigeration may not be stored within the patient's bedside cabinet.

### 9.5 Discharge of patients

When a patient is to be discharged from hospital a discharge prescription must be written. The medications stored in the secure cabinet may be suitable to be sent home for discharge although this must be confirmed by the ward pharmacist.

## 10 Documentation/Communication of Alterations and Additions

If a patient is commenced on new medication or the dose is discontinued or altered, this must be added/deleted to the medicines information chart (appendix 5) if one is being used.

When changes are made to the medication a full explanation must be given to the patient.

The prescription chart must be given to the pharmacist/MM technician (or sent to pharmacy if they have already visited the ward) for a supply labelled with full directions on.

Where drugs have been altered or discontinued the medicine **MUST** be removed from the locker. If a new medication has not yet been dispensed patients **must not self-administer from a stock pack**. The nurse should administer the dose until a supply labelled fully with the directions can be obtained from pharmacy.

## 11 Checking and Recording Patient Self-Administration of Medicines

### Level 3 patients

It is the responsibility of the registered nurse/midwife to review which medication has been self administered by the patient. The nurse must ask the patient what medicines he/she has taken or is using.

The review must take place at every drug round when medication is due.

The prescription chart of level 3 patients are then annotated with 'self' (denoting self-administered medication) and the nurses signature in the administration section for each medication self administered.

The nurse **must not** sign that the patient has self-medicated unless this has been confirmed with the patient.

A tablet count must be undertaken if there is any doubt that the patient is complying with treatment.

Prior to discharge the patient will be interviewed by a registered nurse/midwife/pharmacist to assess the patients level of understanding of their medication. The interview will be recorded on the patients self-administration of medicines assessment form.

### Level 1 and 2

The medication charts of these patients will continue to be signed by the Registered nurse/midwife administering or directly supervising the drug administration.

- All patients should have a sharps bin and the patient should be advised to dispose of all sharps immediately after use and pull across the sharps bin aperture between use.
- If the patient does not have access to a secure cabinet within/attached to the bedside lockers, sharps bin must be stored by the patient out of sight and in a secure location of their keeping only accessible by themselves when needed.
- Insulin pens/ devices should be labelled with a patient ID label.
- Insulin pens/devices should **not be** stored in the fridge, however, **unopened** insulin cartridges/vials must be stored in the fridge
- If the patient does not have access to a secure cabinet within/attached to the bedside lockers, insulin, needles/syringes, pen devices and blood glucose monitoring equipment must be stored by the patient out of sight and in a secure location of their keeping only accessible by themselves when needed.
- Patients are made aware of the potential risks of leaving unsupervised insulin, needles/syringes, pen devices, or blood glucose monitoring equipment within reach or sight of any person/persons at any time during their inpatient stay will be withdrawn from the scheme forthwith but may be reassessed again if appropriate after education about the potential risks of their actions
- If the patient does **not** have access to a secure cabinet within/attached to the bedside locker to store their insulin, there must be a risk assessment every 24hours and if there are any other patients in the vicinity, i.e. same bay, who are either:
  - at risk of deliberate self harm
  - acutely confused
  - disorientated to time and place
  - have a history of alcoholism
  - have a history of drug abuse
  - history of overdose to your knowledge

The patient **MUST** be excluded from the scheme.

- For patients **only** self-administering insulin: The self administering medicines tick box on page 1 of the Adult in-patient/Day case DPAR must be ticked to indicate the patient is self administering insulin only.
- For patients **only** self-administering insulin: The words 'insulin only' added to the self-administration assessment record chart on page 19 of the prescription chart.
- Nursing staff/midwives to document that insulin has been administered on prescription chart.
- If a patient titrates his/her insulin on a regular basis:
  - The full titration range should be documented on the in-patient prescription chart by medical staff and

- The dose administered by the patient should be documented in the administration section of the in-patient prescription chart by nursing staff/midwives.
- The nurse should be aware of the dose administered and document on the in-patient prescription chart when signing to confirm dose has been given.
- If blood glucose levels become unstable (i.e. recurrent hypoglycaemia, blood glucose less than 4mmols/l (refer to hypoglycaemic guidelines), and/or high blood glucose levels, above 14mmols/l) then medical intervention will be needed. Check urine for ketones when blood glucose more than 14mmols/l.
- If patient becomes unable or unwilling to administer insulin, nursing staff/midwives must intervene.

