Guidelines for the Self-administration of In-Patients’ Own Medicines

To give guidance on the management of patients who self administer their own medicine as inpatients

Policy For The Prescribing, Storage, Dispensing And Administration Of Medicines To Patients Acute Division (2011) Hywel Dda Health Board.
**Guidelines for Self-Administration of Patients Own Medicines**

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### Scope

- **ORGANISATION WIDE**
- **DIRECTORATE**
- **DEPARTMENT ONLY**
- **COUNTY ONLY**

### Staff Group

- **Administrative/Estates**
- **Allied Health Professionals**
- **Ancillary**
- **Ancillary**
- **Maintenance**
- **Ancillary**
- **Ancillary**
- **Ancillary**
- **Ancillary**

- **Medical & Dental**
- **Nursing**
- **Scientific & Professional**
- **Other**

### Consultation

<table>
<thead>
<tr>
<th>Individual(s)</th>
<th>Date(s)</th>
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</table>
| Jane Elsom, Senior Nurse Scheduled Care Carmarthenshire  
Gill Webber, Acute Services Nurse Manager, Prince Philip Hospital  
Mari Treharne, Acting lead Pharmacist Prince Philip Hospital | October 2010  
October 2010  
November 2011 |

<table>
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<tr>
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<th>Date(s)</th>
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### Ratifying Authority

(in accordance with the Schedule of Delegation)

<table>
<thead>
<tr>
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<th>KEY</th>
<th>COMMENTS/POINTS TO NOTE</th>
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**Date Equality Impact Assessment Undertaken:** 09:02:2012

**Group completing Equality impact assessment:** Damien Dowling, Jackie Hooper

Please enter any keywords to be used in the search system to enable staff to locate this guideline: Guideline, administration, medication, self, patient
# Document Implementation Plan

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<th>How Will This Guideline Be Implemented?</th>
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<tbody>
<tr>
<td>Who Should Use The Document?</td>
<td>All staff who are involved in the supply and administration of medication</td>
</tr>
<tr>
<td>What (if any) Training/Financial Implications are Associated with this document?</td>
<td>Minimal training for staff not familiar with the guidelines.</td>
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<th>By Whom</th>
<th>By When</th>
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</thead>
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<tr>
<td>Signed copy to made active on intranet</td>
<td>Lead Clinical Development Pharmacist</td>
<td>Dec 2013</td>
</tr>
<tr>
<td>Active document to be advertised via global message system</td>
<td>Senior Nurse Medicines Management</td>
<td>Jan 2014</td>
</tr>
<tr>
<td>Promotion /awareness of guidelines and copies of document to be made available in relevant clinical areas</td>
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1. INTRODUCTION

Self-administration is a philosophy of patient care that believes patients should be as independent as possible, should participate in their own care, make decisions about their treatment in partnership with nursing, midwifery, medical and pharmacy staff, and therefore be able to make informed choices.

The aim of this document is to describe the key components for successful implementation of self administration. The self-administration guidelines will work in conjunction with national and local policies of medicine storage and administration. As the principle of self-administration applies to all patient groups, this guideline is designed to give generic advice to healthcare professionals to aid successful implementation. These guidelines give instructions to all appropriate personnel to facilitate patients having the custody of, and administering their own medicines, while in hospital.

Traditionally, in hospital, patients have had their medicines administered to them, and this will continue where medication regimens are complex or for those patients for whom self-administration of medicines is assessed as inappropriate.

2. SCOPE

These guidelines are for use with all adult in-patients who are deemed suitable for self administration of their medicines. These guidelines must be used by registered nursing staff, following assessment of the individual patient.

3. AIMS

Self-administration involves teaching and advising patients about medicines, where needed. This will apply to both patients who will self-administer and, for those patients administering medicines under supervision as it enables patients to:

- gain a better understanding about their medicines
- practise administration of their medicines
- identify with health care staff medication problems at an early stage
- have greater independence and empowerment
- improve trust and consequently their relationship with health care staff.

Consequently self-administration of medication has been shown to increase knowledge and understanding of treatment and to improve patient compliance with medication.

