

Self-administration of medicines programme for inpatients



Purpose of this procedure:

The aim of the self-administration of medicines programme for inpatients is to establish a standard procedure that supports patients to safely assume partial or full responsibility for the administration of their medicines while in hospital. The roles and responsibilities of the multidisciplinary team and the patients are clearly defined.

The programme allows the multidisciplinary team to:

- determine the ability of patients to take their own medicines reliably and safely.
- encourage patients to be more independent and take responsibility for their own medicines within their individual limitations.
- assess patient compliance with and understanding of their medicines, and where necessary improve this through education and by supporting self-administration.
- Identifies medicine support needs that may be required after discharge from hospital.

Previously this NHS Lothian self-administration of medicines programme for inpatients was described as levels 1 to 3 but this can cause confusion with council led medicine administration support systems which are described in levels 1-3. Therefore, the NHS Lothian self-administration programme for inpatients is now described in stages 1 to 3.

The self-administration of medicines programme is often established by specialist teams where it is vital that patients understand and continue to take their medicines after discharge, e.g. after organ transplant. There may also be ad hoc requests from patients to retain responsibility for administration of their own medicines whilst an inpatient.

Clinical teams using this programme, as part of established regular practice, should develop more detailed bespoke guidance based on this programme for their clinical area. An excellent example can be found here. [REAS Self Administration of Medicines In Hospital](#)

The Procedure:

1.0 Patient selection

1.1 The multidisciplinary team who have the appropriate knowledge of the patient's medical and social history and details of their cognitive assessment must decide if the patient is suitable. This team normally consists of:

- Patient +/-carers
- Registered nurse
- Pharmacist or appropriately trained pharmacy technician
- Consultant

- 1.2 The multidisciplinary team will decide if the patient is suitable to self-administer medicines and at what stage they will enter the programme. Section 4 of this procedure explains the 3 stages of the medicine self-administration programme. The multidisciplinary team assessing the patient for the self-administration of medicines programme must be aware of the risks involved for each individual patient.
- 1.3 Patients should be stable on their current medicines but should also have the ability to understand and deal with 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 patient's progress.
- 1.5 Staff must have knowledge of NHS Lothian safe use of medicines procedures concerning the ordering, storage, and safe administration of medicines.

2.0 Teaching and supervision

- 2.1 Each patient is an individual. Education and instruction on their medicines must be a personalised teaching strategy which is tailored to their needs.
- 2.2 All patients should receive verbal and where available written 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 must be completed by a member of the multidisciplinary team. The completed assessment must be fully documented in the patient's paper or electronic healthcare record and indicate at what stage the patient will commence the self-administration programme. Some specialist areas have developed bespoke assessment templates, and an excellent example can be found here. [REAS Self Administration of Medicines In Hospital](#)

3.2 Patient information

- 3.2.1 Patients selected for the medicine self-administration programme should be issued with written information about the programme which they must read prior to commencing the programme. A sample patient information sheet is available here. [Self-Administration of Medicines in Hospital](#)

3.3 Consent

- 3.3.1 Patients should read the patient information sheet about the medicine self-administration programme and the registered nurse, pharmacist, or pharmacy technician should supplement this verbally before obtaining consent. Consideration must be given to patients with communication difficulties to ensure that they understand the information.

3.3.2 Verbal consent must be obtained prior to commencing stages 1 or 2 of the self-administration programme. Patients on stage 3 of the self-administration programme must provide written consent as they are taking responsibility for the safe and secure storage of the medicines and a lockable medicine cabinet key. A signed and witnessed paper consent form should be obtained for this and filed in the patients notes and an entry recorded in the patient's paper or electronic healthcare record by the person witnessing consent. A sample consent form is available here. [Self-administration of Medicines Programme for Patients in Hospital Consent Form](#)

3.3.3 Consent can be withdrawn by the patient at any time during their hospital stay.

3.4 Labelled medicines supplies

3.4.1 Medicines used for all stages of the self-administration programme must be labelled for the individual patient with instructions that match exactly the paper or electronic prescription and administration record.

3.4.2 The registered nurse should check at every medicine round that the instructions still match and check for any newly started or discontinued medicines.

3.4.3 Any unlabelled medicines must be administered by the registered nurse.

3.4.4 Refer to section 6 of this procedure for further information.

3.5 Storage of medicines

3.5.1 A lockable medicine cabinet should preferably be available for each patient on the medicine self-administration programme.

3.5.2 In areas where patients' lockable medicine cabinets have not been introduced, the patients' medicines must be stored in a locked cupboard in the ward medicine storage area.

3.5.3 The storage requirements for schedule 2 or 3, subject to safe custody, CDs, for patients on the medicine self-administration programme are outlined below. The more detailed requirements are in section 4.0 and are dependent on the stage of the medicine self-administration programme being followed.