### **13 | When Required Medication**

'When required' medication will be labeled with the intended frequency and, where necessary the maximum dose to be taken in twenty-four hours.

The patient's understanding of the labelled instructions must be confirmed before being allowed to self-administer 'when required' medicines.

At each drug round the nurse must check and record if any 'when required' medicines have been taken in the previous period. The dose and time must be recorded.

The nurse must question the patient to confirm they know when the next dose can be taken.

### **14 | Medication Errors and Missed Doses**

Any major discrepancies must be reported to medical staff immediately. All drug errors which could potentially cause harm to the patient or where a significant difference in the number of medications exists must be treated as major drug errors and recorded on DATIX. Minor discrepancies must be discussed with the patient and medical staff and the patient must be reassessed to ensure it is safe for him/her to continue self-medicating. All discrepancies and action taken must be documented in the nursing and medical records.

### **15 | Relatives and Carers**

Relatives and carers/parents can administer medications and be involved in self administration of medicines if they have:

- Participated in the assessment process and meet the assessment criteria.
- Have signed the consent form.
- Will administer medications to the patient upon discharge from hospital.
- Fully understand the action of all medications, frequency and method of administration, and if appropriate will be available to administer medicines at the relevant times whilst the patient is in hospital.

## **16 Transfer of Patients**

When patients are transferred to another ward any named medications in the cabinet must be sent with them. However, before the patient can continue self administration of medicines, a reassessment by staff on the receiving ward must be carried out.

## **17 Overall Responsibility for the Document**

Overall responsibility for this document lies with Simon Mynes, Director of Pharmacy.

## **18 Consultation and Ratification**

The policy has been reviewed and ratified by the Medicines Governance Committee.

## **19 Dissemination and Implementation**

- Following approval and ratification by the Medicines Governance Committee this policy will be rolled out across the Trust.
- Publication of this Policy will be publicised in IG StaffNet Page and in the weekly staff news brief. The Policy will be sent to all ward managers, doctors, Pharmacists and Pharmacy technicians, and a copy will be made available on the Trust-wide Shared Drive called Trust Document Drive

## **20 Training and Monitoring of this Policy**

### **20.1 Training**

Nursing staff/midwives

- Each nurse must be familiar with and understand the policy
- Each nurse must feel confident in assessing a patient's suitability to enter the scheme and be signed off as competent by the ward manager.
- Before counselling a patient on their medication, the nurse should familiarise themselves with the patients medication to ensure they know the reason why the drug has been prescribed. If in any doubt please discuss with the ward pharmacist.
- The nurse must follow the protocol strictly to safeguard themselves and the patient from any possible harm.
- Medication must not be placed in the locker unless it is fully labelled with the correct directions (insulin will be labelled with a patient ID label only)
- Medication changes must be highlighted to the patient and pharmacy staff as soon as possible after the doctors ward round.

Pharmacy Staff

- The ward pharmacist and medicines management (MM) technician must be familiar with the protocol and understand the philosophy of patient care behind it.
- Dispensary staff must understand the policy and ensure that any medication supplied from the pharmacy is labelled with full directions.

- The pharmacist/MM technician must be prepared to explain medication more fully to the patient if requested to by nursing staff/midwives.

#### Medical Staff

- Medical staff must be familiar with the exclusion criteria for the scheme and the reasons for it. Involvement is recommended.
- They must highlight to the nurse/pharmacist and patient any changes in the prescription to avoid missed doses or patients continuing on drugs that have been discontinued.

