

Trust-Wide Policy

Self-Administration of Medicines (SAM) Policy

Valid Until 11.10.2024

Key Points:

This is a controlled document. Whilst this document may be printed, the electronic version uploaded on the intranet is the controlled copy and printing is not advised. This document must not be saved onto local or network drives but must always be accessed from the intranet.

All employees must adhere to the requirements set out within this document. Any specific responsibilities or actions for particular staff or staff groups will be outlined within the main body of the document and their duties cascaded to them as required.

Promoting equality and addressing health inequalities are at the heart of Imperial College Healthcare NHS Trust's values. Throughout the processes detailed within this document the Trust has given due regard to the need to eliminate discrimination, harassment and victimisation to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic, as cited under the Equality Act 2010, and those who do not.

Current Document Status: FINAL

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Quick Reference Guide

Figure 1: Summary of the Self-administration Process

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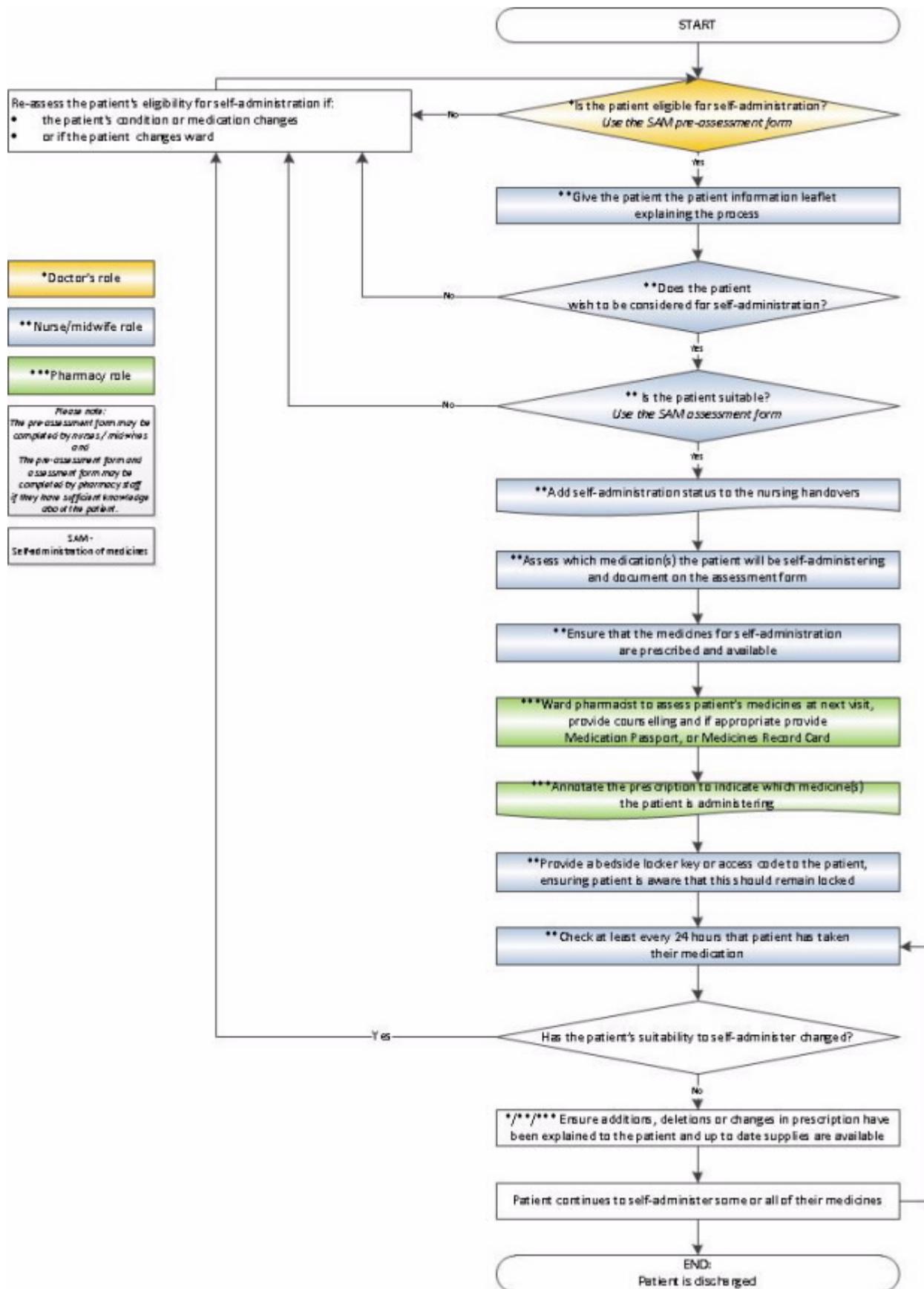
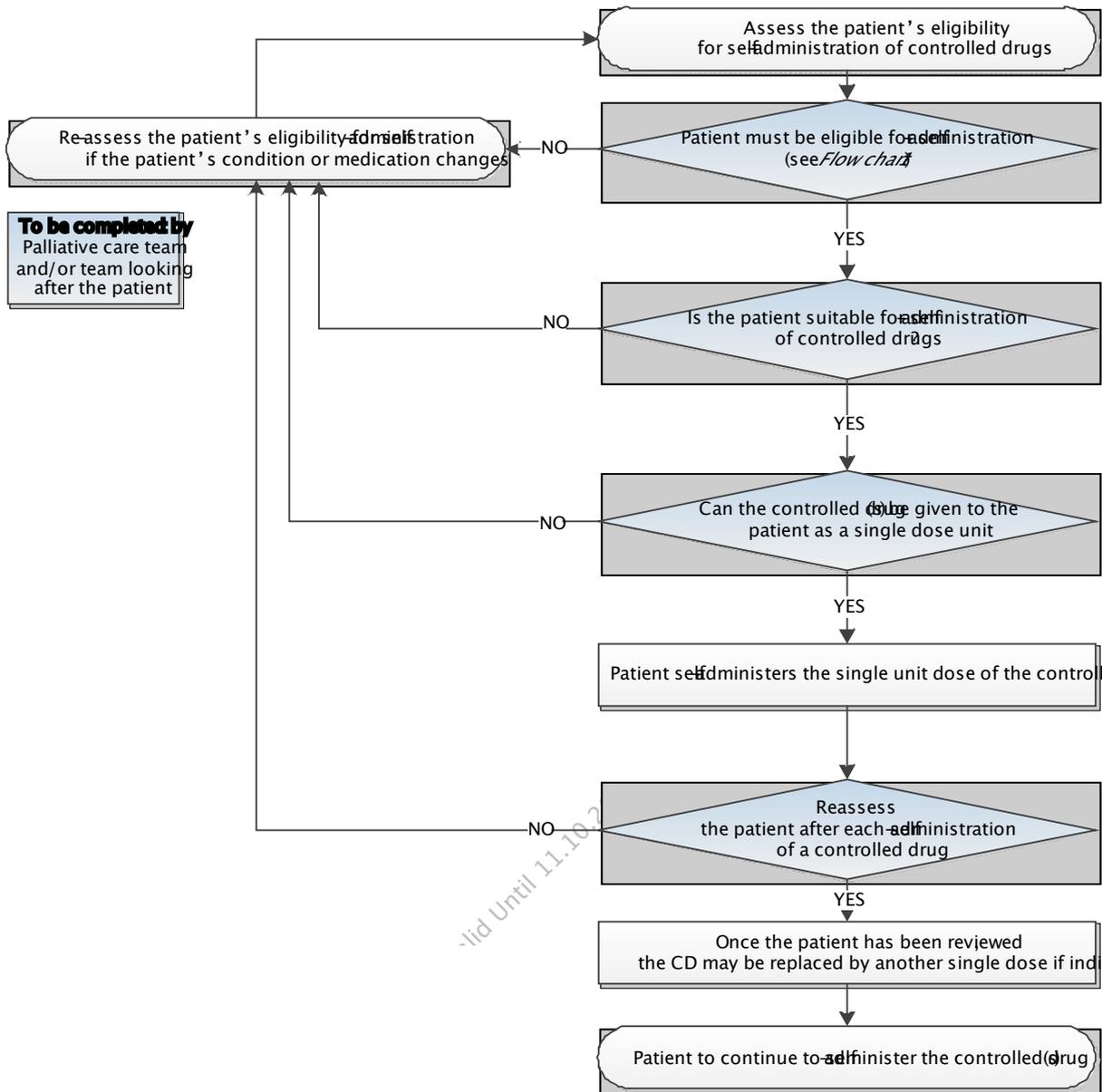


