

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Patient Self Administration of Medicines Policy

Version No.:	4.3
Effective From:	07 June 2017
Expiry Date:	07 June 2020
Date Ratified:	05 April 2017
Ratified By:	Medicines Management Governance Committee

1 Introduction

Self-administration of medicines by patients, wherever it is appropriate, is supported by the Nursing and Midwifery Council (NMC) in the document 'Standards for Medicines Management' (2007) as it allows patients to play a central and active part in their drug treatment, just as they would do if at home.

Self-administration of medicines in hospital serves two separate and distinct purposes:

- i) Assessing a patients need for aids or support to manage their medicines.
- OR
- ii) Developing and maintaining a patient's confidence and independence with their medicines (likely to be the majority).

2 Scope

This Policy applies to adult inpatients staying within Trust premises.

The policy must be read in conjunction with the Newcastle upon Tyne Hospitals NHS Foundation Trust [Medicines Policy](#), and applies to all healthcare staff involved in the prescribing, dispensing and administration of medicines to patients.

Controlled drugs and any medications administered via the intramuscular, intravenous or intrathecal route and stat doses of medication are outside the remit of this Policy.

3 Aims

This Policy aims to support staff and ensure that where appropriate all adult in-patients are enabled to self-administer their medications and that patients are adequately assessed, provided with relevant information and supported to self-administer their medicines.

4 Duties Roles and Responsibilities

4.1 Director of Pharmacy

Ensuring the Policy is reviewed every 2 years.

4.2 Nurse in charge of the ward

Ensure that all staff are aware of and when necessary compliant with this Policy.

Ensure that *documented* assessment and *documented* agreement is completed before patient's start self-administering their medicines.

Ensure that patients' self-administration status is recorded on eRecord and an appropriate record is made each time a patient self-administers a medicine (see appendix A)

4.3 Admitting Nurse

The admitting nurse has the responsibility for ascertaining during the completion of the admission documentation whether the patient would like to self-administer their medications whilst they are in hospital.

4.4 Nursing Staff

- 4.4.1 Must assess all patients who have expressed an interest in self administration (using the form in appendix B). A pharmacist or appropriately trained pharmacy technician can also perform this assessment. The completed assessment form must be filed in the patient's notes.
- 4.4.2 Provide an information leaflet on self-administration to patients who are suitable for participation in the scheme (Appendix C).
- 4.4.3 Ensure the patient agreement form (appendix D) has been completed and the patient is fully aware of medicine security requirements before commencing self-administration. The completed agreement form must be filed in the patient's notes.
- 4.4.4 Record the patient's self-administration status on eRecord (see appendix A)
- 4.4.5 Ensure an appropriate record is made on eRecord each time a patient self-administers a medicine (see appendix A)
- 4.4.6 Inform medical staff and the ward pharmacy team, if applicable, that a patient has been assessed and is going to participate in the self-administration scheme.
- 4.4.7 Establish if the patient has taken their medicines at the appropriate time by asking explicitly about each medicine individually by name ("How many xxxxx did you take and when?").
- 4.4.8 Ensure significant changes in the patient's condition/treatment are taken into consideration when considering the patient's ability to participate in the scheme, particularly peri-operatively or at times of acute illness.
- 4.4.9 Inform medical and pharmacy staff, if applicable of any significant changes in the patient's condition which impacts on their ability to self-administer their medicines.

- 4.4.10 Complete an incident report (DATIX) for any untoward incident that occurs during self-administration.
- 4.4.11 Ensure that the bedside medication locker key is taken back at the point of discharge.
- 4.4.12 The nurse must observe the patient for any signs of adverse reactions, and monitor the effectiveness of medicines as (s)he would for any other patient.

4.5 Doctor/nurse prescribers

- 4.5.1 Ensure the medication regime is simplified whenever possible.
- 4.5.2 Inform patient's when they make any changes to their medicines.
- 4.5.3 Inform nursing staff of any changes to the patient's medication (see prompt in part C of see appendix A)
- 4.5.4 Inform patient of any proposed change to the medication
- 4.5.5 Inform nursing staff of any deterioration in the condition / capacity of a patient to self-administer their medicine.