### 20.2 Monitoring Compliance with this Policy

Self administration processes will be audited on a yearly basis on selected ward/clinical areas to ensure practice is in line with these guidelines. Audit results will be reported to the Medicines Governance Committee and the relevant ward/clinical area.

## 21 References

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<b>Core Information</b>				
<b>Document Title</b>	Policy for Self-Administration of Medicines by Patients (Adult and Paediatric)			
<b>Date Finalised</b>	3 <sup>rd</sup> May 2013			
<b>Dissemination Lead</b>	Andrew Prowse, Associate Director Pharmacy			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	Yes			
<b>Action to retrieve old copies.</b>	Nil – all electronic			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All Nursing Staff	December 2012	IG StaffNet Pg and Trust-wide e-mail	Andrew Prowse	
All doctors	December 2012	IG StaffNet Page and Trust wide e-mail	Andrew Prowse	
All Pharmacists and Pharmacy technicians	December 2012	IG StaffNet Pg and Trust wide e-mail	Andrew Prowse	

## Review and Approval Checklist

## Appendix 2

Review		
<b>Title</b>	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
<b>Content</b>	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
<b>Approval</b>	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	NA
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

<b>Core Information</b>	
<b>Manager</b>	Andrew Prowse
<b>Directorate</b>	Pharmacy
<b>Date</b>	December 2012
<b>Title</b>	Self-Administration of Medicines by Patients (Adult and Paediatric)
<b>What are the aims, objectives &amp; projected outcomes?</b>	<p>The purpose of this policy is to provide healthcare professionals with a framework for the safe and effective implementation of self administration of medicines at Plymouth Hospitals NHS Trust (PHNT).</p> <p>Patient assessment for self-administration of medicines is performed by the registered nurse with the involvement of the clinical team as appropriate e.g. clinician, pharmacist. The NMC standards state that the registered nurse is 'responsible for the initial and continued assessment of patients who are self administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others.</p>
<b>Scope of the assessment</b>	
See names and contributors on page one of the policy	
<b>Collecting data</b>	
<b>Race</b>	<p>Consideration will be made for patients whose first language isn't English and information will be made if information provided to patients/carers is required in a different language.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Religion</b>	<p>There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>

<p><b>Disability</b></p>	<p>This policy has specific exclusion for:  Patients at risk of self-harm.  Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005).  Short term memory loss</p> <p>Caution criteria has been considered for:  Psychiatric illness, severe depression.  Physical disabilities which prevent self administration</p> <p>Consideration has been made for patients who are unable to read, the nurse should read the information leaflet aloud – allowing time for the patient to take in the information and ask questions.</p> <p>Consideration has been made not to automatically exclude patients who are confused if they are expected to manage their own medicines when they go home. It may be possible to establish a safe routine before they are discharged.</p> <p>Consideration has been made for If patients are identified as having difficulty in opening bottles or reading labels then this should be brought to the attention of the pharmacist so that the problems can be addressed.</p> <p>Consideration has been made for patients with learning disabilities who will be referred to the learning disability liaison team</p> <p>Consideration has been made for consent purposes, Relatives and carers/parents should be included if appropriate.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<p><b>Sex</b></p>	<p>There is no evidence to suggest that there is an impact on sex regarding this policy.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<p><b>Gender Identity</b></p>	<p>There is no evidence to suggest that there is an impact on gender identity regarding this policy.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<p><b>Sexual Orientation</b></p>	<p>There is no evidence to suggest that there is an impact on sexual orientation regarding this policy.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<p><b>Age</b></p>	<p>Consideration has been made for <b>Child Health:</b> The parent/carer consents to take part.</p> <p>Consideration have been made under the area of Disability which may also be an affect of a persons age</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<p><b>Socio-Economic</b> (Consider inequalities arising from social class, background, income, where they were born/live)</p>	<p>Caution criteria has been considered for:</p> <p>Patients with a history of drug abuse</p>

