

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SELF ADMINISTRATION OF MEDICINES WITHIN IN-PATIENT UNITS

1. BACKGROUND

- 1.1. The expected duty of care is that medicines are administered to an in-patient by a nurse or other authorised registered practitioner. When a patient consents to self-administration, the procedure is to formally transfer the duty of care to the patient.
- 1.2. In order to ensure continuity, or prevent deterioration, in self-reliance with medicines adherence, patients in Community Health Services in-patient units should be assessed for their capability to continue or restore self-administration, unless there are reasons to exclude the patient from doing so.
- 1.3. Whilst the practitioner has a duty of care towards all patients, she is not liable if a patient makes a mistake self-administering as long as the assessment was completed in line with this procedural guideline and appropriate actions were taken to prevent occurrence/re-occurrence of such an incident.
- 1.4. Practitioners remain responsible for the continued monitoring and assessment of patients who are self-administering their medicines.
- 1.5. **Controlled Drugs:** There is no legal reason why a CD cannot be included in a self-administration scheme, and the additional requirements are included below.
- 1.6. **Stages of Self-Administration**
- Stage 1**  
The practitioner is responsible for the safe storage of the medicinal products and the supervision of the administration process, ensuring the patient understands the medicinal product being administered.
- Stage 2**  
The practitioner is responsible for the safe storage of the medicinal products. At administration time, the patient will ask the practitioner to open the cabinet or locker. The patient will then self-administer the medication under the supervision of the practitioner.
- Stage 3**  
The patient accepts full responsibility for the storage and administration of the medicinal products. The practitioner checks the patient's suitability and compliance verbally.
- 1.7. The Stage of participation should be documented in the patient's healthcare record.

## 2. INTRODUCTION

- 2.1. Patients wishing to take responsibility for their own medicines shall be assessed for their capability before being allowed to self-administer. This shall be recorded in the patient's healthcare records.
- 2.2. The risk assessment form ([Annex 1](#)) must be completed and the stage of self-administration that the patient should start on agreed. A record should be made in the healthcare records.
- 2.3. The patient must complete and sign the consent form ([Annex 2](#)). The patient may withdraw consent at any time and their programme discontinued. A copy of this form must be stored with the prescription and administration card and in the healthcare record.
- 2.4. The programme may be started at any stage depending on the patient's ability. This must be recorded in the healthcare record.
- 2.5. Before a patient moves from one stage to the next there should be an assessment of their progress by an authorised registered practitioner and the on-going assessment record ([Annex 3](#)) should be completed. If a patient is removed from the self administration programme and subsequently recommenced, a new risk assessment must be completed. The pharmacist must be informed of any changes in the self administration status of each patient.
- 2.6. Injections (except insulin in patients competent in self-injection), medicines required for one dose, medicines prescribed in variable doses, controlled drugs (see section 2.16 for additional information) and some medicines prescribed "as required" (PRN) will continue to be administered by competent registered practitioners.
- 2.7. The following patient groups should generally be excluded from the self-administration programme unless after a full assessment as described above it is considered safe and it is the patient's best interests to begin the self-administration programme.
- Patients who do not self-administer when they are not in hospital, e.g. carers administer their medication
  - Patients who are confused or disorientated in time and place
  - Patients who have a unstable or chaotic mental state
  - Patients who continue to abuse alcohol or drugs
  - Patients who have significant risk of self-harm
  - Patients on unstable medication regimes