Figure 2: Additional Process for Self-administration of Controlled Drugs



1. Introduction

- 1.1 The main aim of NHS England is to improve the health outcomes for people in England and a central theme is to empower patients to take an active role in the management of their conditions. Self-administration of medications (SAM) by patients in hospital improves adherence and comfort, and empowers patients as they are actively involved in their care.
- 1.2 The aim with self-administration of medicines (SAM) by patients (or administration of medicines by their parents or carers) is to increase comprehension and adherence with treatment after discharge and thus to a reduction in readmission rates.
- 1.3 The opportunity for self-administration should be offered to all competent patients, especially where patients wish to self-administer and where the timing of the medications is crucial, as with diabetes, Parkinson's disease and asthma.
- 1.4 The policy incorporates recommendations made following a Self-Administration of Medicines Quality Improvement (SAMQI) project. The aim of SAMQI was to increase self-administration among adult inpatients at St Mary's hospital by implementing various changes suggested by patients and healthcare professionals.
- 1.4 Imperial College Healthcare NHS Trust (ICHT) is committed to promoting and providing services that meet the needs of individuals and does not discriminate against any employee, patient or visitor that may relate to any of the protected characteristics under the Equality Act 2010. The equality analysis for this Policy is held by the Head of Trust Policy Management.

2. Purpose

- 2.1 This policy specifies who is authorised to work within the self administration policy, the responsibilities of these staff, the clinical settings and the documentation required for self administration. It also sets out the process of self administration.
- 2.2 This policy aims to standardise practice across all sites. The policy applies to all care environments.

3. Duties

- 3.1 The person who signs a prescription is responsible for its accuracy and the appropriateness for the patient it is prescribed for.
- 3.2 Nurses or the members of staff administering medicines (refer to the [Administration of Medicines Policy](#) for details of authorised staff), are responsible for checking the accuracy of that prescription item(s) prior to administration.
- 3.3 All prescribing documentation are clinically screened by pharmacy on supply of medicines (as a minimum). Additional checks are also made by the ward pharmacy service to assess the accuracy of all

inpatient prescribing documentation through clinical screening as per the [Ward Pharmacy Services Standards and Procedures](#). The accuracy of prescribing documentation is assessed through an annual audit.

- 3.4 Prescribers, nurses and pharmacists are to detect and document prescribing errors. These are to be recorded on Datix. *Please refer to the [Prescribing of Medicines Policy](#) for further details regarding accuracy of prescription charts.*
- 3.5 Ward managers should have the self-administration posters ([see Appendix F](#)) in appropriate and prominent locations within their clinical areas.

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4. The Process

4.1 Staff entitled to work within this policy

Staff entitled to work within this policy must be:

- * registered prescribers
- * registered nurses or midwives employed by ICHT
- * pharmacists or pharmacy technicians
- * therapists

The staff must be supported by their line manager and must work on wards which have suitable bedside storage for medicines.

4.2 Suitable Patients

4.2.1 General principles

4.2.1.1 All appropriate patients should be assessed to see if they are eligible for self-administration, especially on admission, at pre-admission clinics or for planned admissions.

4.2.1.2 Patients are eligible if they are assessed as suitable for self-administration following completion of the *Self-administration pre-assessment form* and the *Self-administration assessment form* to self-administer ([see appendix A](#)). They need to remain eligible following a daily check using the *Continuous assessment form* ([see appendix D](#)). This ensures that they are self-administering the correct medicines and doses and that their condition has not changed.

4.2.1.3 Adolescents considered “Fraser competent” can be considered for self administration if appropriate.

4.2.1.4 Parents or carers may wish to administer medicines to their children or adults they are caring for. If this is the case, it is important that parents and carers are fully aware of the current doses of all the medicines and are trained to administer them; they must also be re-educated when there have been changes to the medicines. In these situations, the responsible parent or carer may follow this policy if appropriate.

4.2.1.5 Patients do not have to be deemed eligible for self-administration for all their medications to be able to self-administer. They should be encouraged to self-administer emollient creams/ointments/lotions, artificial saliva, lubricating eye drops, sodium chloride 0.9% nose drops and oral hygiene mouthwashes from their bedside (see [Security, safe storage and transport of medicines policy](#)).
Refer to [section 4.3 Suitable Medicines](#)

4.2.1.6 Whether the patient is eligible for self-administration or not, they should be reassessed when their condition changes, medicines change and / or on transfer between wards.

4.2.1.7 If eligible patients are subsequently deemed as not eligible, this should be clearly documented and annotated on the prescription chart.

4.3 Suitable Medicines

4.3.1 General principles

4.3.1.1 Patients may be eligible to self-administer some or all of their medicines.

4.3.1.2 All medicines for self-administration must be prescribed on the appropriate prescription stationery.

4.3.1.3 Patients should be encouraged to self-administer medicines that have been deemed acceptable to be left at the patient's bedside (see [Security, safe storage and transport of medicines policy](#)).