4. OBJECTIVES

- To introduce the concept of self-administration to the patient, medical, nursing, pharmacy and ward staff.
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- Allow patients who are able and willing to continue to take their own medication while in hospital.
- To provide a method of assessing patients for self-administration.
- To demonstrate how the guidelines should be used, implemented and reviewed.
- To demonstrate improved communication between doctors, nurses, ward pharmacists and patients.
- To ensure that patients understand their medication regime and manage their own medication prior to discharge from hospital into primary care. This leads to a safer transfer of medication regime between secondary and primary care.

5. PATIENT ASSESSMENT

5.1 Levels of Self-Administration/Supervision

Level 1
A registered nurse will administer medicines to the patient from either a trolley or a bay medication locker. Patients are requested to put any medication in the bedside medication lockers on admission. The key for the locker is held securely by the ward staff and is not available to the patient.

Level 2
The patient is encouraged to dispense and administer their own medication personally from their individual bottles/containers. This process will be supervised and checked throughout by a nurse. The key for the locker is stored securely on the ward and is not accessible to the patient.

Level 3
The patient administers his/her own medication and is given responsibility for the key to the bedside locker. The patient must understand that for the safety of others their medicines must be kept locked within the bedside locker whilst they are on or off the ward.

5.2 Assessing and Consenting the Patient/Carer

When a patient is admitted to hospital the assumption is made that they can self-administer unless the assessment indicates otherwise. Medical staff must inform the patient’s primary nurse if they require the patient not to self administer. The registered nurse must give careful consideration to the benefits and risks for individual patients who have a history of drug abuse, alcoholism or suicidal tendencies before entering them into the self-administration scheme. However, this does not mean patients with drug abuse, alcoholism or suicidal tendencies must be excluded.

The registered nurse will assess a patient’s suitability, in accordance with the Levels of Self Administration/Supervision flow chart (Appendix I.) The aim of the assessment is to determine the patient’s ability to self-administer safely, to ensure there are no unacceptable risks, and to identify and resolve any potential difficulties.

After the initial assessment, and if the patient is assessed as being suitable to self administer, the “Patient assessment self-administration of medicines form” (Appendix II) must be completed and held with the prescription chart. This must include the level of self-administration, the date and the signature of the registered nurse. Patients who choose to self administer their own medication, are requested to sign the “Patient assessment self administration of medicines form”.

Guidelines for Self-Administration of patients own medicines
The patient must be re-assessed on a daily basis by the registered nurse to ensure that he/she is medicating at the appropriate level. This must be documented on a daily basis on the “Patient assessment self-administration of medicines” chart. It must be explicitly documented when a patient moves between the different levels and why that decision was made.

The registered nurse must explain the principles of self-administration of medicines to the patient and all verbal information must be reinforced by a written information she (Appendix III).

The patient may not agree to self-administer, or withdraw their consent at any time, without having to explain their reasons. However the patient will continue to receive ongoing education about their medicines.

There may be some circumstances where it would be more appropriate for patients’ carers or relatives to be responsible for administering medicines on the ward. All procedures should apply but it is the carer or relative who should be assessed using the same criteria as for patient self-administration. The carer or relative should sign the consent form, should be taught administration skills and complete necessary documentation if required.

Remember, professional judgement and safety, are the overriding factors when assessing a patient for his/her ability to self-administer during their hospital stay.

5.3 Exclusions
Patients who are admitted on a day case basis or overnight stay may be excluded from self-administration but must still be educated about their medicines by all members of the multi-disciplinary team as is appropriate.

6. STORAGE OF MEDICINES
For further guidance please consult the Health Board Policy for Prescribing, Storage, Dispensing and Administration of Medicines.

6.1 Bedside Lockers
Patient’s own medicines or medicines dispensed in their name will be stored and administered from the individual lockers. Each locker has its own key avoiding the risk of access by other patients. The ward nurse will have access to these bedside lockers with the ward master key.