4.6 Pharmacy Staff

- 4.6.1 Ensure the medication regime is simplified whenever possible.
- 4.6.2 Ensure the patient receives appropriate information about their medications in a version which is suitable to them.
- 4.6.3 If requested, undertake an assessment of the patient's ability to self-administer their medicines. If the patient is deemed suitable for self-administration ensure a completed 'Patient assessment form' (appendix B) and a 'Patient agreement form' (appendix D) are filed in the patient's medical notes. Also ensure nursing staff record the patients self-administration status on eRecord (appendix A).
- 4.6.4 Help ensure the patient has appropriately labelled medicines available to support self-medication.
- 4.6.5 Provide medication aids, or prompt cards (medicine reminder charts) for individual patients if deemed appropriate.
- 4.6.6 Inform the nurse and medical staff if a deterioration in the condition or capacity of a patient is observed.

5 Definitions

- 5.1. **Self-administration** is defined as when a patient takes responsibility for the administration and safe custody of all their own medicines (or for topical /

inhaled medicines listed in appendix E) following assessment and where necessary, education. Patients must not self-administer any medicines unless they have been assessed competent and are in agreement that they will do so. The assessment (appendix B) and agreement forms (appendix D) that must be completed and filed in the patient's notes are appended to this policy.

5.2 Drug charts are inpatient prescription charts and may be electronic or paper type. Note - some patients have both types concurrently; paper charts must always be referenced as directed by the Medicines Policy. An administration must not be recorded (electronically or on paper) as 'Self-Administered' unless an assessment and consent form have been completed and filed in the patient's notes as outlined in this Policy.

6 Process for assessing patients for self-administration of medication

6.1 On Admission

6.1.1 On admission, the admitting nurse should advise potential self-medicating patients of the self-administration scheme.

6.1.2 Inclusion criteria

- Patients who were responsible for taking their medicines prior to admission
- Patients who will have responsibility for taking their medication on discharge
- Wards/Units with secure medicine storage facilities (e.g. bedside medication lockers).

6.1.3 Exclusion criteria

- Children (and their carers)
- Patient's using monitored dosage systems (e.g. medibox)
- Patients at risk of self-harm (this includes patients with a history of drug abuse)
- Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005)
- Medically unstable patients

6.2 Initial Assessment to Self-Administer

6.2.1 All patients who ask to self-administer must be provided with an information leaflet (appendix C).

6.2.2 An assessment using the form in appendix B must be undertaken by either a ward nurse, pharmacist/technician or medical staff and the completed form must be filed in the patients notes.

6.2.3 For patients deemed suitable for self-medication a consent form (appendix D) must be completed and signed by the patient before any medications are self-administered. The completed form must be filed in the patients notes. A record of the patient's self-administration status must be included on eRecord (see appendix A)

6.3 Custody of Medicines

- 6.3.1 Patient deemed competent / appropriate to self-administer their medicines must be provided with a key to their bedside medication locker. The registered nurse will hold a master key for each cabinet. It is the responsibility of the patient and the discharging nurse to ensure any keys are returned to the ward prior to discharge from hospital.
- 6.3.2 All medicines must be stored in a locked medicine cupboard with the exception of the medicines listed below which must be kept close to the patient:
- Glyceryl trinitrate sprays
 - Reliever inhalers (e.g. Salbutamol or Terbutaline)

6.4 Medication checks required prior to patient self-administration

- 6.4.1 Checking Patients' Own Medications
Patients' own medications must be checked by the registered nurse in accordance with the ['Use of Patients' Own Drugs Policy'](#).
- 6.4.2 Where patients' own medications are not used for self-administration they must be stored away from the patient. If deemed appropriate they can be returned to the patient or sent to pharmacy for destruction when the patient is discharged.
- 6.4.3 Checking Medications from Pharmacy
Nursing staff will check medication on arrival from Pharmacy. If the dosage on the label is not what the patient is currently taking the patient cannot self-medicate that medicine until it has been re-labelled.

