

POLICY FOR SELF-ADMINISTRATION OF MEDICINES FOR ADULTS (SAM)	Policy Register No: 08107 Status Public
---	--

Developed in response to:	Trust requirements, Department of Health, Medicines and Healthcare products Regulatory Agency, National Patient Safety Group, National Health Service Litigation Authority and Misuse of Drugs Act 1971
Contributes to CQC Outcome	9

Consulted With	Post/Committee/Group	Date
Maria Richards	Lead Pharmacist, Admissions	February 2018
Lyn Hinton	Director of Nursing	February 2018
Professionally Approved By	Alison Felton, Deputy Chief Pharmacist/Head of Department	February 2020

Version Number	4.3
Issuing Directorate	Pharmacy
Ratified by:	DRAG – Chairman’s Action
Ratified on:	2 nd August 2018
Executive Management Group	September 2018
Implementation Date	24 August 2018
Next Review Date	July 2021
Author/Contact for Information	Nicola Smith, Principal Clinical Pharmacist
Policy to be followed by (target staff)	Medical and Pharmacy Staff
Distribution Method	Trust Intranet and Website
Related Trust Policies (to be read in conjunction with)	Trust Policies for Management of Medicines and Guidelines for the Management of Medication Errors, Near Misses and Adverse Drug Reactions and Reporting Incidents Policy

Document Review History

Version No	Reviewed by	Issue Date
1.0	Jane Giles	22 January 2009
2.0	Pritesh Patel	24 March 2011
3.0	Nicola Smith	October 2014
4.0	Nicola Smith	24 August 2018
4.1	Alison Cuthbertson – Clarification to point 2.4, 6.1, 7.3, 7.4 /appendix 1, 2 & 3 – addition of the term midwife	15 th March 2019
4.2	Ifeoluwa Aladelusi – Addition of points 7.4, 7.6, 7.12, 7.13; updates to Appendix 1 & 2	21 May 2020
4.3	Alison Felton – Additional points added 7.7, 7.8 & 7.9	4 June 2020

Index

- 1. Purpose**
- 2. Scope**
- 3. Training**
- 4. Equality and Diversity**
- 5. Overview of procedure**
- 6. Assessment of the Patient**
- 7. The Self Administration medication process**
- 8. Auditing and Monitoring**
- 9. Implementation and Communication**

Appendix 1- Self Administration of Medicines Assessment and Consent Form

Appendix 2 – Patient Information Leaflet

**Appendix 3 – Withdrawal of consent to the self administration of medicines
Declaration**

1.0 Purpose

- 1.1 To allow patients to self-administer their medication in a safe and secure environment.
- 1.2 Self-medication schemes maintain an individual's self esteem and independence. By allowing patients to retain some responsibility for their own medicines while in hospital, they can exercise some control over their own health care.
- 1.3 To provide patient education and greater opportunity for patients to ask questions about their medicines. Compliance with medical directions/advice is increased when patients have an understanding of their medicines; including why the medicine was prescribed, the effects of the medicine, side effects to look out for, what to do if a side effect is suspected and how to take or use the medicine correctly.
- 1.4 To minimise drug wastage.
- 1.5 To identify medication problems early in a patient's stay. For example:
 - Lack of understanding/confusion
 - Memory problems
 - Dexterity problems
 - Eye sight/reading problems

2.0 Scope

- 2.1 This policy refers to adult patients.
- 2.2 Patients able and wishing to self-administer their medication will be assessed by nursing (or pharmacy) staff to determine their ability to self medicate on the ward, if possible on admission. The Self Administration of Medicines Assessment Form (Appendix 1) should be used for this purpose. Patients should be given a copy of the SAM Patient Information Leaflet (Appendix 2).
- 2.3 Controlled drugs will NOT be included in the scheme and will continue to be administered in accordance with the Trust's current policy.
- 2.4 **Exclusion criteria:**
 - If the patient is unconscious or after general anaesthetic
 - If the patient is confused or has a mental or cognitive disorder which renders them unfit
 - Patients with a potential to self-harm or with an active drug or alcohol addiction
 - Patients who do not consent to participate in the self-medication scheme
 - Any other reason that the patient is thought to be unsuitable by medical, nursing, midwifery or pharmacy staff

3.0 Training

- 3.1 Training for staff will be delivered in accordance with training needs analysis (Mandatory Training Policy). Training on SAM will be delivered by ward pharmacy staff.

- 3.2 Education for patients will include:
- The correct time and mode of administration
 - Emphasis on safe storage of medicines whilst in hospital and at home
 - Provision of a patient information leaflet (PIL) where patient packs are supplied
 - Possible side effects and what to do if side effects are suspected

4.0 Equality and Diversity

- 4.1 Mid Essex Hospitals are committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5. Overview of Procedure

- 5.1 Self Administration of Medicines (SAM) scheme involves:
1. Assessment of a patient's understanding of their current and future medicines and how to take them;
 2. Gaining patient consent for taking part in the scheme;
 3. Patients taking responsibility for administering their medicines (both Patients Own Drugs (PODs) and those issued by MEHT) whilst in hospital ready for discharge.