<b>Human Rights</b>	<p>Consideration has been made for consent purposes, Relatives and carers/parents should be included if appropriate.</p> <p>Consideration has been made for <b>Child Health</b>: The parent/carer consents to take part.</p> <p>Data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>What are the overall trends/patterns in the above data?</b>	No comparative data has been used to date which means that no trends or patterns have been identified
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	No gaps have been identified at this stage but this will be monitored via data collected from datix incident reporting and complaints.
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	<ul style="list-style-type: none"> <li>• All senior Pharmacists</li> <li>• Safe Insulin Working Group</li> <li>• The Medicines Governance Committee</li> <li>• Medical Director</li> <li>• Director of Pharmacy</li> </ul>
<b>External involvement and consultation</b>	No external consultation has been undertaken
<b>Impact Assessment</b>	

<b>Overall assessment and analysis of the evidence</b>	<p>Consideration will be made for patients whose first language isn't English and information will be made if information provided to patients/carers is required in a different language.</p> <p>This policy has specific exclusion for:</p> <ul style="list-style-type: none"> <li>• Patients at risk of self-harm.</li> <li>• Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005).</li> <li>• Short term memory loss</li> </ul> <p>Caution criteria has been considered for:</p> <ul style="list-style-type: none"> <li>• Psychiatric illness, severe depression.</li> <li>• Physical disabilities which prevent self administration</li> </ul> <p>Consideration has been made for patients who are unable to read, the nurse should read the information leaflet aloud – allowing time for the patient to take in the information and ask questions.</p> <p>Consideration has been made not to automatically exclude patients who are confused if they are expected to manage their own medicines when they go home. It may be possible to establish a safe routine before they are discharged.</p> <p>Consideration has been made for If patients are identified as having difficulty in opening bottles or reading labels then this should be brought to the attention of the pharmacist so that the problems can be addressed.</p> <p>Consideration has been made for patients with learning disabilities who will be referred to the learning disability liaison team</p> <p>Consideration has been made for consent purposes, Relatives and carers/parents should be included if appropriate.</p> <p>Consideration has been made for <b>Child Health</b>: The parent/carer consents to take part.</p> <p>Consideration have been made under the area of Disability which may also be an affect of a persons age</p> <p>Caution criteria has been considered for: Patients with a history of drug abuse</p>
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Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents and complaints	A. Cardell	Non-compliance with Policy	On-going	Monitored through Medicines Governance Committee on a monthly basis

## Annex 1 – Patient Assessment Form

### SELF-ADMINISTRATION SCHEME PATIENT/CARER ASSESSMENT FORM

Patient Name:

Hospital Number:

Carer Name (if appropriate):

Ward:

Consultant:

	Question	Consider self-medication	Action
1	Will the patient/carer be responsible for taking/giving their/patients' own medication in the community on discharge?	Yes	No- Exclude
2	Does the patient/carer use a compliance device filled by a community Pharmacy?	No	Yes - Exclude
3	Is the medicine regimen relatively stable?	Yes	No - Exclude
4	Is the patient/carer at risk of deliberate self harm?	No	Yes - Exclude
5	Is the patient acutely confused, or disorientated to time and place?	No	Yes – exclude initially unless being administered by a carer who is being assessed. Reassess as appropriate
6	Does the patient have a history of short term memory loss?	No	Yes - Exclude
7	Does the patient/carer have a history of drug abuse or alcoholism or a history of overdose to your knowledge?	No	Yes - Need to assess benefits of self administration against risks.
8	<b>For patients prescribed an injectable:</b> Has the patient/carer demonstrated the ability to self-administer/administer?	Yes / NA	No – teach patient technique or refer to specialist team, e.g. diabetes team
9	<b>For patients prescribed an injectable:</b> Does the patient understand the importance of using a sharps bin for the safe disposal of sharps?	Yes / NA	No - Exclude
10	<b>For patients prescribed an injectable:</b> Does the patient have all of their own equipment needed?	Yes / NA	No – Exclude unless supplied from ward or patient can arrange for equipment to be brought in from home
11	<b>For patients prescribed insulin:</b> Has the patient been admitted with Diabetes Ketoacidosis (DKA)	No	Yes - refer to diabetes team
12	<b>For patients prescribed a device, e.g. inhaler, nasal spray, etc:</b> Has the patient/carer demonstrated the ability to self-administer/administer?	Yes / NA	No - Discuss with Pharmacy for advice
13	Can the patient/carer read and understand the instructions on the label well enough to be safe?	Yes	No - Contact Pharmacy for advice on large print labels or various others options
14	Can the patient/carer open child-resistant caps?	Yes	No - Discuss with Pharmacy for advice on available options
15	Can the patient/carer open bottles or boxes?	Yes	
16	Can the patient/carer remove tablets from the blister pack?	Yes	