- Stage 1 - stored in the ward CD cabinet.
- Stage 2 - stored in the ward CD cabinet.
- Stage 3 - stored in the patient's lockable medicine cabinet.

4.0 Stages of the medicine self-administration programme

4.1 There are three stages of the medicine self-administration programme. Patients will normally commence at stage 1 and progress through each stage up to stage 3.

4.2 The registered nurse in charge of the patient can decide to suspend or return the patient to a previous stage of the programme at any time. This action and the patient's current stage must be recorded on the patient care plan, communicated to all relevant staff members, and reviewed at the next multidisciplinary team meeting.

- 4.3 The patient's stage should be reviewed daily for continuation on the medicine self-administration programme and the stage documented in the patient's care plan in the paper or electronic healthcare record.
- 4.4 **Stage 1: The registered nurse administers the medicines**
- 4.4.1 The registered nurse administers the medicines while educating and informing the patient to help them progress to stage 2 (if appropriate).
- 4.4.2 The patient is given the opportunity to demonstrate that they can manage to take their medicines, e.g. read labels, open packaging, understand when and how to take them.
- 4.4.3 The registered nurse must check and record each medicine administered on the paper or electronic prescription and administration record.
- 4.4.4 The registered nurse takes full responsibility for the storage and security of medicines.
- 4.4.5 The patient's lockable medicine cabinet key must never be given to the patient at stage 1.
- 4.4.6 If a patient is prescribed schedule 2 or 3, subject to safe custody, controlled drugs (CDs), these must be labelled for the individual patient and stored in the ward CD cabinet, segregated from ward stock. Records of schedule 2 CDs, e.g., receipt, administration etc, should be recorded in the 'patients' own controlled drug record book' by 2 registered nurses. Stock balance checks should be completed as part of the daily stock balance check of CDs. For labelling of schedule 2 and 3 CDs, refer to section 6.7 of this procedure.
- 4.5 **Stage 2: The patient administers some or all the medicines with registered nurse direct supervision**
- 4.5.1 The patient is assessed as being able to request and select their own medicines for self-administration at the appropriate times and follow any specific directions whilst being directly supervised by the registered nurse.
- 4.5.2 In clinical areas using electronic prescribing, all medicines for self-administration, should be modified on the system with the 'the patient will self-administer flag' by the prescriber.
- 4.5.3 The registered nurse must check and record each medicine as being self-administered or administered by the registered nurse on the paper or electronic prescription and administration record.
- 4.5.4 The registered nurse takes full responsibility for the safe storage and security of the medicines.
- 4.5.5 The patient's lockable medicine cabinet key must never be given to the patient at stage 2.
- 4.5.6 If a patient is prescribed schedule 2 or 3, subject to safe custody, controlled drugs (CDs), these must be labelled for the individual patient and stored in the ward CD cabinet, segregated from ward stock. Records of schedule 2 CDs, e.g., receipt, administration etc, should be recorded in the 'patients' own controlled drug record book' by 2 registered nurses. Stock balance checks should be completed as part of the daily stock balance check of CDs. For labelling of schedule 2 and 3 CDs, refer to section 6.7 of this procedure.

4.6 Stage 3: The patient administers some or all their medicines without registered nurse supervision

- 4.6.1 The patient is assessed as being able to administer some or all their medicines on their own without observation or supervision from a registered nurse.
- 4.6.2 In clinical areas using electronic prescribing, prescriptions for all medicines for self-administration should be modified on the system with 'the patient will self-administer flag' by the prescriber.
- 4.6.3 In clinical areas with electronic prescribing, the registered nurse must check and record each medicine as self-administered or administered by the registered nurse. The patient does not have access to the electronic prescribing system so should follow the instructions on the medicine labels.
- 4.6.4 In clinical areas with paper prescription and administration records or paper charts used in conjunction with electronic prescription and administration records, the registered nurse must ensure that administration on paper is recorded by either the registered nurse or by the patient, if patient documentation on the paper prescription and administration record is deemed appropriate by risk assessment.
- 4.6.5 A lockable medicine cabinet key may be given to the patient at stage 3 following assessment. Where there is a clinical risk in the patient holding the key on their person, then the patient must request the key from the nurse when required.
- 4.6.6 At stage three, documented written consent should be obtained from patients that they will take responsibility for the safe and secure storage of medicines and the individual lockable medicine cabinet key and return the key before discharge from hospital. Refer to section 3.3 of this procedure.
- 4.6.7 If a patient is prescribed schedule 2 or 3, subject to safe custody, CDs, these must be labelled for the individual patient and stored in the patient's lockable medicine cabinet. Patients should be provided with information regarding the security of the medicines they are holding. For labelling of schedule 2 and 3 CDs, refer to section 6.7 of this procedure.
- 4.6.8 When stock of the schedule 2 CDs, labelled for the individual patient is received onto the ward this should be recorded in the 'patients' own CD record book', and then updated to record the stock being signed out the 'patients' own CD record book', i.e., moving stock to the patient's lockable medicine cabinet. This ensures there is an audit trail of the stock being received on the ward. As part of the daily check, the registered nurse must check the quantities of schedule 2 CDs correspond with the paper or electronic prescription and administration record. There is no requirement to record administration records in the patients' own CD record book' or include in the schedule 2 CD stock in the daily stock balance check of CDs for patients on level 3 of the medicine self-programme.