6.0 Assessment of the Patient

- 6.1 The nurse/midwife (or pharmacy staff) will explain the scheme to the patient to ensure they understand the process, offer a written information sheet (SAM Patient Information Leaflet) and invite participation.
- 6.2 All patients will be considered for self medication unless they fall into one of the exclusion criteria, based on an assessment of the patient's mental and physical ability to comply.
- 6.3 Patients will be assessed (using the Self Administration of Medicines Assessment Form) on their:
- Understanding of the process of medicines administration,
 - Ability to read and understand labelling instructions,
 - Ability to open packaging (strip packs and child resistant closures (CRCs)).
- 6.4 Patients who have been self-medicating at home using special containers e.g. monitored dosage systems (MDS) or special labels should continue to self-medicate in hospital using the same container / labelling as appropriate.
- 6.5 Patients must sign to consent to taking part in the scheme on the Self Administration of Medicines Assessment Form.
- 6.6 The Self Administration of Medicines Assessment Form once completed should be attached to the patient's medication chart.

7.0 The Self Administration Medication Process

- 7.1 Record that the patient is self-medicating on the front of the treatment card and in the nursing notes.
- 7.2 Individually labelled medications (whether PODs or supplied by MEHT) will be stored in a locked cupboard (e.g. bedside cabinet). Access to the cabinet will be controlled by the nursing and pharmacy staff.
- 7.3 On each drug round nursing staff/midwife will provide access to patient's medication. Any medicines that have to be stored in the fridge will be given to the patient as required.
- 7.4 Patients self-injecting must be provided with a personal sharps bin during their inpatient admission, which should be stored in a locked cupboard (e.g. bedside cabinet).
- 7.5 Nursing staff/midwife will confirm that the medication has been taken and document as appropriate on the medicines administration record section of the treatment card.
- 7.6 Nursing staff should continue monitoring and recording patient's observations as per "10080 Adult Patient Observation Policy".
- 7.7 For diabetic patients, if they are monitoring their own blood sugars, nursing staff should be aware that this is happening and clearly document this in the patient's notes.
- 7.8 Any blood sugar levels recorded by the patient must be recorded in the nursing notes with clear documentation that these levels have been measured by the patient.
- 7.9 The monitoring of blood sugars by the patient should not be used in place of the routine monitoring of the blood sugars by the nursing staff. These should continue to be measured and documented in the patient's notes (refer to point 7.6 above).
- 7.10 Any newly prescribed items, changes in dose, strength or frequency for which the patient does not have their own supply should be administered from ward stock.
- 7.11 Any changes of drugs/doses made by the doctor must be fully explained to the patient and the ward pharmacy team must be informed, to ensure medication is relabelled or supplied.
- 7.12 Infrequently used PRN medication will be issued from the ward trolley.
- 7.13 Medication with complex dosing instructions (e.g. for warfarin, prednisolone) will be assessed on an individual basis and recorded on the assessment form.
- 7.14 A patient does not need to self-medicate with all their medication to benefit from this scheme. Some patients will be able to administer e.g. just their inhalers or eye drops. They should be encouraged to self-medicate with as many or as few medicines as they can competently manage. Use the comments section of the assessment form to record this as appropriate.

- 7.15 Nursing/midwifery or pharmacy staff should ensure that controlled drugs are stored as per storage requirements for controlled drugs. The need for safe storage of controlled drugs should be explained to patients, and patients should be made aware that controlled drugs are excluded from the SAM policy.
- 7.16 If a patient refuses to hand over their controlled drug for safe storage this, and that the patient has been made aware that controlled drugs are not included in this policy must be fully documented in the patient's notes. It should be communicated that the controlled drug will need to be removed from hospital premises.
- 7.17 A patient can withdraw their consent to self-medicate at any time. Use the Withdrawal of Consent form (Appendix 3) to record this.

8.0 Audit and Monitoring

- 8.1 The Pharmacy department has responsibility for monitoring all prescribing and administration of medicines. This is done daily via the intervention reporting scheme and a full report is presented to the Medicines Optimisation and Medication Safety Group (MO&MSG) bimonthly.
- 8.2 Significant prescribing errors identified will also be reported using the DATIX system following the Trust's Investigating & Learning from Incidents policy and fed back to the MO&MSG.
- 8.3 The MO&MSG is a group made up of a wide representation of stakeholders who meet bimonthly within MEHT and any action plans will be allocated as appropriate.
- 8.4 Any administration errors will be referred to the Nursing Directorate who will investigate the matter.
- 8.5 Key learning points will be disseminated by a Drug Safety Bulletin every 2 months which shall be attached to the Trust's weekly newsletter "Focus".