17	Can the patient/carer pour out liquid doses or dissolve tablets in water?	Yes	No - Review medication. Discuss with Pharmacy for advice on alternative formulation options
18	Can the patient open the medicine cabinet and safely look after the key?	Yes	No - Restrict to level 2 ONLY
19	Has the doctor any objections to the patient administering their own medication to your knowledge?	No	Yes - Exclude
20	Does the patient/carer understand the self-administration scheme?	Yes	No -exclude

<b>Name of assessing nurse/ pharmacist:</b>	
<b>Signature</b>	<b>Date:</b>

### Patient/Carer Checklist

1	Has the patient/carer been given the patient Information leaflet and has it been explained?	YES / NO
2	Does the patient/carer understand what is involved and their responsibilities?	YES / NO
3	Does the patient/carer understand the dosage instructions and how to take/give the medicine? If not discuss with patient/carer using the medication reminder card and any other necessary aids	YES / NO
4	Does the patient/carer understand the need for the medicines reminder card, if one is used, to be kept up to date if their/patient medication is changed?	YES / NO
5	Has the patient/carer understood and signed the consent form?	YES / NO

### Patient/Carer Approval

The above named patient/carer has been interviewed by a registered nurse, midwife or ward Pharmacist and is considered suitable to self medicate whilst on the ward:

Print name:	Date:
Signature:	

**Document any problems during self-administration below, including action plan:**

Level	Issue identified	Action plan

### Pre-discharge Assessment

1	Is the patient/carer aware of when to take/give each medicine?	YES / NO
2	Is the patient/carer aware of what each medicine is for?	YES / NO



<b>3</b>	Was there any incidence of non-compliance?	YES / NO
<b>4</b>	Will the patient/carer need follow up at home with their/patient medication?	YES / NO
<b>5</b>	If follow up is required who has this been organised with?	