6.5 Ongoing Observation & Assessment of Self-Medicating Patients

- 6.5.1 Continuous assessment is required to ensure patients maintain their level of competence. If a patient's competence has changed this must be recorded on the Self Administration Patient Assessment (Appendix B) and if appropriate their bedside medication locker key should be taken off them and they should not be allowed to self-medicate.
- 6.5.2 During nursing hand-over the competence of patient's self-medication must be discussed.
- 6.5.3 Surgical Patients - Patients assessed as competent may administer their own medications preoperatively. However, they must receive clear instructions on which drugs to take on the day of surgery by medical, surgical and nursing staff. Patients must hand over their medication locker key when they become nil by mouth. The key may be returned to the patient when they recover from surgery and become competent again.

6.5.4 Patients will be removed from the scheme if they are consistently unable to self-administer despite multiple attempts, counselling, education and support. Reasons for discontinuation must be recorded in the patient's medical notes. Multidisciplinary discussion should subsequently establish how to ensure the patient takes the medicines they require post discharge.

6.6 Guidance on actions to take if a patient makes a self-administration mistake

6.6.1 If the patient makes an error, the nurse, pharmacist or pharmacy technician who discovers it must inform the patient's doctor immediately.

6.6.2 Establish the cause of the error by questioning the patient and looking at their medicines.

6.6.3 Take steps to reduce the chance of the error happening again (for example: patient education, changing the directions on the medicine label) and consider whether it would be safer to stop the patient self-medicating.

6.6.4 Complete a DATIX report about the error being explicit about why the error occurred and what can be learned from it.

6.7 Medications omitted from inclusion in self-administration

6.7.1 The following medications are always excluded from self-administration schemes:

- Controlled Drugs
- 'Once only' medicines
- Any medications administered via the intramuscular or intrathecal route
- Any medication administered by the intravenous route unless the patient has completed a formal competency assessment under the supervision of an appropriate health care profession which has been documented in the patients notes
- Any medication which requires special storage conditions or refrigeration

6.7.2 Careful consideration should be given to medications that require frequent dose changes e.g. warfarin.

6.8 Administration

Patients will be responsible for taking their medication, however nursing staff will verbally confirm each medicine individually with the patient and the dose taken ("How many xxxxx did you take and when?") and record on e-record that the patient has self-administered.

6.9 Prescribing

- 6.9.1 When a new drug is prescribed or a dose changed, the doctor will advise the patient and nursing staff.
- 6.9.2 When a drug is discontinued, the doctor will advise the patient and nursing staff.

6.10 Dispensing

Where further supplies of a drug are required pharmacy staff must be contacted.

6.11 Discharge

A competent member of staff (pharmacist, pharmacy technician or nurse trained by pharmacy in the assessment of patients own drugs) must assess if the patient's current self-administration supplies are suitable for discharge, or whether further supplies should be issued by Pharmacy.

7 Training

- 7.1 The person responsible for the ward or department must ensure that all staff engaged in a self-administration scheme have been trained and can easily find this Policy for reference purposes.
- 7.2 Reading the policy is considered adequate training for competent staff however further support for staff will be provided by pharmacy staff on request.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Patient Self Administration	An audit will be undertaken in authorised areas using eRecord to establish: 9.1 If Patient Self-Administered has been recorded correctly 9.2 Whether assessment and consent forms have been completed and filed	Pharmacy Staff	Medicines Management Committee	Annually

10 Consultation and review

Lead Clinical Pharmacist for Older People's Medicine, Assistant Director of Pharmacy (Governance), Medicine directorate, in collaboration with Clinical Governance and Risk Department and the Heads of Nursing and their nominated representatives and the Medicines Management Committee.

11 Implementation

Policy briefing at the Matrons Forum and the Senior Sisters Forum.
Policy briefing within Pharmacy.

12 References

- NMC (2008) The Code
- NMC (2007) Standards for Medicines Management (reformatted 2010)
- NHSLA (2010) Risk Management Standards for Acute Trusts, Primary Care Trusts and Independent sector Providers of NHS Care.

13 Associated documents

- [Medicine Policy - Newcastle upon Tyne Hospitals NHS Foundation Trust](#)
- [Use of Patients' Own Drugs Policy'](#)

Appendix A

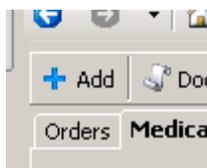
Recording patient self-administration on eRecord

This document describes how **A)** to record on eRecord that a patient has been assessed as competent and consented to self-administer their medicines as outlined in the Patient Self Administration of Medicines Policy and **B)** to record on the drug chart that a patient has self-administered a medicine. For information it also **C)** shows the supplementary alerts seen by prescribers.