4.3.1.4 The medicines for self-administration are recorded on the *Self-administration pre-assessment form* and the *Self-administration assessment form* to self-administer (see [appendix A](#)).

4.3.2 Medicines left at the patient's bedside

4.3.2.1 Inhalers, insulin, incretin mimetics or glucagon-like peptide 1 agonists (GLP-1 agonists) e.g. exenatide, liraglutide and lixisenatide, glyceryl trinitrate (GTN) tablets/sprays, nasal preparations, creams/ointments/lotions, pancreatic enzyme supplements (e.g. Creon®), artificial saliva, lubricating eye drops, sublingual and oral sprays, and mouthwashes may be left at the patient's bedside instead of being stored in the patient's bedside locker, as long as the patient remains at their bed and the medicines have been checked according to the criteria for use of patient's own drugs (PODs) (see [appendix G](#)).

4.3.2.2 All eligible patients should be encouraged to self-administer the following left at the patient's bedside without the need for assessment:

Emollient or barrier creams/ointments/lotions, artificial saliva, lubricating eye drops, sodium chloride 0.9% nasal sprays and oral hygiene mouthwashes.

4.3.2.3 Patients may need to be assessed to see if they can administer other medicines left at the patient's bedside:

Inhalers, insulin, GLP-1 agonists, glyceryl trinitrate (GTN) tablets/sprays, nasal preparations, medicated creams/ointments/lotions, pancreatic enzyme supplements (e.g. Creon®), sublingual and oral sprays, and medicated mouthwashes.

4.3.3 Patients suitable for self-administration of controlled drugs (CDs)

4.3.3.1 For suitable patients as outlined above, patients may self-administer controlled drugs (CDs) under the following conditions:

- * On a case by case basis as agreed by the palliative care team and/or the team looking after the patient and this must be signed off by the Divisional Directors of Nursing (or nominated deputy).
- * Patients who are assessed as eligible for self-administration following completion of the 'additional form for patients self-administering controlled drugs'.
- * Patients may self-administer a single dose of a controlled drug and must NOT self-administer from multiple dose units/containers.

- * The single dose of the controlled drug must be stored in the locked bedside cabinet.

4.3.3.2 The process is summarised in [Figure 2: Additional Process for Self-administration of Controlled Drugs](#).
Please also refer to the [Controlled Drugs Policy](#).

4.3.4 Self administration of Insulin and GLP-1 agonists

4.3.4.1 Patients who usually administer their own insulin or GLP-1 agonist at home should be encouraged to continue whilst an inpatient. Self administration of insulin and GLP-1 agonists minimises dosing errors and omissions or delays in administration that may otherwise lead to patient harm.

4.3.4.2 Patients assessed as safe to self-administer can store their insulin or GLP-1 agonist, device and needles at the bedside to facilitate timely administration in relation to food.

4.3.4.3 Patients self-administering insulin should have access to a sharps bin. In addition they should have access to self-blood glucose monitoring and quality control equipment.

4.3.4.4 Patients that are nil by mouth or receiving an intravenous infusion of insulin may still require sub-cutaneous long acting insulin.
Please refer to [Diabetes and Surgery Guideline](#) .

4.3.4.5 Patients can continue to self-administer their long acting insulin as appropriate. Otherwise nurse administration for a temporary period may need to be considered.

4.4 Self-administration Process

4.4.1 General process

The following process is to be followed by staff when assessing patients for suitability to self-administer medication at ICHT . Where a carer or parent is administering a medicine to a patient and it is the wish of the patient that they do so (assuming they have mental capacity to make this decision), then the process for assessing patients applies to the carer or parent.

4.4.1.1 Doctor looking after the patient:

- * Complete the *Patient Self-administration Pre-assessment Form* ([see appendix A](#)) for all patients to ensure the patient is eligible for self-administration. This is to be completed before approaching the patient regarding self-administration of medicines.
- * If the patient is eligible for self-administration of medicines, refer the patient to the nurse / midwife looking after the patient.
- * If the patient is not eligible, re-assess the patient 's eligibility if the patient 's condition or medication changes, or if the patient changes ward.

4.4.1.2 Nurse / midwife looking after the patient:

- * If the *Patient Self-administration Pre-assessment Form* ([see appendix A](#)) has not been completed by a doctor, nurses may complete this form.