<b>Miscellaneous Notes</b>	

<b>Name of Nurse:</b>	
<b>Signature</b>	<b>Date:</b>

## Annex 2 – Insulin Only Patient Assessment Form

### **INSULIN ONLY SELF-ADMINISTRATION SCHEME PATIENT/CARER ASSESSMENT FORM**

**Patient Name:**

**Hospital Number:**

**Carer Name (if appropriate):**

**Ward:**

**Consultant:**

	Question	Consider self-medication	Action
1	Will the patient/carer be responsible for taking/giving their/patients' own insulin in the community on discharge?	Yes	No- Exclude
2	Is the insulin regimen relatively stable?	Yes	No - Exclude
3	Is the patient/carer at risk of deliberate self harm?	No	Yes - Exclude
4	Is the patient acutely confused, or disorientated to time and place?	No	Yes – exclude initially unless being administered by a carer who is being assessed. Reassess as appropriate
5	Does the patient have a history of short term memory loss?	No	Yes - Exclude
6	Does the patient/carer have a history of drug abuse or alcoholism or a history of overdose to your knowledge?	No	Yes - Need to assess benefits of self administration against risks.
7	Has the patient/carer demonstrated the ability to self-administer/administer insulin?	Yes	No – refer to diabetes team
8	Does the patient have all of their own equipment needed?	Yes	No - Exclude unless patient can arrange for equipment to be brought in from home
9	Does the patient understand the importance of keeping their insulin and equipment safely stored away out of sight from other persons and the importance of using a sharps bin for the safe disposal of sharps?	Yes	No - Exclude
10	Has the patient been admitted with Diabetes Ketoacidosis (DKA)	No	Yes - refer to diabetes team
11	Has the doctor any objections to the patient administering their own insulin to your knowledge?	No	Yes - Exclude
12	Does the patient/carer understand the self-administration scheme?	Yes	No -exclude

#### **Patient/Carer Checklist**

1	Has the patient/carer been given the patient Information leaflet and has it been explained?	YES/NO
2	Does the patient/carer understand what is involved and their responsibilities?	YES/NO
3	Does the patient/carer understand the dosage instructions and how to take/give the insulin? If not discuss with patient/carer and if necessary refer to diabetes nurse	YES/NO
4	Has the patient/carer understood and signed the consent form?	YES/NO

#### **Patient/Carer Approval**

The above named patient/carer has been interviewed and is considered suitable to self medicate whilst on the ward:

<b>Name of assessing nurse/ pharmacist:</b>	
<b>Signature</b>	<b>Date:</b>

**For patients with NO access to a lockable cabinet, a risk assessment MUST be completed every 24hours**

## Daily risk assessment for patients with NO access to a lockable cabinet

If the patient does **not** have access to a secure cabinet within/attached to the bedside locker to store their insulin, there must be a risk assessment every 24hours and if there are any other patients in the vicinity, i.e. same bay, who are either:

- at risk of deliberate self harm
- acutely confused
- disorientated to time and place
- have a history of alcoholism
- have a history of drug abuse
- history of overdose to your knowledge

**The patient MUST be excluded from the scheme.**

**Risk assess every 24hours and document below:**

Are any other patients in the vicinity, i.e. same bay, who are either (please circle):	Date						
at risk of deliberate self harm	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
acutely confused	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
disorientated to time and place	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
have a history of alcoholism	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
have a history of drug abuse	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
history of overdose to your knowledge	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>If yes to any criteria above, exclude patient from self administration scheme and reassess every 24hours</b>							
<b>Patient to self administer medicines</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>

**Document any problems during self-administration below, including action plan:**

Level	Issue identified	Action plan

## Pre-discharge Assessment

<b>1</b>	Is the patient/carer aware of what dose and when to administer insulin?	YES / NO
<b>2</b>	Is the patient/carer aware of how to administer insulin?	YES / NO
<b>3</b>	Was there any incidence of non-compliance?	YES / NO
<b>4</b>	Will the patient/carer need follow up at home with their/patient insulin?	YES / NO
<b>5</b>	If follow up is required who has this been organised with?	

<b>Miscellaneous Notes</b>	

<b>Name of Nurse/Midwife:</b>	
<b>Signature</b>	<b>Date:</b>

## Pharmacy department

### Patient Information

# What is Self-Administration?

Derriford Hospital  
Derriford Road  
Plymouth  
PL6 8DH  
0845155 8155

[www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)

## **What is this leaflet about?**

Research has shown that it is beneficial for some patients to take responsibility for their own medicines whilst they are in hospital

On this ward a system is used that will enable some patients to be responsible for taking their own medicines. This system is known as self-administration.

Your own medicines, if suitable (and if an adequate supply available), will be used initially as this allows you to continue with familiar medicines and containers. Any more or different medicines will be given to you by the hospital pharmacy.

Self-administration helps to improve your knowledge of your medicines and the reason for taking them so you will be able to manage better after you have been discharged.

