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CLI/POL/143/2019-001

TRUST CORPORATE POLICY **Self-Administration of Medicines (SAM)**			

APPROVING COMMITTEE(S)	Trust Policies Committee	Date approved:	07.03.2019
EFFECTIVE FROM	Date of approval		
DISTRIBUTION	All Ward and Departments		
RELATED DOCUMENTS	Medicines Management Policy Mental Health Capacity Act		
STANDARDS	See reference list at Appendix 5		
OWNER	Pharmacy		
AUTHOR/FURTHER INFORMATION	Clinical Pharmacy Services Lead		
SUPERCEDED DOCUMENTS	Trust Self-Administration of Medicines policy 2015		
REVIEW DUE	Three years from approval		
KEYWORDS	Administration, Medicines, Self, PODs, Patient Own Drugs		
INTRANET LOCATION(S)	http:// [file location]		
Pharmacy shared drive			
Consultation/reviewed by	Paediatric medicines safety meeting Medicines Governance Board Nurse consultation groups (Care of the Elderly, renal, cardiorespiratory & Paediatric) Pharmacist Clinical Leadership Committee Pharmacy Governance Board NMAHP Previous versions have been subject to older MDT consultations.		

SCOPE OF APPLICATION AND EXEMPTIONS	**Included in policy:** For the groups listed, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement. *Individuals exempt from this arrangement include staff employed by the Trust's private sector partners (or seconded to them under the Retention of Employment arrangement) providing Facilities Management services (Capital Hospitals Limited and its Service Providers).*

201901 Self Administration of Medicines (SAM) Policy DRAFT 2.0.doc

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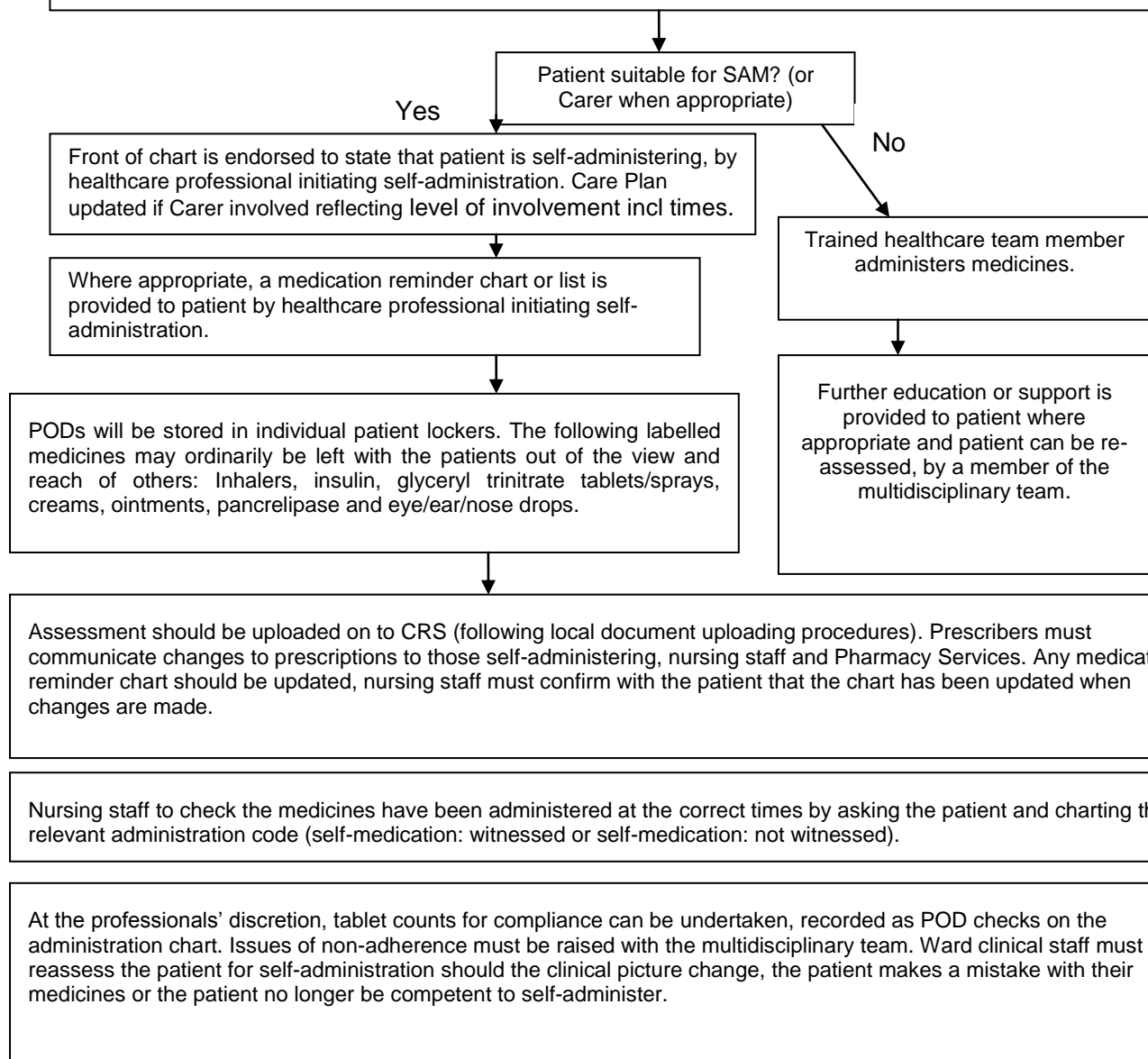## Self-Administration of Medicines (SAM) Policy

