

Self-administration of medicines programme for inpatients



Purpose of this procedure:

The benefits of self-administration are:

- Improves patient knowledge regarding their medicines
- Maintains patient independence
- Improves communication between professionals
- Helps to ensure that medicines are taken at the right time
- Enables timely discussion of changes to patients' medicines
- Encourages familiarity with medicines
- Is an integral part of rehabilitation
- Increases patient empowerment
- Identifies patients with problems understanding and/or managing their medicines
- Improves awareness of patients ability to cope with medicines on the ward and identifies support needs for discharge
- Improves medicine compliance after discharge

The aims of the self-administration programme are:

- To establish a standard process for determining the ability of patients to take their own medication reliably and safely.
- To encourage patients to be more independent and take responsibility for their own medication within their individual limitations.
- To assess patient compliance and concordance, and where necessary improve this through education by supporting self administration.
- To ensure that where appropriate, all patients should be considered and assessed for the self administration programme.

The Procedure:

1.0 Patient selection

1.1 The multidisciplinary team who have the appropriate knowledge of the patients' medical, psychiatric, and social history must decide if the patient is suitable. This team normally consists of:

- Patient
- Registered Nurse
- Pharmacist
- Patients' Consultant

1.2 The multidisciplinary team will decide if the patient is suitable to self-administer and at what level they will enter the programme. The multidisciplinary team assessing the patient for the self-administration programme must be aware of the risks involved for each individual patient.

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- 1.3 Patients' should be stable on their current medication, but have the ability to accept responsibility for any changes to their medicine regime.
- 1.4 The registered nurse will be responsible for co-ordinating the programme for each individual patient and will liaise with pharmacy and medical staff as to the patients' progress.
- 1.5 Staff must have knowledge of NHS Lothian policies concerning the ordering, storage and safe administration of medicines.
- 1.6 Respite Patients who self administer at home may also be considered for the self administration programme.

2.0 Teaching and supervision

- 2.1 Each patient is an individual. Should patients require education and instruction on their medicines this will be a personalised teaching strategy which is tailored to their needs.
- 2.2 All patients should receive verbal information regarding the correct use of their medicines before commencing a self-administration programme. Knowledge should be checked and information reinforced throughout the programme.

3.0 Self administration process

3.1 Assessment

- 3.1.1 When a patient is considered suitable for the self-administration programme an assessment form must be completed by a member of the multidisciplinary team. The completed assessment form must be filed in the patient's healthcare record. The assessment form must also indicate at what level the patient will commence the self-administration programme.

3.2 Patient information card

- 3.2.1 Patients' selected for the self-administration programme will be issued with an information card which they must read prior to signing the consent form.

3.3 Consent and information card

- 3.3.1 Patients should where appropriate read the information card about the self-administration programme and the nurse or pharmacist should supplement this verbally before obtaining written consent. Consideration must be given to patients with communication difficulties to ensure that they understand the information.
- 3.3.2 Written consent must be obtained prior to commencing the self administration programme. If the patient is not competent to give consent, the team may decide to commence the programme

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on their behalf. This must be fully documented in the patients' healthcare records. Usually, such a decision is lawful providing it is in the patients' best interest. Legal advice must be sought wherever there is any doubt about a proposal. Consent can be withdrawn by the patient at any time during their hospital stay. Where appropriate the patient should sign the consent form which is witnessed by the nurse or pharmacist and is retained in the patients' healthcare records.

4.0 Levels of self-administration programme

- 4.1 There are three levels of the self-administration programme. Patients will normally commence at level 1 and progress through each level up to level 3.
- 4.2 The nurse in charge of the patient can decide to suspend or return the patient to a previous level of the programme at any time of day or night. This action and the patients' current level must be recorded on the patient care plan and reviewed at the next multidisciplinary team meeting.
- 4.3. Patients' levels should be reviewed on a daily basis for continuation on the self-administration programme and the level documented on the patients' care plans.
- 4.4 **Level 1** - The nurse administers the medicines while educating and informing the patient in order to help them progress to level 2 (if appropriate). The cabinet key must not be given to the patient at level 1. The nurse takes full responsibility for storage and security of medicines. The nurse will check and record each medicine taken and sign the prescription and administration chart when the medicine has been administered.
- 4.5 **Level 2** -The nurse is responsible for the safe storage of the medicines. The patient is assessed as being able to request and select their own medicines for self-administration at the appropriate times whilst being monitored by the nurse. The cabinet key may be given to the patient at level 2. In areas where there is a clinical risk in the patient having the key the patient must request the key from the nurse. The nurse records the administration on the prescription and administration chart.
- 4.6 **Level 3** - The patient is assessed as being able to administer medicines on their own without observation or supervision from a nurse. The cabinet key may be given to the patient at level 3. In areas where there is a clinical risk in the patient having the key the patient must request the key from the nurse. In areas where One Stop Dispensing has not been introduced and where patients' have reached level 3 patients' medicines should be stored in a locked cupboard and the patient should request their medicines at the appropriate times from the nurse. The patient must record each medicine administration by signing their prescription and administration chart.