This system is not compulsory so you do not have to take part. If you do not take part the nurse will administer your medicines in the normal way and give you information about them for when you go home.

If you agree, then a nurse will explain to you exactly what is involved and answer any questions you may have.

If you would like to do this they will ask you to sign a consent form.

## What does self-administration involve?

- The Doctor will prescribe your medication and pharmacy and nursing staff/midwives will ensure you have the correct medicines and amounts required
- Your medicines will be placed in a lockable bedside locker
- The nursing/pharmacy staff will explain to you about your medicines and what they are for. You may receive a medication information card to remind you of the information you receive.
- If you have insulin treated diabetes, you must inform the nursing staff/midwives what dose of insulin you have administered.
- Each day the nurses will ask you if you have taken your medicines without any problems and they will check your locker at times to ensure the medicines prescribed on your prescription chart match the medicines in your locker.
- Some tablets like pain-killers may not be given to patients to self-medicate. If you need them please ask a nurse.
- Medicines, if not properly used, can be dangerous. You should never share your medicines with anyone else.
- If a visitor or other patient tries to take your medicines, inform a nurse **immediately**.
- We suggest you take your medication at the times you intend taking them when at home. This may not be the same time as the ward drug round
- If you forget to take a dose of medication, tell a nurse
- Do not take any more than the prescribed dose.

- Your pharmacist or pharmacy technician *must* check your medication before you go home.
- Your nurse or pharmacist will explain the medication to you on discharge. Do not pack it into your bag before this has happened
- Please* secure your key at all times and return your key to your nurse before you go home.
- If you have any problems or queries at any time please tell one of the nurses, who will be pleased to help you.

**Andrew Prowse,  
Associate Director Pharmacy**

**This leaflet is available in large print  
and other formats and languages.  
Please contact**

*The Pharmacy Dept on:  
Tel 01752 439976*

Date Produced: April 2013  
Review Date: April 2018  
Ref: F-32/Pharm/AP/Self Administration



**Annex 4 – Consent for Self-Administration of Medicines**  
***Consent for Self-Administration of Medicines***

I ..... have read and understood the patient information leaflet, and the self-administration of medicines scheme has been fully explained to me by a registered nurse/midwife.

I understand that I may withdraw from the scheme at any time by informing the nurse in charge. If my condition changes at any time I may also be excluded.

I understand that whilst I am in hospital I may be asked to take/give my/patients' own medicines from home, if suitable.

Any medicines not suitable will be destroyed and new medicines obtained from the Pharmacy Department.

For patients self administering insulin, I understand I am responsible for keeping my insulin medication / equipment safely out of sight and will ensure the safe disposal of any sharps used by me with the aperture being pulled across between use.

<p>□</p> <p>Patient's/Carer's signature:</p> <p>Patient's/Carer's Name (printed):</p> <p>Date:</p> <p>Patient's Hospital Number:</p>
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I confirm that I have explained the self –administration of medicines scheme to the patient/carer.

<p>Nurses Signature:</p> <p>Nurses Name:</p> <p>Designation:</p> <p>Date:</p>
---

***Please file this form in patient's notes.***

This information is available in large print and other formats and languages. Please contact: Patient Services

**Patient Information**

**Pharmacy Department**

# **Patient Medicines Information Chart**

Date: Apr 2013

Review Date: Apr 2018






Derriford Hospital  
Derriford Road  
Plymouth  
PL6 8DH  
0845155 8155

[www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)

# Patient Medicines Information Chart

Name \_\_\_\_\_ Hospital Number \_\_\_\_\_

Ward \_\_\_\_\_ Drug Allergies/Sensitivities: \_\_\_\_\_

Name of Medicines and Strength 	Amount/ Number of Tablets to be taken				Used for	Other Information
	Breakfast 	Lunch 	Teatime 	Bedtime 		

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_\_