1. INTRODUCTION & SCOPE

This document outlines a framework for to support safe self-administration of medicines (SAM) by all appropriate inpatients. It also applies to parents or carers of patients who assume responsibility for this at home and are present with the patient on a regular basis in hospital. Patients should be assessed for self-administration as soon as practicable.

2. PROCESS FLOWCHART

Ward clinical staff should ensure the following are undertaken:
- Registered nurse/midwife, pharmacist, pharmacy technician, or doctor assesses patient's ability for SAM using the assessment tool (see appendix 1).
- Medicines reconciliation completed by pharmacy services or nurse/midwife (as per appendix 2).
- Check patient's own drugs (PODs) for suitability.
- Medication regime is stable, medicines are labelled with directions, and excludes: parenteral medicines (where the patient is untrained) and Schedule 2 Controlled Drugs.

Patient suitable for SAM? (or Carer when appropriate)

Yes

No

Front of chart is endorsed to state that patient is self-administering, by healthcare professional initiating self-administration. Care Plan updated if Carer involved reflecting level of involvement incl times.

Where appropriate, a medication reminder chart or list is provided to patient by healthcare professional initiating self-administration.

PODs will be stored in individual patient lockers. The following labelled medicines may ordinarily be left with the patients out of the view and reach of others: Inhalers, insulin, glyceryl trinitrate tablets/sprays, creams, ointments, pancrelipase and eye/ear/nose drops.

Trained healthcare team member administers medicines.

Further education or support is provided to patient where appropriate and patient can be re-assessed, by a member of the multidisciplinary team.

Assessment should be uploaded on to CRS (following local document uploading procedures). Prescribers must communicate changes to prescriptions to those self-administering, nursing staff and Pharmacy Services. Any medication reminder chart should be updated, nursing staff must confirm with the patient that the chart has been updated when changes are made.

Nursing staff to check the medicines have been administered at the correct times by asking the patient and charting the relevant administration code (self-medication: witnessed or self-medication: not witnessed).

At the professionals' discretion, tablet counts for compliance can be undertaken, recorded as POD checks on the administration chart. Issues of non-adherence must be raised with the multidisciplinary team. Ward clinical staff must reassess the patient for self-administration should the clinical picture change, the patient makes a mistake with their medicines or the patient no longer be competent to self-administer.

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3. RISK MANAGEMENT AND AUDIT

Should a patient approved for self-administration make a mistake they should be reassessed and an incident form completed.

4. DUTIES AND RESPONSIBILITIES

All staff working in the Trust	To adhere to the policy and to work within their professional regulatory bodies standards for practice
Managers	To ensure that all staff are aware of the policy, its contents and that staff within the area are working within the policy framework.
Pharmacists & Pharmacy technicians	To accurately complete medicines reconciliation for patients (apart from wards where there is no routine pharmacy visit)
	To be involved with the education of patients regarding their medicines.
	To ensure the patient has sufficient supply of all medications on the self-administration chart appropriately labelled
	To ensure that any 'patient's own' drugs are suitable for use.
	To ensure that all patients have an adequate supply of medicines on discharge.
	To be involved with the training of nursing, midwifery and pharmacy staff.
	To be involved in the audit of the self-administration program.
	Pharmacy professionals should check the drug chart is endorsed 'Patient Self Administering'.
	To re-dispense or re-label medicines where a change has been made on the drug chart.
	To support assessment of the patient's suitablity for admission onto the SAM scheme.
Registered Nurses/Midwives:	To assess patients to enter the self-administration program.
	To ensure that any 'patients own' drugs are suitable for use when there is no pharmacy professional available.
	To document and inform medical staff of any medicine omissions reported by those patients who are self-administering.
	To check that all medicines are stored securely in the patient's bedside locker.
	To educate the patient about his/her medicines in conjunction with the ward pharmacy team and doctor.
	To inform pharmacy of any changes to the prescribed medication and obtain supply.
	If nursing/midwifery assessment is completed then they should clearly write on the front of the drug chart 'Patient Self Administering'.