6.2 Keys
Up to 3 master keys attached to each ward. When any of these master keys are not in use they must be locked in a cupboard in the clinical room. A check to account for all master keys must be made at least once in 24 hours by the nurse in charge. This must be documented on the monthly audit form (appendix IV). The master key audit forms are retained at ward level and the ward manager assumes responsibility for the master keys and the audit forms.

Patients should only be given their individual locker key when they have been assessed as Level 3 self-administration. Patients must keep their key on their person at all times and not allow other patients access to their lockers.
If the patient leaves the ward for a procedure and upon discharge, the key must be returned to the nurse. Patients in the supervisory levels of self-administration should not be allowed to keep their own keys.

### 6.2.1 Procedure for lost locker key

It is the responsibility of the nursing staff to ensure keys are retrieved from patients during the discharge process. If a patient takes a key home, a clinical Incident should be recorded on Datix and every effort must be made to retrieve the key.

In the event of a loss of keys, the sister or nurse in charge of the ward must immediately inform the senior nurse for that area who will immediately take action to investigate the loss and ensure safety of the drug stock.

If the keys cannot be found, it will be necessary to change the locks on the relevant cabinets. The incident must be recorded via the incident reporting process and the Acute Services Nurse Manager must be notified.

### 6.3 Ward stock

Each ward carries a minimum stock of medication, stored in locked cupboards in the clinical room. Medication may be administered from this stock, until the patient receives a supply of his/her own medication. Ward stock must never be placed in bedside medication lockers.

**Remember**
- Replenish empty boxes/bottles
- Never place stock bottles in a bedside medication locker
- Medicines dispensed for an individual patient must be administered only to that patient unless authorised by a pharmacist.

### 6.4 Infection control

Following the discharge of each patient bedside lockers and keys must be cleaned as per ward cleaning schedule.

### 7. SUPPLY OF MEDICINES

Where a patient is to be admitted for a planned procedure, a doctor/nurse/pharmacist will instruct the patient at pre-assessment and in the outpatients department to bring in to hospital all their medication including over the counter, herbal medication, vitamins, etc. The pharmacist/pharmacy technician will assess the patient’s own medicines on admission and if it is of a suitable condition, obtain verbal consent from the patient to use while they are an inpatient. Items not suitable or not brought in will be dispensed and labelled with directions for use from the hospital pharmacy.

### 7.1 Discharge Planning

Self-administration does not necessarily mean that medication is ready in the ward for the patient to simply take with them at the point of discharge.

The member of staff discharging the patient must ensure that the patient has all their prescribed medicine and that the locker is empty and key has been returned.
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For further guidance please consult the Health Boards Policy for Prescribing, storage, dispensing and administration of medicines.

8 DRUG CHART CHANGES
8.1 Prescribers
Prescribers must inform the patient and their nurse whenever they make a change to the drug chart and ensure that the new instructions are fully understood. A record of the medication change and information given to the patient must be documented in the patient medical record. Prescribers must state the stop date for short courses of medication if appropriate, as this will allow the correct amount of medication to be dispensed and reduce waste from dispensing excessive amounts.

8.2 Nurse
The patient’s nurse must update the patient’s care plan and reinforce the change to the patient before obtaining the new medication and/or remove the discontinued or amended medication as appropriate from the patient’s bedside locker. The instructions on the label must always correspond to the dose prescribed on the prescription chart. When doses are altered the medicines must be re-labelled by the pharmacy department.

For further guidance please consult the Health Board Policy for Prescribing, storage, dispensing and administration of medicines

9. MEDICATION ADMINISTRATION
The self administration of medication by the patient is not a devolved responsibility. Nurses must take responsibility for the initial and continued assessment of patients who are self-administering. The registered nurse must ensure that assessments are made daily of the patient’s suitability for self administration, however it is vital that this information is provided to all staff during the handover of each shift. The nurse must have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others on the ward.

With their own consent, if the initial and ongoing assessments have been carried out appropriately and all relevant documentation is completed, patients must share the responsibility for their actions relating to self-administration of their medicines.