A) Recording self-administration status.

1) Log-on to PowerChart and access patient's record for the admission.

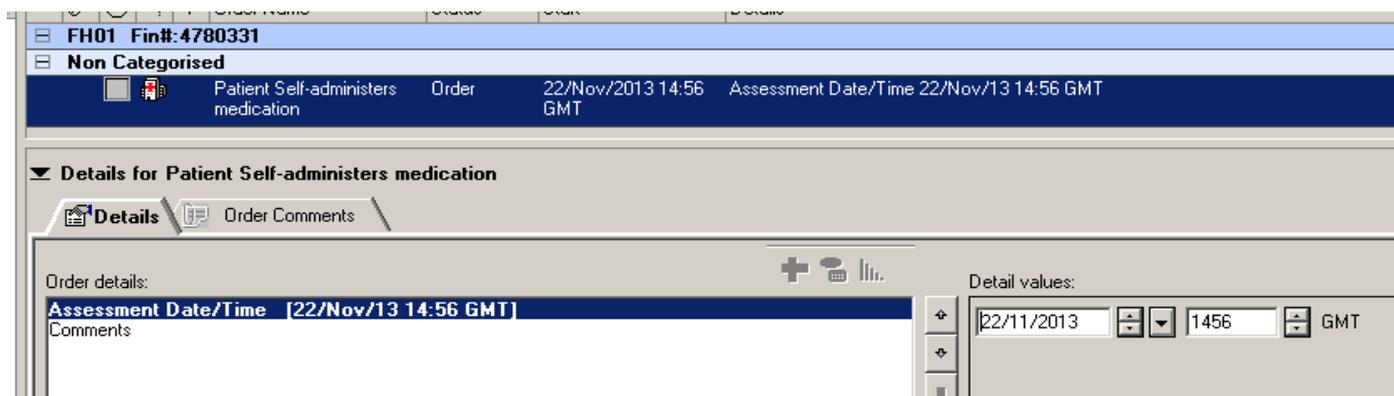
2) Access "Orders" or "Medication list" and click on ADD



3) Search for and click on "Patient self-administers medication" then click on "Done"



4) Enter the assessment date and time (defaults to today and now) record any comments



5) Click on "Ok" to sign.

6) The order will be listed in the "Orders" tab under "non-categorised"

Start	Order Name	Details	Status
Non Categorised			
22/Nov/2013 14:56 GMT	Patient Self-administers med...	Assessment Date/Time 22/Nov/13 14:56:00 GMT	Ordered
Medications			

7) Unless cancelled this will remain active for the remainder of the admission.

8) If the patient's self-administration status alters the order may be cancelled by highlighting the order, right clicking and selecting CANCEL/DC.

B) Recording self-administration on the drug chart

- 1) Access the drug chart and click on the required dose box. The dose administration screen opens

Paracetamol: ZZZTEST, CATIE

Paracetamol
DOSE: 500 mg, oral, Start date 22/Nov/13 18:00:00 GMT. Each dose must be taken 4 to 6 hours apart.

*Performed date/time: 22/11/2013 1449 GMT
*Performed by: Heed, Andrew
Witnessed by:

Pt Self Administer [Trend](#)

*Paracetamol 500 mg Volume: 0 ml
Diluent: <none> ml
*Route: oral Site:
Total Volume: 0 Infused Over: 0

22/Nov/2013 1300 GMT	22/Nov/2013 1400 GMT	22/Nov/2013 1500 GMT	22/Nov/2013 1600 GMT	22/Nov/2013 1700 GMT
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Not Given
Reason:
Comment

- 2) If the patient has not self-administered the medication, leave the “Pt self admin” section blank.

Pt Self Administer

- 3) If the patient has self-administered a medication under prompting e.g. Inhaler, eye drop, creams select “YES – prompted” from the drop down list.