Doctors	To inform the patient, nurses/midwives and ward pharmacist (where appropriate) promptly of any alterations made to the drug chart.
	To assess the patient for suitability for admission onto the SAM scheme.
Medicines Safety Team	Medicines Safety Team has oversight of all incidents, trends and variances and escalate as appropriate.

5. MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Medication Incidents	Datix Incident forms	Site based Governance Teams	Monthly	Medicines Safety Team & site MSMC
Assessment of documentation and patients and staff views of the scheme	Each clinical area that introduces self-administration	Clinical Areas	As the scheme is introduced	Network

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APPENDIX 1, **Self-Administration Assessment**
A copy of this should be provided to the patient/carer

Patient Name: **Date of Birth:**

Hospital/NHS Number: **Date:**

Name of Carer (if appropriate):

1. Is the patient (or carer) responsible for the administration of their own medicines in the community? (Including patients under the age of 18 if parent/ carer consent obtained)	YES	**NO**
2. Does the patient (or carer/Independent Mental Capacity Advocate) have current capacity to make decisions about their medicines (Mental Capacity Act)? *Patient must not be under a section of the Mental Health Act.*	YES	**NO**
3. Is the current medicine regime stable (i.e. no daily changes)?	YES	**NO**
4. Is the patient acutely confused or disorientated (e.g. post-op, or due to medications)?	**YES**	NO
5. Does the patient have any history of overdose or is the patient actively at risk of self-harm?	**YES**	NO
6. Can the patient (or carer) understand the medicine labels, and is trained on specific administration techniques (if any)?	YES	**NO**
7. Can the patient (or carer) open and remove medicines from their packaging for use?	YES	**NO**
8. Have arrangements for safe storage of medicines been made?	YES	**NO**
9. Is the patient adherent to their treatment?	YES	**NO**
10. Does the patient (or carer) have any questions about their current medications, or need a professional to go through their new medications/changes with them?	**YES**	NO
Answers in the grey boxes (in bold) preclude self-administration until they are addressed. Contact the service pharmacist or Pharmacy Technician for support.		

I, the patient or carer, agree that:
- I am participating in the self-administration programme which has been explained to me by the assessing healthcare professional.
- I understand that a healthcare professional may withdraw me from the self-administration scheme at any time and I may withdraw myself by informing the nurse looking after me.
- Where I have been given a key to store my own medicines, I will ensure that the key is secure, the locker is kept locked and I will return the key on discharge to the nurse looking after me.
- I will inform the assessing healthcare professional of any previous occasion where I have been unable to take my medicines as agreed, or I have problems with my medicines.
- If I have any questions, issues, or concerns about my medicines or administration of them I will raise them with a member of the healthcare team.

Patient or carer name (*where appropriat*e) **& signature:**

APPENDIX 2, Nurse led medicines reconciliation

Initial medicines histories on admission should be documented in the patient notes (on CRS), or ED booklet.

Medicines reconciliation checks by pharmacy professionals will be documented on the inpatient prescription chart in the designated section.

Always use the most up to date information.

If there are any discrepancies or queries these should be checked through with the prescriber/pharmacist .

Patient details (full name, date of birth, weight, NHS/unit/hospital number, GP, date of admission	
The condition for which the patient was referred (or admitted) plus details of any co-morbidities	
Known medicines allergies and nature of the reaction	
A complete list of all of the medicines currently being taken by the patient	
Dose, frequency, formulation and route of all the medicines listed	
Specific medication to ask about include: Inhalers Warfarin- (see Anticoagulant Clinical Guideline) Eye drops Topical preparations e.g. patches and ointments Once weekly/ monthly medicines e.g. depot injections, patches Injections Over-The-Counter medication purchased	Oral contraceptives Hormone replacement therapy Nebules Home oxygen Herbal/homeopathic preparations Insulin chemotherapy
Additional information for specific drugs e.g. indication for medicines that are for short-term use only (antibiotics), day of week/ date of administration for once weekly/ monthly medication (bisphosphonates, methotrexate, infliximab), or any medicine that has recently been stopped or started	
Medicines management in own home (include details of specific support and phone number of community pharmacist who fills the compliance aid if relevant)	
Sources used (minimum of 2):	
Name, signature and date of practitioner carrying out medicines reconciliation:	

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Appendix 3: Change Log

Change Log – Self Administration of Medicines Policy		
Substantive changes since previous version	Reason for Change	Author & Group(s) approving change(s)
Removal of levels of self-administration and must more simplified process to follow.	Low levels of self-administration in the Trust, restricted by a complicated policy.	

Appendix 4: Impact assessments

Equalities impact checklist

equalities

Organisational impact checklist

Organisational impact assessment

Appendix 5: References

A Spoonful of Sugar, Medicines Management in NHS hospitals, Audit Commission, 2001

The safe and secure handling of medicines: A team approach, Royal Pharmaceutical Society of Great Britain, March 2018. https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

Medicines Optimisation: Helping patients make the most of medicines, Royal Pharmaceutical Society, May 2013. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf