

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SELF ADMINISTRATION PROGRAMME

1. INTRODUCTION

- 1.1. Patients wishing to take responsibility for their own medicines shall be entered on the Trust's self-administration programme. Before any patient is started on the self administration of medicines programme there must be agreement from the multidisciplinary team (MDT) that the patient is suitable for the programme and an entry stating this made in the patient's healthcare records.
- 1.2. The risk assessment form ([Annex 1](#)) must be completed and the stage of the programme that the patient should start on agreed. A record should be made in the healthcare records.
- 1.3. The patient must complete and sign the consent form ([Annex 2](#)). The patient may withdraw consent at any time and the programme stopped. A copy of this form should be stored with the prescription and administration card and a copy in the healthcare record.
- 1.4. The programme may be started at any stage depending on the patient's ability. This must be recorded on the front of the prescription chart and dated.
- 1.5. Before a patient moves from one stage to the next there should be an assessment of their progress by the MDT and the risk assessment ([Annex 1](#)) repeated. If a patient is removed from the self administration programme and subsequently recommenced, a new risk assessment must be completed. Pharmacy must be informed of any changes in the self administration status of each patient.
- 1.6. Injections (apart from insulin if likely to be used safely), medicines required for one dose, medicines prescribed in variable doses, controlled drugs and some medicines prescribed "as required" (PRN) will continue to be administered by nursing staff.
- 1.7. 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

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CLPG13-MH - Appendix 16 (July 2017)**

- Patients who have a suspected risk of self-harm
 - Patients on unstable medication regimes
 - Risk factors/circumstances highlighted in the patients' notes which make it unsuitable to enter them into the self-administration programme.
- 1.8. Medicines must be prescribed by the prescriber on a current medicines prescription and administration chart.
- 1.9. 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.
- 1.10. Stock medicines should never be used for patients who are self administering medicines, except if the prescribed medicines have been changed and a supply is awaited from pharmacy. In this case the nurse must administer the medicines.
- 1.11. If a patient on Stage 3 goes on leave they may take their supply of medicines with them preventing the need to write up leave prescriptions. If the quantity of the supply is considered too much then a leave prescription must be obtained in the normal way.
- 1.12. Nurses involved in the supervision of the programme must be registered nurses.
- 1.13. A lockable medicines locker, or other suitable storage approved by the ward 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 in charge considers it necessary in the interests of safety.
- 1.14. Self Administration" should be written in the appropriate section of the medicines prescription and administration chart.
- 1.15. When patients are on stages 1 or 2 of the programme each dose administered must be signed for on the medicines prescription and administration chart by the nurse administering/supervising. Monitoring Form 1 should be completed ([Annex 3](#)).
- 1.16. When patients are on stage 3 the nurse need not sign for administration as it may not have been observed, but enter the amount supplied to the patient across the administration boxes on the medicines prescription and administration chart and complete Monitoring Form 2 ([Annex 4](#)). 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 Monitoring Form 2 ([Annex 4](#)).

**SAFE & SECURE HANDLING OF MEDICINES – ALL STAFF MH
CLPG13-MH - Appendix 16 (July 2017)**

- 1.17. Patients on stage 3 may wish to keep a record of their own medicine administration (See [Annex 5](#)).

2. Stages of the Programme

2.1. Stage 1

2.1.1. Twenty eight days supply of medication for each patient included in the programme will be dispensed by the pharmacy and kept together in a bag. This should be stored in the medicines trolley or drug cupboard.

2.1.2. At the appropriate times the nurse will give the bag containing the entire patient's medication to that patient and supervise the selection and administration of the correct dose(s). Monitoring Form 1 (see [Annex 3](#)) should be completed. The nurse should sign the medicines prescription and administration chart.

2.2. Stage 2

2.2.1. 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. Monitoring Form 1 ([Annex 3](#)) should continue to be used. The nurse should sign the medicines prescription and administration chart.

2.2.2. Patients receiving depot medication will be given an appointment card for their next injection. They will be expected to request their injection from nursing staff at the appropriate time.

2.3. Stage 3

2.3.1. 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 nursing staff.

2.3.2. The pharmacy will dispense an appropriate quantity of medicines for the individual as determined by the multidisciplinary team. This will usually be seven days, but more able patients may join the scheme storing a larger supply. These medicines may be issued to the patient when they go on leave.