5.0 Storage of medicines

- 5.1 A lockable secure cabinet should be available for each patient to store their medication from level 3 of the programme. Areas where One Stop Dispensing has not been introduced and where patients' have reached level 3 should store patients' medicines in a locked cupboard and a request made by the patient to nursing staff to source their medicines as the required times.

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5.2 Respite patients who are assessed as suitable to self administer but do not have a bedside cabinet will be issued their medicines from the medicine trolley by nursing staff at the required times.

6.0 Individual keys

6.1 Patients assessed as suitable to self-administer and who have reached level 3 of the self-administration programme, if appropriate, can be given custody of their medicines and responsibility for the individual key to their cabinet. Patients should keep the key out of sight on their person. A daily check should be made of patient held keys to confirm their continued safe storage. The nurse discharging the patient from the ward is responsible for retrieving the key from the patient.

6.2 In areas where there is a clinical risk if the patients has the key, the patient must request the key from the nurse.

6.3 Duplicate keys for the individual lockers will be held in the designated key cupboard within the appropriate ward.

6.4 When patients are not self-administering medicines, the individual locker key should be locked in the designated key cupboard.

6.5 Patients who are assessed as suitable to self medicate but do not have a bedside cabinet will be issued their medicines from the medicine trolley by nursing staff at the required times.

7.0 Patient care plan

7.1 Patients participating in the self-administration programme must be assessed by the nurse each day for their ability to continue, this must be documented in the patient's care plan.

- During the daily check the nurse must:
- Check the prescription for changes and ensure medicines are labelled appropriately
- Assess if the patient's ability to self-administer at the same level has changed
- Discuss the medicine regime with the patient to confirm their understanding
- For patients at level 3 the nurse must check that the prescription and administration chart has been filled in appropriately by the patient

7.2 Patients who find it difficult to record any medicine administration must be supported by nursing staff and their level reviewed.

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8.0 Medicine supplies

8.1 Medicine supplies for self-administration must be individually labelled for patients. Unlabelled medicines must never be used for self-administration. All patient medicines must be checked against the current prescription and administration chart.

9.0 One stop dispensing areas

9.1 The nurse must check that the medication stored in the patient's medicine cabinet is appropriate for use.

9.2 The patient's name and directions on any over-labelled medicines (pre-pack) used must be completed and correspond to what is prescribed on the current prescription and administration chart. In the event of a discrepancy medicines can be supplied in one of two ways;

- Over-labelled medicine supply (pre-pack) from the ward
- An Individual Patient Supply (IPS) ordered from Pharmacy

9.3 The quantity of medicines stored in the patient's cabinet must be assessed on an individual basis for self-administering patients. In areas where there is a clinical risk of larger quantities of medicines being stored in the patient's cabinet smaller supplies may be requested from Pharmacy.

10.0 Non one stop dispensing areas

10.1 As no over-labelled medicines are available in these areas the prescription and administration chart should be sent to Pharmacy detailing all the medication required by the patient to self-administer on the ward.

10.2 Any specific requests, for example large print labels or other aids to support patients with reading difficulties, should be written on the prescription and administration chart.

11.0 Relabelling of medicines

11.1 Relabelling of a medicine may only be carried out at the discretion of the clinical pharmacist.

12.0 Multi-compartment compliance aids

12.1 Requests for multi-compartment compliance aids should be discussed with the clinical pharmacy team and local protocol should be followed for individual areas.

Associated materials/references:

The Safe Use of Medicines Policy

Royal Edinburgh and Community Healthcare Partnership Hospitals Assessment Booklet

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/SelfAdministrationOfMedicinesByPatientsInHospital/Documents/Self%20Administration%20Assessment%20booklet%20doc%20_2_.pdf

Royal Edinburgh and Community Healthcare Partnership Hospitals Patient Information Sheet

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/SelfAdministrationOfMedicinesByPatientsInHospital/Documents/Patient%20Information%20sheet%20doc%20_2_.pdf

Royal Edinburgh and Community Healthcare Partnership Hospitals Medicine Reminder Sheet

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/SelfAdministrationOfMedicinesByPatientsInHospital/Documents/Medicine%20Reminder%20sheet%20doc%20_2_.pdf

Royal Edinburgh and Community Healthcare Partnership Hospitals Self Administration guidance notes

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/SelfAdministrationOfMedicinesByPatientsInHospital/Documents/Self%20Administration%20guidance%20notes%20doc%20_2_.pdf