Pt Self Administer Yes - prompted [Trend](#)

- 4) If the patient has been assessed as competent to self-administer and confirms that the medication has been taken select “Yes – unwitnessed” from the drop down box.

Pt Self Administer Yes - unwitnessed [Trend](#)

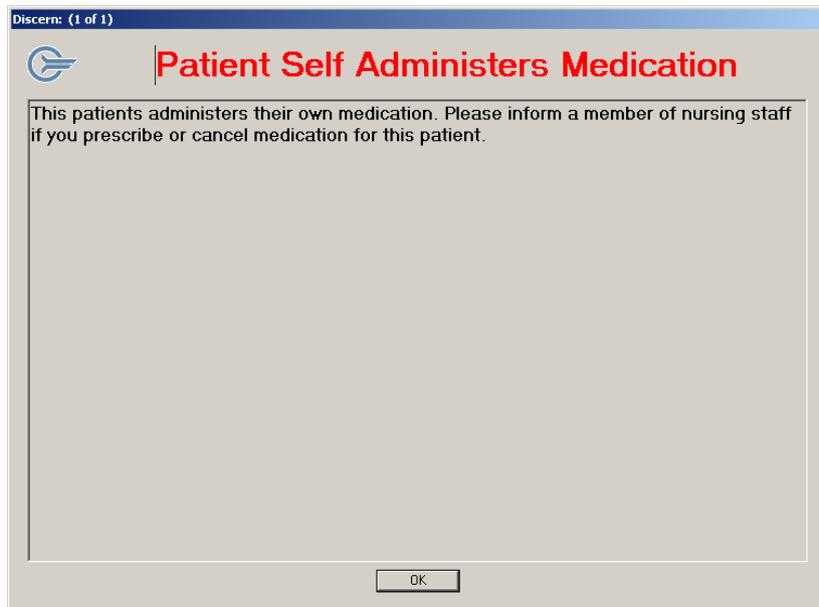
- 5) Click on the green tick to sign the administration record
- 6) The dose details and “Pt self admin” type is recorded on the drug chart.

500 mg oral Auth (Ve
Yes - prompted Auth

- 7) To modify a record, hover over the dose record, right click and select modify, this will permit changes to the recorded details.

C) Supplementary Alerts.

It is important that any changes in medication are brought to the attention of nursing staff. The following alert will appear when a prescriber adds a new medicine and the patient has an active record of "Patient self-administers medication". To prevent excess pop-up, the alert will self limit for 20 minutes per patient per prescriber.



Patient Self-Medication Assessment Form

Patient ID Label

Ward:
 Consultant:

		YES	NO
Q1	Is the patient able and willing to administer and safely store all of their medications (or topical / inhaled medicines listed in appendix E), excluding CD's or other medication which cannot be stored at the patient's bedside, whilst in hospital?		
Q2	Does the patient usually administer his or her own medication?		
Q3	Does the patient know which medicines they are taking and what they are for?		
Q4	Can the patient read the labels and identify each medication and are they correctly labelled?		
Q5	Has the patient brought a supply of their own medication into hospital? If so, is the patient's own medication suitable for use in accordance with the Trusts "Medicines Policy"? http://intranet.xnuth.nhs.uk/Policies/drugs/MedicinePolicy201308.pdf		



Completed by (Print name and sign):

Date and Time:

Date and Time self administration stopped (if applicable):

Name and signature:

Appendix C

Information Sheet for Self-Administration of Medicines

The Trust recognises that some patients prefer to administer their own medications whilst in hospital. The self-administration of medicines programme enables patients to retain the responsibility for taking their own medicines whilst in hospital through safe medicines management. However we need to ensure that this is safe and document that this has been assessed and agreed with you.

The aim is to establish a routine for medication administration, which can enable you to continue a regime which you were following prior to your admission or help to establish a routine which can be continued on discharge from hospital. The programme also seeks to identify and resolve any problems with your medication regime before you leave hospital. You will be assessed by a nurse (or member of pharmacy staff) who will make sure you are able to take your medicines safely. You need to be aware of the following information about your drugs if you are to self-medicate.

- Name of medication
- Dose to be taken and duration of treatment.
- Purpose of medicine.
- Possible side effects and special instructions.