If a self-administering patient administers a wrong medicine, wrong dose, misses a dose etc, the patient’s nurse must
• Documented the incident in the patient’s clinical records,
• Inform a member of the medical team,
• Discuss the incident with the ward nurses, medical staff and pharmacists
• Complete a Datix Clinical Incident.

If a patient decides not to take their medicines whatever level of administration the patient is allocated, this must be discussed with the patient (as it may be detrimental to their treatment plan) and the outcomes of the discussion documented in the clinical record by the patient’s nurse.

The Health Board accepts responsibility for the degree of risk involved in patient self administration within the hospital and consider that the risk will be minimized by careful
assessment of patients in order to identify and possibly exclude those who may endanger themselves or others, and particular vigilance on the part of staff involved in operating the scheme, especially nursing staff within whose professional responsibility drug administration rests.

9.1 Patient administration and drug chart annotation
If the patient does not agree to take their own medication their nurse must administer their medicines during their hospital stay, providing information and advice for the patient or carer about their medication as appropriate. For patients assessed at level 1 and for those patients who do not wish to take their medicines themselves, the drug chart is signed in the usual manner by their nurse.

For stable patients medicating at level 2, their nurse will encourage them to dispense their medicines personally from the individual bottles. This process will be supervised and checked throughout by their nurse and the drug chart signed for each administration in the usual manner by their nurse.

For stable patients medicating at level 3, they will administer their own medicines without supervision as deemed appropriate following ongoing assessment, there is a requirement for their nurse to sign the drug chart once in 24 hours, the most appropriate time may be post ward round. The patient’s nurse should write vertically down the date line of the prescription chart stating “self-administration, level 3” (see example 1). The nurse then initials the administration record of the drug chart. This does not indicate that the patient’s nurse has administered the medication, but shows that he/she has completed the appropriate checks for the patient to continue self-administration at the assessed level.

<table>
<thead>
<tr>
<th>ORAL &amp; OTHER DRUGS: REGULAR PRESCRIPTIONS</th>
<th>1. DATE</th>
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<tr>
<td>2.1 A Drug: Atenolol</td>
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<td>08:00-09:00</td>
<td>12:00-14:00</td>
<td>16:00-18:00</td>
</tr>
<tr>
<td>Dose: 50mg Route: O</td>
<td>Date:</td>
<td>Date:</td>
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<tr>
<td>Signature of doctor: Dr Foster</td>
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<tr>
<td>2.2.1 Additional Instructions/Comments:</td>
<td>Other time</td>
<td></td>
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</table>

Example 1: Chart annotations by nursing staff for patients assessed as level 3
9.2 Variable doses and medication unsuitable for self administration
Where patients are on variable doses of any medicines, the patient must check with their nurse the dose to be taken prior to administration, e.g. warfarin treatment or reducing doses of steroids. The patient’s drug chart should be marked by their nurse to indicate the dose given.

For medicines which are unsuitable for self administration
• Controlled Drugs
• Parenteral medication (unless the patient is self administering these medications at home e.g. insulin)
• Once only doses
• Nebules (if unlikely to be on at home)
• Items requiring refrigeration
• Cytotoxics

The drug chart will be initialled in the appropriate column at the time of administration in the appropriate manner as in the Health Board Policy for Prescribing, Storage, Dispensing and Administration of Medicines by the patient’s nurse during the medicine round.

9.3 Pre-operative administration
Level 3 patients due for surgery may administer their own medicines pre-operatively. They must be given clear instructions about which medicines to take on the day of the operation by the anaesthetist, the doctor or their nurse.

The locker key must be removed from the patient by their nurse and locked in the bedside locker when they have received their pre-medication. The daily self administration assessment will indicate when the patient is able to self-administer again.

9.4 ‘Nil by mouth” for an investigation/procedure
The patient must be informed of the time that ‘nil by mouth’ prior to their investigation/procedure will commence by the nurse. The nurse must remove the medication locker key from the patient and stored securely. The daily self administration assessment will indicate when the patient is able to self-administer again.