- * Give the patient the *Self-administration of medicines patient information leaflet* (see [appendix E](#)) and explain the self-administration process.
- * Ask the patient if they wish to be considered for self-administration.
- * Assess the patient using the *Self-administration Assessment Form* (see [appendix A](#)).
- * If the patient is eligible to self-administer, find an appropriate way to identify the patient as self-administering, on the ward. This may be done through handover documentation, ward white boards with patient details or whatever methods are used in that particular ward's workflow.
- * Assess the medication that the patient will be taking to see if it is suitable for use according to the *Criteria for use of patients' own drugs* (see [appendix C](#)). If a new supply is required for any of their medication, order this from pharmacy (as a discharge supply with directions).
- * Record medicines for self-administration on the *Record of medicines for patients to self-administer* (see [appendix B](#)).
- * The staff member assessing the medicines must make sure that all medicines that the patient is self medicating are prescribed. If the staff member has identified medicines that the patient wishes to take and these are not prescribed, this must be referred back to the prescriber to determine whether the patient should be taking these additional medicines
- * Ask the ward pharmacist to assess the patient's medicines on their next visit to the ward.
- * For all medicines to be locked in the bedside cabinet, give the key or keypad code for their bedside cabinet to the patient. Under no circumstances may a ward master key be given to the patient. The keypad code must also be updated and must not be universal to the clinical areas. Ensure that details of issuing the key is recorded and noted upon return.
- * Emphasise to the patient that the bedside cabinet should remain locked at all times. The patient is responsible for the key to the cabinet and it should be kept with them until they leave the ward, at which point it should be returned to the nursing staff. Ensure the patient keeps the keypad code secure, and does not disclose to any other party.
- * Check at least every 24 hours that the patient has taken their medication and that there is no change in the patient's ability to self-administer and record this e.g. confusion. This will also provide an opportunity to discuss their medication.
- * Ensure that any additions, deletions or changes to the medicines prescribed have been explained to the patient and that their medicine supplies (and record card if appropriate) have been updated accordingly. Record this on the *Continuous Assessment Form* (see [appendix D](#)).
- * If the patient's ability to self-administer has changed this should be documented and the patient should be re-assessed before returning to self-administration.
- * The patient should be reassessed when their condition changes, medicines change and / or on transfer between wards.

4.4.1.3 Clinical ward pharmacist or ward based pharmacy technician:

- * Provide any counselling that may be helpful to the patient regarding their medicines and a Medication Passport , Insulin Passport or Medicines Record Card (if appropriate). A completed Medication Passport, Insulin Passport or Medicines Record Card will provide details of the medications, the route, frequency and times of administration and any other additional information that is required.
- * Where possible, annotate the prescription to indicate which medicine(s) the patient is administering.
- * The assessment stages may also be carried out by the clinical ward pharmacist or ward based pharmacy technician, if they have sufficient knowledge regarding the patients.
- * Although the *Patient Self-administration Pre-assessment Form* ([see appendix A](#)) is primarily the responsibility of a doctor to complete and the *Patient Self-administration Assessment Form* ([see appendix A](#)) is primarily the responsibility of the nurse to complete, clinical ward pharmacists or ward based pharmacy technicians may also complete the form.

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4.4.1.4 For all staff:

- * To continually review the patient's suitability to self-administer, especially if this has changed.
- * To re-assess the patient's eligibility for self-administration if the patient's condition or medication changes, or if the patient changes ward.
- * Ensure additions, deletions or changes in prescription have been explained to the patient and up to date supplies are available.

4.4.2 Process for patients self-administering CDs

The general process should be followed for patients self-administering CDs with the following additional principles:

- * On a case by case basis as agreed by the palliative care team and/or the team looking after the patient and this must be signed off by the Divisional Directors of Nursing (or nominated deputy).
- * The single dose of the controlled drug must be stored in the locked bedside cabinet.
- * The patient must be reassessed after each self-administration of a CD (and not after 24 hours as for other medications).
- * Once the patient has been reviewed, the CD may be replaced by another single dose if indicated.
- * Patients must NOT self-administer from multiple dose units/containers.
- * Complete the *Additional form for patients self-administering controlled drugs* ([appendix C](#)).