2.3.3. Nursing staff should monitor the patient as agreed with the MDT. At agreed time intervals dose counts should be undertaken to ensure that there is a high level of compliance. Monitoring form 2 ([Annex 4](#)) should be completed.

2.3.4. Patients receiving depot medication will be given an appointment card for their next injection. They will be expected to request their injection from nursing staff at the appropriate time.

**SAFE & SECURE HANDLING OF MEDICINES – ALL STAFF MH
CLPG13-MH - Appendix 16 (July 2017)**



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**SELF ADMINISTRATION OF MEDICINES
RISK ASSESSMENT FORM**

Name of patient:	NHS No:
Ward/unit:	Date of Birth:

RISK	Level of Risk	Comments
Patient's mental state is unstable and/or confused (unaware of time and space)		If yes reassess at future date when stable
Patient has a history/risk of drug/ alcohol abuse		
Patient has a history/risk of self-harm		
Patient has a history/risk of non-compliance		
Patient has a history/risk of concealing medicines		If risk identified only consider stage 1 or 2 initially
Patient is likely to give/sell medicines to others		If risk identified only consider stage 1 or 2 initially
Patient is unlikely to keep medicines locked away at all times (stage 3 only)		If risk identified only consider stage 1 or 2 initially
Patient does not understand how to take their medicines and/or cannot read labels on the medicine containers.		
Other risk factors identified (state in comments) e.g. unable to open containers.		

Risk Levels

High	Unlikely to succeed with self-administration programme
Medium	Likely to be successful with high levels of support, maximum stage 2 until risk reduced
Low	Likely to be successful with support
None	Likely to be successful with programme

	Name	Signature	Date
Consultant:			
Nurse/ Keyworker:			
Pharmacist:			

Stage to enter:	MDT approved: Yes / No	Consent completed: Yes / No
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A new risk assessment form needs to be completed before a patient progresses to the next stage of the programme.



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**SELF ADMINISTRATION OF MEDICINES
PATIENT CONSENT FORM**

Name of patient:	NHS No:
Ward/unit:	Date of Birth:

Dear Patient

The multidisciplinary team has decided that you have reached a stage in your treatment where it would be beneficial for you to administer your own medicines. If you consent to this, please sign the box below.

Thank you

Consent

The self-administration scheme has been explained to me and I am willing to take part. I understand that I can withdraw my consent at any time.

Patient signature:
Date:
Witnessed by:
Position:

Withdrawal of consent

I do not wish to remain involved in the self-administration system, and therefore withdraw my consent.

Patient signature:
Date:
Witnessed by:

**SELF ADMINISTRATION OF MEDICINES
MONITORING FORM 1 (Stages 1 and 2)**

Name of Patient:	NHS No:	Date of Birth:	Ward/unit:
Agreed frequency of monitoring:			

WEEK COMMENCING:																												
	MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				SUNDAY			
	B	L	T	N	B	L	T	N	B	L	T	N	B	L	T	N	B	L	T	N	B	L	T	N	B	L	T	N
Requests medication at correct time																												
Reads and understands instructions on containers																												
Selects correct doses																												
Takes medication as instructed																												
Returns medicines to container/bag																												
Initials of observing nurse																												
Comments:																												

SAMPLE - DO NOT USE

Key: I – Independently performs task P = needed Prompting

Stage 1 patients should be supplied with medication at the appropriate time. Nursing staff are reminded the drug chart needs to be completed for stages 1 & 2
Stage 2 patients should request medication at correct time. If the agreed window elapses the patient should be reminded and this should be documented.



SELF ADMINISTRATION OF MEDICINES
MONITORING FORM 2 (Stage 3)

SAMPLE - DO NOT USE

Name of Patient:	NHS No:	Date of Birth:	Ward/unit:
Agreed Frequency of Monitoring:			

Drug form and strength	Date & initials			Date & initials			Date & initials		
	Actual Quantity	Theoretical Quantity	Action	Actual Quantity	Theoretical Quantity	Action	Actual Quantity	Theoretical Quantity	Action

Action Key

0 = No action required, medicine reconcile
2 = dose missed by patient unintentionally

1 = Dose missed on doctor's instruction
3 = dose missed by patient intentionally

The reason (if intentional) and further action taken must be fully documented in the healthcare record



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

SAMPLE - DO NOT USE

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
Breakfast time							
Lunch time							
Tea time							
Night time							

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.