10. CHECKS AND CONTROLS
The nurse must reassess each patient each day for their ability to continue to medicate at the same level. The outcome of the discussion/evaluation of the patient’s ability to self-administer must be documented daily in the patient nursing records and the care plan must be updated.

During the daily check the patients nurse must:
• Assess the patient’s ability to self-administer at the same level.
• Check the prescription and administration record for any changes.
• Obtain new medication and/or remove the discontinued or amended medication as appropriate from the patient’s bedside locker.

As nursing staff retain overall responsibility for medicine administration, regular checks should be instituted to ensure patients are taking their medication correctly. This is may be achieved by means of a medication count.

For further guidance please consult the Health Board Policy for Prescribing, Storage, Dispensing and Administration of Medicines
11. ROLES & RESPONSIBILITIES for staff using this guideline.

Director of Nursing, Medical Director and Director of Therapies and Health Science.
It is the responsibility of the directors to:
• To ensure that all appropriate health care professionals are informed of, and follow, the organisations policies on self administration of patients own medication.

Associate Medical Directors, County Heads of Nursing and County Heads of Therapies.
• To ensure that staff utilising the guidelines for the self-administration of patients own medicines, within the scope of their responsibility, have undertaken appropriate training.

Medical Staff/Supplementary/Independent prescribers
It is the responsibility of prescribers to:
• Appropriately prescribe medication for inpatients and to write discharge prescriptions
• Attend training as required.
• Informing patients/carers and nursing/midwifery staff immediately if changes to medication are made.
• Assess and consent patients/carer if uncertainty about their capacity/incapacity to self medicate.

Ward/Department Managers/Service Managers
It is the responsibility of all Clinical Managers to:
• Ensure that this guideline is brought to the attention of all their staff, and that they understand and adhere to the guidance/procedure contained within.
• Ensure that all adverse incidents relating to the application of this guidance are reported and investigated in accordance with the HDHB Incident Reporting Policy and Procedure and the Serious Untoward Incident Policy as appropriate.
• Ensure that all staff involved in self administration of medication have adequate training and are competent to carry out these procedures.

Nursing/Midwifery Staff
It is the responsibility of nursing/midwifery staff to:
• To co-operate with managers in achieving compliance with this guideline.
• To attend training as required.
• Assess, consent, educate and monitor patients/carers.
• Order and ensure the secure storage of medication.
• Supervise medication administration and/or perform compliance checks.
• To report all adverse incidents relating to the application of this guidance according to the HDHB Incident Reporting Policy and Procedure and the Serious Untoward Incident Policy as appropriate.
• To raise any training needs/concerns to line manager.

Pharmacy/Medicines Management Staff
It is the responsibility of pharmacy/medicines management staff to:
• Educate prescribers, nursing/midwifery staff and the patient/carer.
• Supply medication and conduct compliance checks.
• To report all adverse incidents relating to the application of this guidance according to the HDHB Incident Reporting Policy and Procedure and the Serious Untoward Incident Policy as appropriate.
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• To raise any training needs/concerns to appropriate line manager.

Patients/Carer
It is the responsibility of the individual to:
• Safely and securely store medication
• Take their own medication, under appropriate supervision
• Seeking help/advice where appropriate

12. IMPLEMENTATION
Implementation will be via a phased approach, one ward at a time and no more than 4 new patients on the same day. Implementation is linked to county plans and the Think glucose campaign.

These guidelines will be communicated through usual distribution channels including professional forums.

Audits and questionnaires should be conducted both pre and post change to assess the impact of the self-administration scheme.

13. TRAINING
A training resource file (Appendix IV) will be provided for each ward/department involved in the programme and training will be provided by pharmacy and medicine management senior nurse.

All clinical staff involved in self administration need to be trained initially and have a local review process.

Self administration may only be implemented in a clinical area where all nurses have attended appropriate training sessions, completed the training package and been assessed as competent.

Medical staff will require to be trained, to explain any changes made to the patients’ medicines to the patient and alert appropriate staff so that the necessary update to locker contents and patient care plans can be made.