4.5 Documentation

The following documentation should be completed as described above:

- * *Self-administration pre-assessment form* ([appendix A](#)) by the registered doctor (or nurse or pharmacist).
- * *Self-administration assessment form* ([appendix A](#)) by the registered nurse (or pharmacist).
- * Record of which medicines will be self-administered in the *Record of medicines for patients to self-administer* ([appendix B](#)) and/or find an appropriate way to identify which medicine(s) the patient is self-administering, on the ward.
- * *Additional form for patients self-administering controlled drugs* ([appendix C](#)) by the palliative care team and/or team looking after the patient AND the appropriate Divisional Director of Nursing or nominated deputy.
- * *Continuous Assessment Form* ([appendix D](#)).
- * When completing the prescribing documentation, the nurse/midwife should document with the appropriate code to indicate that the patient has taken their medication themselves, and that the assessment and documentation described above has taken place.
- * It is important in all cases that there is clear documentation to ensure that the patient does not miss any doses because they are absent from the ward. It is important that the patient does not

miss any doses if the parent or carer is absent especially if the parent or carer cannot be present 100% of the time.

- * It is also important that the documentation prevents double administration by the patient / parent and nurse and also if the parent becomes absent.
- * If eligible patients are subsequently deemed as not eligible, this should be clearly documented and annotated on the prescription chart.

5. Implementation and Dissemination

5.1 To promote awareness, the principles in this document will be included in the Trust 's Core Skills Training programme for existing clinical staff. It will also be included in the nursing induction programme for all nurses/midwives, the pharmacy local induction program, and included on the induction programme for all new prescribers.

5.2 This policy will be published on the Source for general access and viewing by all staff.

5.3 The publication of this policy will also be included in an InBrief update.

6. References

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- * Guidance Notes for Health Professionals, Controls on the Promotion of prescription medicines, ABPI 2006 British National Formulary (BNF) – Section on Guidance on Prescribing
- * Misuse of Drugs Regulations, 1973
- * Prescription Only Medicines (Human Use) Order, 1997 No 1830 Section 7

7. Monitoring Arrangements

Lead	Measurable Policy Objective	Monitoring / Audit Method	Frequency	Responsible Director and Committee / Group
Clinical Services Pharmacy team	100% of appropriate patients self-administering to have the <i>Self-administration pre-assessment form</i> completed	Ward pharmacists to audit self-administration by patients on wards over a one week period	Annual audit	Drugs and Therapeutics Committee
	100% of patients self-administering to have the <i>Self administration assessment form</i> completed and signed by the patient			Drugs and Therapeutics Committee
	100% of patients self-administering to have the <i>Continuous self-administration of medicines assessment form</i> completed on a daily basis where			Drugs and Therapeutics Committee

	appropriate		
	100% of patients self-administering to have documentation of which medicines are for self-administration		Drugs and Therapeutics Committee

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8. Definitions & Abbreviations

8.1 Definitions

8.1.1 Self-Administration of Medication (SAM)

Self-Administration of Medication (SAM) is the process where a patient, following assessment, is able to administer their own medicines whilst in hospital. It also applies to administration of medicines by their parents or carers.

8.2 Abbreviations

8.2.1	SAM	-	Self-Administration of Medication
	ICHT	-	Imperial College Healthcare NHS Trust
	GTN	-	Glyceryl trinitrate
	CD(s)	-	Controlled Drug(s)
	GLP-1	-	Glucagon-like peptide 1

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9. Supporting Information

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15.1	23.02.17	Sarah Randall	Changes made to assessment form following comments from self-administration of medicines quality improvement project group
15.2	25.04.17	Caroline Nathan	Updated version of PIL included
15.3	13.06.17	Caroline Nathan	Changes made in response to Self-Administration of Medicines Quality Improvement (SAMQI) project
15.4	14.06.17	Caroline Nathan	Comments received from SAMQI team
15.5	20.06.17	Caroline Nathan	Further changes to the assessment form
15.6	21.06.17	Caroline Nathan	Updated housekeeping details
15.7	26.06.17	Caroline Nathan	Further comments received
15.8	12.07.17	Caroline Nathan	Finalised version
15.9	01.08.17	Caroline Nathan	Changes made to strengthen wording around carers / parents administering
15.10	09.10.18	Caroline Nathan	Patient information leaflet minor update
16.0	10.10.18	Caroline Nathan	Finalised version

Appendix A: Patient self-administration assessment forms**Form 1: PATIENT SELF-ADMINISTRATION PRE-ASSESSMENT FORM****To be completed by the doctor* on admission:****Patient Details:**