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- Risk factors/circumstances highlighted in the patients' medical record which makes it unsuitable to enter them into the self-administration programme.
- 2.8. Medicines must be prescribed by the prescriber on a current prescription chart and administration chart.
- 2.9. All medicines will be dispensed for the individual patient and labelled with full instructions. Additional instructions should be made available to the patient if necessary in the form best suited to their needs, e.g. printed leaflets, large print, pictures describing administration times etc.
- 2.10. Stock medicines must not be used by patients who are self-administering medicines, except if the prescribed medicines have been changed and a supply is awaited from pharmacy. In this case a practitioner will administer the medicines.
- 2.11. Staff involved in the supervision of self-administration MUST be registered practitioners.
- 2.12. A lockable medicines locker, or other suitable storage approved by the pharmacist, must be made available to each patient for storing their own medicines for stage 3. The nurse in charge should hold a duplicate key, but this should not be used routinely. The patient's key may be removed if the nurse/registered practitioner in charge considers it necessary in the interests of safety.
- 2.13. Staff must affix a sticker to the patients prescription and administration chart confirming the stage and ensuring that they initial and date.
- 2.14. When patients are on stages 1 or 2, each dose administered must be recorded by signature on the prescription and administration record by the practitioner administering/supervising. The 'On-going assessment record' ([Annex 3](#)) must be completed.
- 2.15. **Medicines that are not Controlled Drugs:** When patients are on stage 3 there is no requirement to record administration as it may not have been observed. Record the amount supplied to the patient across the administration boxes on the Prescription and Administration Record Chart and complete the On-going Assessment Record ([Annex 3](#)). A suitably trained member of the pharmacy team and/or nursing staff will check at an interval agreed by the MDT that a patient on stage 3 has administered their medicines correctly and complete the On-going Assessment Record ([Annex 3](#)).
- 2.16. **Controlled Drugs in Self-Administration Schemes:** The following steps are required additionally:
- 2.16.1. Patients receiving CDs for self-administration must sign for receipt of a specified number of doses.

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- 2.16.2. CDs are entered in and out of the ward Controlled Drugs Record Book (CDRB) so that there is an auditable record of their arrival on the unit.
- 2.16.3. A daily count of the quantity of the CDs in the patient's individual medicines cabinet may be made by the registered practitioner and recorded on the medicines chart and in the CDRB.
- 2.16.4. The CDs for patients on stage 3 who self-administer their medicines shall be kept in a locked metal receptacle immediately adjacent to their bed; the receptacle must not be easily portable. If no metal receptacle is available, the patient must request the oral CDs from the nurse. Injectable CDs are excluded from this scheme.
- 2.17. Patients on stage 3 may wish to keep a record of their own medicine administration ([Annex 4](#)).

<b>3. Stages of the Programme</b>
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**3.1. Stage 1**

- 3.1.1. One month's supply of medication for each patient included in the programme will be dispensed by a pharmacy and kept together in a bag. This should be stored securely.
- 3.1.2. At the appropriate times the practitioner will give the bag containing the entire patient's medication to that patient and supervise the selection and administration of the correct dose(s). The On-going assessment record ([Annex 3](#)) should be completed and the practitioner should sign the medicines prescription and administration chart.

**3.2. Stage 2**

- 3.2.1. As for stage 1 except that the patient will be expected to request their medicines at the correct time. If after 30 minutes (or other time agreed with the MDT) the patient has failed to request their medicines, the nurse should remind them. The on-going assessment record ([Annex 3](#)) should continue to be used and the practitioner should sign the medicines prescription and administration chart.
- 3.2.2. Patients receiving injectable medication will be expected to request their injection from nursing staff at the appropriate time if they intend to self-inject once home e.g. For insulin self-administration.

**3.3. Stage 3**

- 3.3.1. The patient will store their own medicines in their locked medicines cabinet and will be expected to take their medicines correctly with minimum intervention from staff.

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- 3.3.2. A pharmacy will dispense an appropriate quantity of medicines for the individual as determined by the multidisciplinary team. This will usually be one month's supply in original packs, but assessed on patient's individual requirements. These medicines may be issued to the patient if they go on leave.
- 3.3.3. Practitioners shall monitor the patient at appropriate intervals. Dose counts should be undertaken to ensure there is a high level of compliance.
- 3.3.4. The self-administration of medicines scheme care plan (Annex 5) should be completed.