Once the guideline is fully implemented, the guideline will form part of the corporate induction programme to ensure every new member of nursing/midwifery, pharmacy and medical staff is trained.

14. AUDIT AND REVIEW
There after the guidelines should be audited periodically using questionnaires to patients and nursing/medical staff at a minimum once yearly for each ward (Appendix V)

These guidelines will be reviewed after 3 years, or sooner, as required.

15. FURTHER INFORMATION.
These guidelines have been written to reflect the recommendations in the following documents:
The Audit Commission London
HYWEL DDA LOCAL HEALTH BOARD


- Policy For The Prescribing, Storage, Dispensing And Administration Of Medicines To Patients Acute Division (2011) Hywel Dda Health Board.
  http://howis.wales.nhs.uk/sitesplus/documents/862/268-Pol_ForPrescribeStoreDispAdminOfMedstoPatienstv0.10.updatedAppF.pdf

- NHS Education for Scotland 2012, Toolkit for the Self-Administration of Medicines (SAM) in Hospital
Guidelines for Self-Administration of patients own medicines

Appendix I

Is there a history of drug / alcohol abuse?

Yes

No

Can the patient open bottles, use eye drops, access cupboard etc.

Yes

Discuss with pharmacy

No

Is the patient confused (clinical observation) or acutely ill? Do medical staff want medication administered by nursing staff?

Yes

No

Is the medicine regimen relatively stable?

Yes

No

Does the patient understand their regimen and agree to take responsibility for taking their own medication?

Yes

No

Level 1

Registered Nurse administers medication and records on medicine chart.

Patient not given key.

Level 2

Patient administration under supervision of the nurse

Registered Nurse administers medication and records on medicine chart.

Patient not given key.

Level 3

Patient self-administration

Nurse writes on medicine chart once daily to record patient self-administration

Patient given key to bedside locker

Patients with a history of drug or alcohol abuse or suicidal tendencies may also preclude other patients in the bay from self-administering at Level 3.
Patient assessment for self-administration of medicines

Ward:

Addressograph:

See flow chart:

1. Each patient must be assessed by their nurse on admission to the ward as soon as their condition allows
2. Re-assessment must be scheduled daily and as determined by the patient’s condition and treatment
3. Patients can move up or down level as required

<table>
<thead>
<tr>
<th>Assessment date</th>
<th>Level</th>
<th>Reason</th>
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</table>

Registered Nurse Signature

Patient agreement to take own medication – I have received and understand the information given to me on self administration of medicines and I am happy to self administer. I am aware that I may change my mind at any time but must inform my named nurse.

Signed………………………………Print………………………….Date…………………………

I do not wish to take my own medication whilst in hospital

Signed: ___________________ Date: __________

Name of Nurse (Print Name): ________________________________ Date:-
What are the benefits of taking your own medicines in hospital?

It is where you are responsible for taking your own medicines while you are in hospital, just as you do, or will do at home. This is also known as ‘Self-administration of medicines’.

The benefits of taking your own medicines in hospital are:

You will feel more in control of what happens to you and you will feel more comfortable in your stay. This will enable you to take your medicines at your chosen and appropriate time.

Staff can tell you about medicines so that you will know why you are taking them and are confident how to take them before you go home.

Please do not feel worried about making a mistake or getting mixed up - your nurse will give you as much information, help and support, as you need.

You do not have to take your own medicines while in hospital and you must not feel that you have to do this even if asked. If at any time, you decide you no longer want to take your medicines yourself, just let one of the nurses know and they will start giving you your medicines instead.

How will taking your own medicines in hospital work?

You can ask the nurse if wish to take your own medicines while in hospital.

Initially, the nurses or pharmacists will talk to you about your medicines. Then the nurse will check how you are doing and, as long as all is well, you will be asked if you wish to either to take your medicines under the supervision of the nurse or you will be given the key to your own medicine locker where your own medicines will be kept. You do not have to sign the medicine chart to show that you have taken your medicine.