Name _____ Site & Ward _____
 Hospital No _____ Date _____

1. Does the patient self-administer their medicines at home? Yes No
2. Is there evidence of cognitive impairment that may prevent self-administration?
No Yes
3. Is there evidence of new physical impairment that may prevent self-administration
e.g. can the patient open the bedside medicine locker without assistance? Yes No
4. Is there evidence of failure to take medicines or confusion regarding their medicines?
No Yes
5. Is there evidence of suicidality? Yes No
6. Is there evidence of addiction, or likelihood of abuse, or improper use of medicines?
No Yes
7. Is the patient suitable for self-administration with daily assessment?
(tick **Yes** only if all answers for questions 2 - 6 above are **No**) Yes
No

*If Yes to 7, the Self-Administration Assessment form will need to be completed with the patient.
Please file this form in the patient's clinical documentation.*

Name and signature of doctor completing pre-assessment: _____

* Although this form is primarily the responsibility of a doctor to complete, nurses and pharmacists may also complete the form

Form 2: PATIENT SELF-ADMINISTRATION ASSESSMENT FORM**To be completed by the nurse* with the patient following satisfactory pre-assessment:**

1. Have you provided the patient with the "Self-Administration" patient leaflet? Yes
No
2. Does the patient want to self-administer some or all of their medicines? Yes
No N/A
3. Is the medication suitable for self-administration e.g. is it in date and identifiable? Yes
No
See [appendix C](#) of Self-administration of medicines policy
4. Can the patient open the containers the medicines are in and take medicines out? Yes
No
5. Does the patient know: Yes
 * the medicines he/she will be taking and what they are for?
 * the dose and times of administration and special requirement e.g. before/after food?
 * to report any suspected side effects to nursing staff?
 No
6. Can the patient identify and differentiate between their medicines? Yes No
7. Does the patient understand the implications of self-administering their medicines and

- | | | |
|--|-----|-----|
| Key / keypad code security?
N/A | Yes | No |
| 8. If appropriate, does the patient have access to a sharps bin?
No N/A | | Yes |
| 9. Does the patient understand what to do if a dose is missed?
No | | Yes |
| 10. The patient suitable for self-administration (answer Yes only if all the previous responses were Yes)
No | Yes | |
- Ensure you complete the Continuous Assessment Form and reassess the patient again using new forms if the condition of the patient changes.*

Name and signature of nurse completing assessment: _____

* Although this form is primarily the responsibility of a nurse to complete, pharmacists may also complete the form

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Appendix B: Record of medicines for patients to self-administer

Patient Details:

Name _____ Site & Ward _____

Hospital No _____ Date _____

To be completed by the nurse/midwife or pharmacist after satisfactory assessment:

Location of medicines to be self-administered	Types of medicines	Patient to self-administer Y/N	Comments
Medicines left at the patient's bedside	Emollient or barrier creams/ointments/lotions, artificial saliva lubricating eye drops sodium chloride 0.9% nasal sprays oral hygiene mouthwashes		All appropriate patients encouraged to self-administer these medicines
Medicines left at the patient's bedside	Inhalers, Insulin, GLP-1 agonists, glyceryl trinitrate (GTN) tablets/sprays, nasal preparations, medicated creams/ointments/lotions, pancreatic enzyme supplements (e.g. Creon®), sublingual and oral sprays, medicated mouthwashes		Patients should be encouraged to self-administer and may need to be assessed
Medicines in the patient's bedside locker	All other patients medicines		Patients need to be assessed
Medicines stored in area(s) other than patient's bedside or bedside locker	All other patient's medicines		Patients need to be assessed. Patients need access to these medicines and medicines need to be available as a discharge supply with directions

PATIENT SELF-ADMINISTRATION OF CONTROLLED DRUGS FORM

After completion of the patient self-administration pre-assessment form and the patient self-administration assessment form, the following form will also need to be completed for patients eligible to self-administer controlled drugs.

Patient Details:

Name _____ Site & Ward _____
Hospital No _____ Date _____

To be completed by the palliative care team and / or team looking after the patient:

1. Is the patient suitable for self-administration with re-assessment after each self-administration of a controlled drug Yes No N/A
2. Can the controlled drug(s) be given to the patient as a single dose unit? Yes No N/A
3. Is the patient is suitable for self-administration of a controlled drugs? Yes No
N/A
(answer Yes only if above responses were Yes)

*Ensure you complete the "CONTINUOUS Assessment Form"
AFTER EACH SELF-ADMINISTRATION OF A CONTROLLED DRUG
and reassess the patient again using new forms if the condition of the patient changes.*

Name and signature of palliative care team member and/or member of the team looking after the patient	Name and signature of appropriate Divisional Director of Nursing or nominated deputy

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages.

Please contact the communications team on **020 3312 5592**.