#### **4. Responsibilities**

##### **4.1 Nursing**

- To discuss the scheme with the patient, providing the patient information (Annex 7) leaflet and obtaining consent if necessary to assess the suitability of the patient for the scheme
- To ensure that all relevant documentation is completed including notification stickers.
- To advise the patient on correct storage and security
- To monitor any prescription changes and liaise with pharmacy where necessary
- To ensure that medicines provided are labelled correctly
- To ensure that any medicines for discharge corresponds with the medication chart and that the patient has a sufficient supply
- To ensure that the bedside locker key is obtained from the patient on discharge

##### **4.2 Pharmacist/Pharmacy Technician**

- To help facilitate in conjunction with matrons and ward managers
- To monitor prescriptions as normal and be vigilant for prescription changes, communicating any such changes to the necessary personnel
- To ensure adequate supplies of medication
- To provide medication reminder cards where necessary (Annex 6)
- To provide education and answer queries on any aspect of the scheme including medicines information provision

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- To ensure that any medicines for discharge corresponds with the medication chart and that the patient has a sufficient supply

**4.3 Medical**

- To ensure that nursing staff and patients are aware of any changes made to prescribed medication
- To include durations for any short course treatment to enable inclusion in the scheme e.g. antibiotics, steroids

**4.4 Patient**

- To inform nursing or pharmacy staff of any problems relating to taking medication
- To return the bedside locker key on discharge

**SAMPLE - DO NOT USE**



## SELF ADMINISTRATION OF MEDICINES ASSESSMENT PLAN

Patient Name \_\_\_\_\_ NHS Number \_\_\_\_\_ Date \_\_\_\_\_

	Question	Yes/No	Action to be taken	Comments and issues raised and action to be taken
1	Will the patient be responsible for taking their own medicines in the community on discharge?		Need not be excluded: consider the carers needs if appropriate or any other reasons for self-administering e.g. symptom control	
2	Is the medicine regime stable?		Should not self administer frequently changing regime until more stable. Discuss with Doctor	
3	Has the patient been given the Patient Information Sheet (Annex 7) and received explanation?			
4	Does the patient understand what is involved and their responsibilities?		Explain again using the patient information leaflet.	
	Does the patient understand what they are taking their medicines for?			

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	Question	Yes/No	Action to be taken	Comments and issues raised and action to be taken
5	Is the patient willing and motivated to self-administer?		Aim to improve motivation	
6	Does the patient understand the dosage instructions and how to take the medicine?		Discuss with patient using a Medicines Information Card (Annex 6) and other aids if necessary.	
7	Are there any other reasons why the patient is unable to self-administer?		Please state reasons and actions to be taken. Refer to multidisciplinary team.	
8	Is the patient confused, or disorientated to time and place?		Patient may need to self-administer if they need to take their own medicines on discharge. Refer to multidisciplinary team.	
9	Is the patient depressed, suicidal or have cognitive impairment?		Need to assess benefits of SAM against the risks. Refer to multidisciplinary team.	
10	Does patient have history of drug abuse or alcoholism?		Need to assess benefits of SAM against the risks. Refer to multidisciplinary team.	
11	Would the patient self-administering their medicines present any foreseeable risk to other / risks from other patients on the unit?		Steps need to be taken to resolve risks and reassess. Refer to multidisciplinary team.	
12	Can the patient read and understand the instructions on the label sufficiently enough to be safe?		Contact pharmacy for advice on large print labels or discuss with pharmacy or OT for other visual aids	
13	Can the patient open child resistant caps?		Request screw caps for bottles	

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	<b>Question</b>	<b>Yes/No</b>	<b>Action to be taken</b>	<b>Comments and issues raised and action to be taken</b>
14	Can the patient open bottles or boxes?		Discuss with pharmacy	
15	Can the patient remove tablets from the blister pack?		Discuss with pharmacy	
16	Can the patient pour out any liquid doses or dissolve tablets in water?		Review medication. Discuss with pharmacy.	
17	Can the patient open the cupboard /drawer?		Discuss with pharmacy	
18	Can the patient look after the key safely?		Consider risks to others and discuss with pharmacist.	
19	Can the patient access their medicines at appropriate times and frequency?		E.g. Parkinson's /asthma	
20	Has the Doctor been informed of the patient that has been admitted to the scheme		Discuss with the Dr of the patients inclusion into the scheme	

Assessed by: \_\_\_\_\_ (Registered Practitioner)      Print Name: \_\_\_\_\_      Date: \_\_\_\_\_

**Stage of Self-Administration on first assessment:**

<b>Stage</b>	<b>Tick</b>	<b>Sign and Date</b>	<b>Stage</b>	<b>Tick</b>	<b>Sign and Date</b>
<b>Stage 0</b>			<b>Stage 2</b>		
<b>Stage 1</b>			<b>Stage 3</b>		

Daily assessment of Self-Administration must be recorded on the On-going Assessment Record  
A new risk assessment form needs to be completed before a patient progresses to the next stage of the programme.