Staff may decide that your medical condition means that you are unable to take your own medicines for a while (for example, immediately after an operation or when starting some new medicines). The staff will review you regularly and discuss this with you when you are ready to start taking your own medicines again.
If required, you will be given a medicines information sheet which includes information about possible side effects. A nurse will explain to you which medicines you will be taking while in hospital, they will explain how much and how often to take your medicines. The nurse, pharmacist or pharmacy technician will answer any questions that you might have about taking your own medicines.

With your agreement (and where possible) we will use any of your own medicines that you have brought into hospital because they are familiar to you. This will help us not to waste any medicines.

Each day, the nurse will check to make sure you are managing alright. The ward team will decide with you what level of supervision you require and when to change this. It may be necessary to increase the level of support (for example, if you are unwell) or give you your medicines, but this may only be temporary. Some of your medicines (e.g. painkillers, injections) may still have to be given by the nurse and, if so, we will explain this you.

WHAT YOU NEED TO KNOW

Do tell the nurse, pharmacist or pharmacy technician if
- you are having any problems taking your medicines
- you mislay your medicines locker key
- you are worried or unsure about anything

Do not
- take any medicines that you are unsure about
- store anything inside your medicine locker other than your medicines
- store anything in front of your medicines locker
- leave your medicine locker unlocked even for a short time
- give your medicine locker key to a relative, visitor or another patient
- share your medicines with any patients or visitors

PLEASE REMEMBER
- Only take your medicine at the times and doses on the labels.
- Do not take more medicine than is stated on the label.
- Keep your medicine locker key out of sight at all times AND give your medicine locker key to a nurse before you leave the ward at the end of your hospital stay.
- It is very important that your medicines are checked before you leave hospital. You may need to wait a short time so that this can be done

This leaflet is available in alternative formats if required.
Appendix IV

Guidelines for the Self-administration of Patients Own Medicines

Competencies & Assessment Checklist

Name of Nurse ________________________________

Name of Assessor ________________________________

Date of Assessment ________________________________
<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Intended Answers/Outcome</th>
<th>Achieved Not Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. is agreement required from patients participating in Self administration?</td>
<td>Explain Healthcare staff are accountable for ensuring that patients give valid agreement for any treatment they receive. For agreement to be valid the patient must be given enough information to make an informed decision.</td>
<td></td>
</tr>
<tr>
<td>2. Read a copy of your local patient information leaflet. What are the main points covered in the leaflet?</td>
<td>Nursing staff must be satisfied that the patient understands the scheme and participates voluntarily. It is important that patients are aware that participation in self administration is voluntary and that they may decline to participate at any time during their hospital stay.</td>
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<tr>
<td>3. How is agreement for self administration obtained, and documented in your ward/hospital?</td>
<td>Patients should read the patient information leaflet which describes the self administration scheme, with the nurse, pharmacist or doctor supplementing this verbally. Nursing staff are accountable for ensuring that patients give agreement to participate in the self-administration scheme and have been given enough information to make an informed decision. Nursing staff must be satisfied that the patient understands the scheme and participates voluntarily.</td>
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<tr>
<td>4. Describe some patient groups that would have different reasons for self-administering?</td>
<td>To retain independence and patient empowerment (no problems anticipated) To ensure they are able to take medication as prescribed (i.e. identify and address any problems) To educate patients about new medicines and ensure patient compliance.</td>
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<tr>
<td>5. List the reasons why a patient may be excluded from participating in Self administration</td>
<td>Not personally responsible for administering medication at home. Acute confusion Cognitive impairment Mental Health Issues History of alcohol/ drug abuse Previous history of overdose Incapacity Immediately pre- or post-surgery Unstable medication regimen Medical staff wish to titrate dose</td>
<td></td>
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</tbody>
</table>
### 6. Outline the roles of nurses, doctors and pharmacists in the self administration of medication.

<table>
<thead>
<tr>
<th>Roles</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing staff</td>
<td>Should carry out the assessment with input from pharmacy staff. The nursing staff will be most familiar with the patient and the ward environment. The NMC supports the development of self-administration systems and views them as good practice. The pharmacist offers the specialist medicine knowledge and is able to provide full review of medication and other pharmaceutical needs. Doctors will ensure that there is appropriate prescribing of medication, informing the patient when medication has been changed &amp; informing nursing staff immediately if changes to medication are made.</td>
</tr>
</tbody>
</table>

### 7. What checks should be made on patients self-administering in your clinical area to ensure their continued competence?