5.0 Registered nurse checks

- 5.1 Patients participating in the self-administration programme must be assessed by the registered nurse each day for their ability to continue and this must be documented in the patient's care plan in the paper or electronic healthcare record.

5.2 During the daily check the registered nurse must:

- Assess the patient's ability to self-administer at the same stage
- Discuss the medicine regime with the patient to confirm their understanding and ability to administer their own medicines.
- Check medicine supplies -refer to section 6.0 of this procedure.
- Check safe and secure storage of medicines and the lockable medicine cabinet key -refer to section 7.0 of this procedure.

6.0 Medicine supplies

6.1 Medicine supplies for self-administration must be individually labelled for patients.

6.2 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.

6.3 The registered nurse should check at every medicine round that sufficient labelled medicines are available and that the instructions on the medicine labels still match the paper or electronic prescription and administration record and check for any newly started or discontinued medicines.

6.4 Unlabelled or incorrectly labelled medicines must never be administered by the patient and must always be administered by the registered nurse.

6.5 The registered nurse should:

- explain any medicine changes to the patient and check that the patient understands these changes.
- remove any incorrectly labelled medicines or discontinued medicines from the lockable medicine cabinet.
- place correctly labelled new medicines in the lockable medicine cabinet.

6.6 One stop dispensing ward areas

6.6.1 Refer to NHS Lothian medicines policy procedure for' [One Stop Dispensing](#) and '[Use of patients' own medicines in NHS Lothian premises including hospitals](#)

Medicines can be supplied in one of three ways.

- Patients own medicines may be used if assessed as suitable for use and are labelled correctly.
- Over-labelled medicine supply (pre-pack) from the ward
The patient's name and directions on any over-labelled medicines (pre-pack) must be completed and correspond to what is prescribed on the current paper or electronic prescription and administration record
- An Individual Patient Supply (IPS) order from Pharmacy. Refer to section 6.8 regarding ordering of CDs.

6.7 Non one stop dispensing areas

6.7.1 Refer to NHS Lothian safe use of medicine procedure, '[Use of patients' own medicines in NHS Lothian premises including hospitals](#) and [NHS Lothian Safe Use of Medicines Policy](#),' issue of medicines to take away from hospital'.

Medicines can be supplied in one of three ways.

- Patients own medicines can be used if assessed as suitable for use and are labelled correctly.
- All other labelled medicines must be ordered from pharmacy on a discharge prescription by a prescriber.

6.8 Controlled drugs

6.8.1 Labelled schedule 2 and 3 controlled drugs must be ordered by a prescriber on a discharge prescription and must comply with all controlled drug prescription requirements.

6.9 Relabelling medicines

6.9.1 Relabelling of a medicine may only be carried out at the discretion of the clinical pharmacist or clinical pharmacy technician.

6.10 Multi-compartment compliance aids

6.10.1 Requests for multi-compartment compliance aids should be discussed with the clinical pharmacy team.

7.0 Individual keys

7.1 For stage 3 of the medicine self-administration programme, patients are responsible for the safe and secure storage of their medicines and for the individual key to open their lockable medicine cabinet.

7.2 The registered nurse should perform a regular check of patient held keys and the security of the lockable medicine cabinet to confirm their continued safe and secure storage of the medicines and keys.

7.3 In areas where there is a clinical risk if the patients has the key, the registered nurse should hold the key and the patient must request the key when required.

7.4 Master keys which open multiple lockers must never be given to patients.

7.5 The nurse discharging the patient from the ward is responsible for retrieving the key from the patient.

7.6 Individual locker keys and duplicate keys for the individual lockers must be locked in the designated key cupboard within the charge nurse office for safe keeping when not in use.

Associated materials/references:

[The Safe Use of Medicines Policy](#)

[REAS Self Administration of Medicines In Hospital](#)

[Self-Administration of Medicines in Hospital – Patient Information Leaflet](#)

[Self-administration of Medicines Programme for Patients in Hospital Consent Form](#)

[One Stop Dispensing](#)

[Use of patients' own medicines in NHS Lothian premises including hospitals](#)

Document currently in development (see current version at [NHS Lothian Safe Use of Medicines Policy \(scot.nhs.uk\)](#)):

Issue of medicines for patients to take away from hospital