SAMPLE - DO NOT USE



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## PATIENT SELF-ADMINISTRATION OF MEDICINES CONSENT FORM

Please read the leaflet “**Information for Patients about the Self-Administration of Medicines**”. If you have any questions please ask your named nurse or pharmacist who are here to help you.

I have read and understood the “**Information for Patients about the Self-Administration of Medicines**” leaflet and I consent / do not consent\* to participate in the self administration scheme.

I understand that I may change my mind at any time.  
(\*Delete as appropriate)

Signed:..... Date:.....

Witness (Print Name):.....

### WITHDRAWAL OF CONSENT

I do not wish to remain involved in the self-administration scheme due to:.....  
.....  
.....

I therefore withdraw my consent.

Signed: .....Date:.....

Witness (Print Name):.....



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SELF ADMINISTRATION OF MEDICINES ON-GOING ASSESSMENT RECORD:

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

NHS Number \_\_\_\_\_ Ward \_\_\_\_\_

Date of Birth \_\_\_\_\_ Agreed frequency of monitoring \_\_\_\_\_

Date/ Time	Current Assessed level	Comments	New Level	Signature and Print Name

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**SELF ADMINISTRATION OF MEDICINES  
PATIENT RECORD CHART (Stage 3)**

Name:	Ward/ unit:	Date chart Commenced:
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Put your initials in the relevant box each time you take your medicines

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast time</b>							
<b>Lunch time</b>							
<b>Tea time</b>							
<b>Night time</b>							
<b>Other</b>							

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If you are not able to take ALL of your medicines as prescribed please speak to a member of the team and state the name and reason for not taking a particular medicine below.



**SELF ADMINISTRATION OF MEDICINES SCHEME CARE PLAN (Checklist for level 3):**

Patient Name \_\_\_\_\_ NHS Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ward \_\_\_\_\_

**On the ward:**

**Aims:**

- For the patient to be able to safely administer his or her own medication prior to discharge.
- To understand the purpose, dose and side effects of their medication.

	Action	Sign & Date
1	Assess patient on admission using SAM assessment form	
2	Use patient's own drugs where possible (complete POD assessment form).	
3	Give the patient information leaflet on Self-Administration discuss and obtain patient consent	
4	Ensure inpatient prescription chart has been reviewed, simplified and is stable and has been checked by a pharmacist.	
5	Document on prescription chart that patient is self-administrating.	

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	<b>Action</b>	<b>Sign &amp; Date</b>
6	Complete Medicine Information Card and discuss with patient or refer to pharmacist to complete.	
7	Ascertain any special needs for self-administration e.g. large print labels and refer to pharmacist.	
8	Complete a Self-Administration of medicines - patient record chart (Annex 4) or refer to pharmacist.	
9	Re-assess at agreed intervals and document on On-going Assessment Record	
10	For Level 3: issue the key to the patient for the cupboard/ drawer – agree safe method of custody.	
11	Changes in medication communicated to patient and Medicines Information Card updated.	

**On Discharge**

**Aim:**

- Patient to be independently self-administrating prior to discharge.

	<b>Action</b>	<b>Sign &amp; Date</b>
12	Ensure all medicines returned to the patient have the correct instructions, dose, frequency and name on the label. Obtain further supplies from pharmacy if necessary.	
13	Ensure patient has up to date Medicine Information Card	
14	Ensure that the cupboard/ drawer key is returned	



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# General Information

**C**hildren. Keep medicines locked up and out of the reach of children.

**A**lways take your medicines as shown on the label. Taking more will not make it work faster and it could harm you. In doubt ask your pharmacist.