<table>
<thead>
<tr>
<th>Checks</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>For patients self-administering on levels 1 and 2</td>
<td>The nurse must record doses administered in the normal manner.</td>
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<tr>
<td>For patients self-administering on level 3</td>
<td>The nurse endorses the inpatient medication chart “self-administering level 3”, this does not indicate that the practitioner has administered the drugs but that the patient has been assessed to self-administer at level 3.</td>
</tr>
</tbody>
</table>

### 8. List 4 patient factors that would influence their moving between levels.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Details</th>
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<tbody>
<tr>
<td>Individual abilities</td>
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<tr>
<td>Changing needs</td>
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<tr>
<td>Deteriorating health</td>
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<tr>
<td>Mental health status</td>
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</table>

### 9. What procedure should be followed when bedside medicine locker keys are lost?

<table>
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<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td>In the event of a loss of keys</td>
<td>The sister or nurse in charge of the ward must immediately inform the senior nurse for that area who will immediately take action to investigate the loss and ensure safety of the drug stock. If the keys cannot be found, it will be necessary to change the locks on the relevant</td>
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</tbody>
</table>

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**Guidelines for Self-Administration of patients own medicines**
<table>
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<tr>
<th>cabinets. The incident must be recorded via the incident reporting process and the County Nurse/Acute services nurse manager must be notified.</th>
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</table>

Audit tool

One patient should be randomly selected from each bay and from one side room. If less than 10 patients are in the Self administration scheme all should be audited.

Number of beds in ward:________             Number of patients in Self administration scheme:________

Codes: Y=Yes N=No N/A=Not Applicable

<table>
<thead>
<tr>
<th>Standards</th>
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<th>4</th>
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<th>10</th>
<th>comments</th>
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<tbody>
<tr>
<td>1) Medicines brought in by the patient are recorded on the inpatient chart. <em>(If no medicines brought in record N/A)</em></td>
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<td>2) Medicines brought in by the patient have been assessed as suitable for use by pharmacy staff in accordance with hospital protocol.</td>
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<td>3) Only those medicines assessed as appropriate for use are in the locker.</td>
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<td>4) All patient’s medicines are stored securely in the locker. <em>(If only medicines left outside the locker are inhalers, creams or GTN spray record Y)</em></td>
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<td>5) Key security (secure location as per local protocol): SAM level 1 or 2 the key is kept in the defined secure location by nursing staff. SAM level 3 the key is kept in the defined secure location by patient. <em>(If key is easily visible record N)</em></td>
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<td>6) The only medicines in the locker are those currently prescribed for that patient. <em>(If discontinued medicines are in the locker record N)</em></td>
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<td>7) All medicines are labelled as prescribed on the medicine prescription chart.</td>
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<td>8) There is documented evidence that the patient has been provided with a “SAM Information Leaflet” and has given agreement to self-administer.</td>
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<td>9) There is documented evidence that the patient has been initially assessed as competent to self administer in accordance with hospital protocol. (Record N if there are any gaps in the form- record in comments section)</td>
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<td>10) There is documented evidence that the patient has been assessed as competent to continue to self-administer on a daily basis in accordance with hospital protocol. (Record N if there are any gaps in the form- record in comments section)</td>
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<td>11) The assessment is accurate. (Assess the patient using the assessment chart)</td>
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<td><strong>12) If the patient is not self-administering the reason must be recorded. (&quot;Ongoing&quot; is not acceptable unless the patient is not going to self-administer on discharge)</strong></td>
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<td><strong>13) There is documented evidence of compliance checks carried out at specified intervals.</strong></td>
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<td><strong>14) The medicine prescription chart is completed, by the nurse, to indicate self-administering of all doses prescribed (Level 3).</strong></td>
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