Wi-fi

We have a free and premium wi-fi service at each of our five hospitals. Look for **WiFiSPARK_FREE** or **WiFiSPARK_PREMIUM**

Keeping and administering your medicines in hospital



Centre for Medication Safety and Service
Quality
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Why might I want to keep and administer my medicines in hospital?

Keeping and administering your medicines, rather than being given them by a nurse, helps you to:

- be active in your own care
- take your medication when you need to
- be better prepared for going home

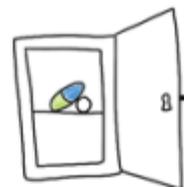
Are there any medicines I can't keep and administer myself in hospital?

You can keep and administer most medicines yourself but there are some exceptions. Medicines that need to be given through a drip may need to be given to you by healthcare professionals.

If I want to keep and administer my medicines in hospital how will that work?

The team will talk to you. Together you will decide if keeping and administering your own medicines is possible, and which ones you do want to self-administer.

We will give you a secure space to store your medicines. We will also supply any additional medicines you may need.



The team will check on your condition while you are in hospital. If, for any reason or at any point of your stay you are not able to keep and administer your medicines the nurse will administer them to you instead.

Who can help me if I have any questions?

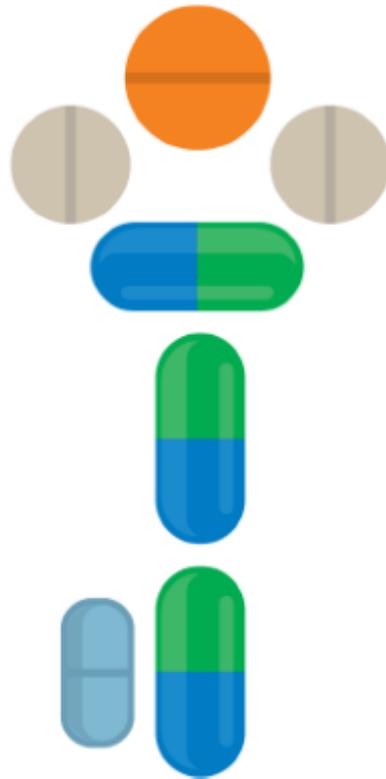
You can speak to any member of the team. They will be able to help if you have any queries or miss a dose of your medicine. If you change your mind and would prefer a nurse to take charge of your medicines just tell us.



Please contact us

If you have any further questions or concerns regarding your medicines, please ring the medicines information helpline at the pharmacy department:

Monday to Friday
09.00 to 17.00 (except bank holidays)
call: 020 3311 1703



Ask if you would like to
keep and administer
any of **your medicines**
instead of a nurse giving them
to you.

Appendix G: Criteria for use of patient's own drugs (PODs)

If deemed appropriate for use, Patient's Own Drugs (PODs) can be used by patients who are self-administering their medicines. The following criteria must be satisfied before PODs can be used in this way:

1. Container and labelling

A container must be present and intact, reasonably clean and labelled with the following information:

- * name of patient
- * name and address of supplier
- * name, form, strength, and dose (if applicable) of medication

However, if a patient brings in a supply of medication without suitable packaging or labelling, it may be appropriate to use under certain conditions e.g. insulins and inhalers. For other medications, this is normally at the discretion of the pharmacist.

2. Medication

- * Must be in good condition (clean, whole and without visible signs of deterioration)
- * No more than one medicine in the same container (unless a compliance aid is in use – see below)
- * Blister packed tablets: within expiry date.
Blister strips may be used if the container or outer packaging is unavailable if the name of the medicine, dose, formulation (if appropriate), expiry date and batch number are all available and clearly visible on the back of the blister.
- * Tablets without expiry date: dispensed within last six months
- * Inhalers: within expiry date
- * Eye-drops for patients with eye infection: opened within the last week
- * Eye-drops for patients without eye infection, ear drops, nose drops etc, opened within the last 2 weeks
- * Creams and ointments: dispensed within last six months and within expiry date
- * Oral liquids: dispensed within last six months and within expiry date
- * Within shelf life for medicines with a short shelf life (e.g. GTN, medicines requiring refrigeration)

3. Compliance aids

- * Compliance aids may be used if filled by a pharmacy / pharmacist
- * The compliance aids must be clearly labelled and include its contents
- * Compliance aids filled by patients / relatives or carers may be used at the discretion of the pharmacist.

When using these criteria, individual judgement needs to be applied. If in doubt about the suitability of a medicine, seek advice from pharmacy or do not administer and obtain an alternative supply