9.0 Implementation and Communication

- 9.1 Once professionally approved and ratified by DRAG, this policy will be placed on the Trust's intranet under "Medicines Management Policy and Trust Formulary" and highlighted via the Trust's weekly newsletter "Focus"
- 9.2 This policy will be referenced in the mandatory Medicines Management training for nursing staff on the intranet. Ward pharmacy staff will co-ordinate implementation on the wards.

Appendix 1: Self Administration of Medicines Assessment and Consent Form

Date:
 Patient Surname:
 Hospital Number:

Ward:
 First Name:
 Allergies:

	Yes (tick)	No (tick)	Comment
Does the patient's clinical condition allow for safe self-administration of medicines?			
Is there any factor as set out in the procedure which makes the patient unfit to self-administer?			
Is there any factor using your professional judgement that makes the patient unfit to self-administer?			
Is the patient responsible for administering their own medicines independently in the community?			
Has self-administration been explained to the patient and has the patient been given an information leaflet?			
Has the patient given consent to SAM?			
Can the patient open bottles/blister packs?			
Can the patient read the instruction labels on their medication?			
If they cannot read the labels, would large print help?			
Does the patient understand the basic purpose of their medicines?			
Does the patient understand the dosage & instructions on how to take their medicines correctly?			
Does the patient have the physical ability to administer all their medicines e.g. insulin, eye drops, inhalers?			

The self-administration scheme has been explained to me and I am willing to take part. I have received the Patient Information Leaflet about the scheme and agree to abide by the conditions laid down. I understand I can withdraw my consent at any time.

I consent to having all medications stored in a locked cupboard as per hospital policy whilst an inpatient, and understand that I will be given access when necessary. If I do not wish for my medication to be stored as per policy, then I will ensure that my medication is removed from hospital premises and that I will not take them unknown to the nursing staff.

Patients signature.....

Print name.....

Date.....

I have assessed the patient to be suitable / not suitable for self-administering his/her own medication safely, in accordance with the procedure.

If patient is to self-medicate:

I have written on the front of the drug chart stating 'self-medicating'

I have ensured the patient's medication in the locker has been assessed as correct according to the drug chart.

Nurse's/Midwife's signature.....

Print name.....

Date.....

Appendix 2: Self-Administration of Medicines (SAM) Patient Information Leaflet

What is SAM?

Self-Administration of Medicines (SAM) is a policy used at Mid Essex Hospital trust to allow patients to self-administer their medicines whilst in hospital. Self-administering in hospital gives you the opportunity to take your own medicines in a supervised environment and ask any questions you may have in relation to your medicines, how to take them or what they are for.

Assessment

To carry out self-administration in hospital an assessment will be carried out by a nurse/midwife. The assessment will involve you supplying information regarding your medicines so we can provide as much help and support as you require.

The aim is to ensure you understand:

- How to take your medicines safely and why you are taking your medicines
- Any extra information that is given

During the assessment you will have the opportunity to discuss any points you have with a nurse. During your admission you will have the opportunity to discuss any points with a pharmacist or pharmacy technician.

Consent

Self-administration is not compulsory, you may give consent to participate or not.

If you consent to participate a member of nursing/midwifery staff will explain:

- Self-administration in more detail
- Which medicines you should be taking, doses and when to take them
- Any possible side effects

If you do not wish to consent, the nursing staff/midwife will administer all of your medicines.

Key Points

- Please keep all your medicines in the locked compartment of your bedside locker
- Please ensure that all medication not required whilst in hospital are removed from hospital premises
- Controlled drugs must be handed over to a member of the nursing/midwifery or pharmacy staff for safe storage. If you choose not to hand them over, they must be removed from hospital premises
- Please do not vary from the prescribed doses or take medication without your nurses knowledge
- If you forget to take your medication or take the wrong dose, inform a member of nursing/midwifery or pharmacy staff immediately
- Remember medicines can be dangerous if not used correctly
- Under no circumstances should medication be shared with anybody
- If any visitor or patient attempts to take your medicines inform a nurse or member of pharmacy staff immediately.

Further Information

If you have any further questions please ask the ward to contact your ward pharmacist or technician

Appendix 3

WITHDRAWAL OF CONSENT TO THE SELF-ADMINISTRATION OF MEDICINES DECLARATION

- I do not wish to remain in the self-administration of medicines scheme

- I withdraw my consent to participate in this system

- I agree to suspension of my self-medication programme

Patient's signature

PRINT NAME

Hospital Number

Witnessed by:

Designation:

Date:

To be completed by a nurse/midwife or pharmacist and filed in patient's notes.