Any changes in your medication will be communicated to you by your doctor or nurse. Your medicines will be stored in a locked cabinet at your bedside.

When you and your nurse agree that you are able to self-medicate, you will be given the key to the medicine cabinet. You must make sure that the key is kept on your person at all times and the medicine cabinet is locked whenever you are not using it.

You will then be able to be responsible for taking your medication at appropriate times without supervision.

We will also need you to be responsible for making sure you do not run out of your medication – please let your nurse or ward pharmacist know three days in advance if you require a new supply.

The nurse will regularly ask you if you have taken your medication(s) and will be able to help with any problems that occur. The nurses or doctors will tell you if there have been any changes to your medication. If you have difficulty taking your medication or no longer wish to self-medicate, you can withdraw from the programme at any time. The nursing team will then administer your medication.

For various reasons there are some medications which cannot be self-administered whilst in hospital. This includes certain drugs like morphine which have legal requirements regarding their storage, or where they need to be stored in the Ward Drug Fridge.

Important information

Not all patients are suitable for self-medication. For example, patients on complicated regimes may not be suitable, and some patients may become unsuitable for example if they become confused or drowsy, or too tired, please do let us know if you wish to stop self-medicating as we are very happy to resume responsibility for administration.

All patient self-medication is at the discretion of the senior nurse on duty.

Appendix D

Patient agreement for self-administration of medicine

Patient		
Unit No.	DOB.	
Consultant	Ward	Hosp.

Use patient sticker
if available

The self-administration scheme has been explained to me and I have had the chance to ask questions.	Yes / No
I have read the information leaflet provided.	Yes / No
I understand 1. I must keep all medicines safely locked away (tablets, syrups, eye drops, patches, creams, inhalers). If there is a medicine I may need urgently (e.g. spray or inhaler) I can keep it on my person, out of sight. 2. I must have the key, I must keep it on my person at all times. 3. I must hand the key to the nurse before I go home.	Yes / No Yes / No Yes / No
I understand that the nurses may have to take over the administration of medicines if I am not able to do it safely for any reason.	Yes / No
I understand that I can stop self-administering my medicines if I want to. If I want to stop I will tell a member of staff.	Yes / No

I agree to take part in the self-administration programme

Patient's signature Date

Carer's signature (if applicable) Date

Healthcare practitioner witnessing signature(s)

Signature Date

Name (BLOCK capitals) Job title

Appendix E

Topical medicines that can be self-administered even if it is not deemed appropriate to self-administer all medicines (documented assessment, documented agreement and administration records as outlined in this Policy must still be adhered to)

Inhalers

Cream / ointments

Eye drops / ear drops

Nasal sprays

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**

Policy	<input checked="" type="checkbox"/>	Strategy	<input type="checkbox"/>	Service	<input type="checkbox"/>
Is this:	New	Revised	<input checked="" type="checkbox"/>		
Who is affected	Employees	Service Users	<input checked="" type="checkbox"/>	Wider Community	<input type="checkbox"/>
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	Staff are expected to comply with policy irrespective of their race / ethnic origin.	No	No
Sex (male/ female)	Staff are expected to comply with policy irrespective of their sex.	No	No
Religion and Belief	Staff are expected to comply with policy irrespective of their religion and belief.	No	No
Sexual orientation including lesbian, gay and bisexual people	Staff are expected to comply with policy irrespective of their sexual orientation.	No	No
Age	Staff are expected to comply with policy irrespective of their age.	No	No
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Patients with learning difficulties, sensory impairment and mental health issues will be assessed as outlined in this policy but may not be allowed to self-administer their own medicines. This is appropriate from a safety and security perspective.	Patients with learning difficulties, sensory impairment and mental health may be excluded from the policy; this is on the grounds of safety and security.	No
Gender Re-assignment	Staff who have had gender re-assignment are expected to comply with policy.	No	No
Marriage and Civil Partnership	Staff are expected to comply with policy whether they are married, in a civil partnership or single.	No	No
Maternity / Pregnancy	Staff are expected to comply with policy when pregnant.	No	No

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No.

PART 2

Name:

Steven Brice

Date of completion:

30.5.17

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)