**U**se only those medicines which are part of your current treatment.

**T**ake care of your medicine – always keep it in a closed container and in a cool, dry place.

**I**f medicines are not used, do not hoard. Take unused medicines to a pharmacy for safe disposal.

**O**nly the person whose name is on the label should take it. No-one else should, even if they have the same illness.

**N**ever transfer medicines from the original container to another.

**REMEMBER - If in doubt talk to the Nurse, Pharmacist Or Doctor**

(If you have any questions about the medicines on this Card, whilst you are still an inpatient speak to the nurse in charge)

**PLEASE CARRY THIS CARD WITH YOU AT ALL TIMES.  
TAKE IT WITH YOU EACH TIME YOU VISIT YOUR  
DOCTOR OR PHARMACIST**

## SELF-MEDICATION RECORD

**Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prepared By:** \_\_\_\_\_ **Checked:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**This is a list of your medicines and when to take them. For information about the purpose and side effects of each medicine please refer to the manufacturer's information leaflet supplied with the medicine.**

**Issued By:**  
\_\_\_\_\_

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YOUR DOCTOR OR PHARMACIST \_\_\_\_\_

		WHEN AND HOW MUCH TO TAKE				SPECIAL INSTRUCTIONS	
	MEDICINE NAME 	WHY AM I TAKING IT?	BREAKFAST 	LUNCH 	TEATIME 	BEDTIME 	
1							
2							
3							
4							
5							
6							

SAMPLE - DO NOT USE



## INFORMATION LEAFLET FOR PATIENTS ABOUT THE SELF-ADMINISTRATION OF MEDICINES

### What is self-administration?

Self-administration is a programme used to help patients to take their medication themselves while they are in hospital. This can make you feel more independent and comfortable during your stay. It can also help improve your knowledge about your medicines, which will help you cope more easily with your medicines when you go home. If you self-administer, it gives you the opportunity to take your own medicines with supervision. Please do not feel worried about making a mistake or getting mixed up – you will be given as much information, help and support, as you need. Through this programme we aim to help you to:

- understand why you are taking each medicine and how to take them safely
- understand more about your condition and general health
- provide any extra help or information to make it easier for you to continue taking your medicines once you get home

### Before you start to self-administer

Before you take part in the programme, you will have the opportunity to discuss exactly what self-administration means, and what the benefits will be for you. You will also have the opportunity to discuss any questions about your medicines with a member of the pharmacy team.

You may choose whether or not you want to self-administer your own medicines and you must not feel that you have to take part even if asked. You can stop at any time if you feel unhappy about self-administration. If you agree to take part, one of the clinical team will:

- explain self-administration to you in more detail
- ask you some questions about how you took your medicines before coming into hospital, to see if you would benefit from some extra help
- ask you to sign a consent form to self-administer
- explain which medicines you will be taking, and why you need them
- explain how much medicine to take and how often
- explain any possible side effects of your medicines
- offer you a chart which will remind you which medicines you are taking and a chart to record the medicines you have taken

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### Supplies of medicines

Your medicines will be labelled for you and stored in the locker beside your bed. At the beginning of the programme, staff will check to make sure you are managing.

Once everyone is confident, you will gradually be given more responsibility, so that by the time you leave hospital, you will be able to take all your medicines correctly and safely on your own.

The team will discuss with you what level of supervision you require and when to change this. It may be necessary to increase the level of support or take you off the self-administration programme (for example, if you are unwell), but this may only be temporary. Some of your medicines (e.g. painkillers, injections) may still have to be given by the staff. This will be explained to you.

If you have any questions about your medicines or the programme, please ask the nurses or pharmacist on the ward – we are here to help you.

### IMPORTANT INFORMATION:

- Keep all your medicines safely and out of sight – they should be locked in your medicine locker when not being used.
- Keep the key to your locker in a safe place.
- Take your medicines only at the times and doses on the labels.
- Do not take more medicine than is stated on the label.
- Medicines can be dangerous if not used properly.
- Never share medicines with anyone else either in hospital or at home
- If you are unclear about which medicines you should be taking, how much to take, or how often, please tell one of the nurses/midwives.
- If any visitor or another patient tries to take your medicines, please tell the nursing staff at once.
- If at any time, you decide you no longer wish to take part in the self-administration programme you may stop – just let one of the nurses or the pharmacist know.
- When it is time for you to go home, it is very important that the nurse or pharmacist checks your medicine before you leave hospital. You may need to wait for this to happen after the doctor has said you can go home.
- Remember to give your medicine key back to your nurse before going home.