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<th>STANDARD OPERATING PROCEDURE:</th>
<th>SELF ADMINISTRATION OF MEDICINES BY PATIENTS</th>
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<td>TW10/037 MEDICINE MANAGEMENT POLICY</td>
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August 2016

Manager responsible for review  

CHIEF PHARMACIST

your hospitals, your health, our priority
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AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY
1. **Introductory Statement**

1.1 The purpose of this procedure is to inform all practitioners of the responsibilities when initiating, supervising or discontinuing the self administration of medicines by patients.

1.2 Patients may only self-administer their own medicines following thorough assessment for suitability to enter the self administration of medicines scheme, and after obtaining patient consent.

1.3 Children and young people may be considered for the self administration of medicines scheme in exactly the same way as adults. Parental consent is essential for children less than 12 years of age and should be considered for older children and young people. Where possible, it should be discussed with parents or guardians as a matter of good practice.

1.4 **Controlled Drugs, intravenous, intramuscular and Once Only prescribed medications are excluded from the Self Administration of Medicines scheme.**

2. **Procedure for Self-Administration of Medicines**

2.1 **On Admission**

2.1.1 On admission to a ward, a registered nurse/midwife must assess the patient to establish whether they are suitable for inclusion in the Self Administration of Medicines (SAM) by completing the assessment flowchart in Appendix 1. In order to aid the assessment process, the nurse should discuss the assessment with a member of the ward pharmacy team and or doctor.

2.1.2 Level descriptors detailing each level are contained in Appendix 2. These should be displayed on the ward/department in a clearly visible location.

2.1.3 The nurse should give the patient information leaflet about the SAM scheme (located on Trust Intranet)

2.1.4 If the patient is assessed as suitable for inclusion in the SAM scheme, the patient consent form (Appendix 3) must be completed by both the registered nurse/midwife and the patient. Patients may withdraw their consent at any time during the hospital stay.

2.1.5 If a patient does not wish to be considered for SAM, then the nurse must administer medicines during the hospital stay.

2.1.6 On admission to hospital, all patients own medicines / drugs (PODs) must be locked away in the patients’ One Stop Dispensing locker (OSD).

2.1.7 When the patient has been assessed and given consent, the registered nurse/midwife must document on the patient’s Standard Prescription Chart “Approved for Self-Administration of Medicines”

2.1.8 Following the assessment, the registered nurse/midwife must document the Level of SAM and any action taken in the patients’ notes.
2.1.9 Reassessment must be performed at a minimum daily, or more frequently at the discretion of the registered nurse/midwife.

2.2 Teaching & Supervision

2.2.1 All patients should receive information regarding the correct use of their medicines during the SAM scheme. Registered nurses / midwives, pharmacists and doctors are jointly responsible for providing this information.

2.2.2 Doctors must inform all patients who are participating in SAM of medication changes. They should also inform the nurse who is responsible for updating the changes.

2.2.3 During the SAM scheme, the patient must be monitored and checks performed at every medicine round to ensure that patients self administer.

2.3 Levels of Supervision

2.3.1 Level 0
Patient is assessed as not suitable to self administer medications. The registered nurse/midwife must administer all medications in the usual way.

2.3.2 Level 1
The medicines are locked in the OSD locker and the key will be kept by the nursing staff. At the appropriate time, the registered nurse/midwife will open the locker and help the patient select the correct medicines, giving a full explanation to the patient.

2.3.3 Level 2
The medicines are locked in the OSD locker and the key will be kept by the nursing staff. At the appropriate time, the patient asks the nurse to open the locker. The patient will then select the correct medicines and take them out without help from the nurse. The nurse will check to see that the patient is taking the correct medications at the correct time.

2.3.4 Level 3
The medicines are locked in the OSD locker and the key kept by the patient. Patients tell the nurse when they have taken the medication. The nurse checks at every medicine round that the patient is taking the correct medicine at the correct time.

3. Key Security

3.1 The master key for the individual OSD locker opens all the appropriate lockers on the ward.

3.2 The master key must be held on the ward medicine cupboard key ring and will be carried by the registered nurse/midwife in charge of the ward.

3.3 Keys that open individual OSD lockers are numbered and stored in a locked cupboard on the ward.

3.4 If a patient is assessed to self administer at Level 3 the numbered key is issued to the patient who signs the patient key register for receipt of this key. The nurse must feel confident that the Patient understands that the key must not be left unattended or leave the ward with it on their person before handing over responsibility.
3.5 If the nurse discovers that a patient key has been lost then this must be reported to the nurse in charge. If the key is not found then the OSD locker should be emptied with the master key and the medicines stored safely in the ward medicine cupboard/trolley.

3.6 The registered nurse must complete an incident report and inform security of the lost key.

3.7 The patient must return the key to the registered nurse/midwife on discharge from that ward or when they are no longer self-administering their own medications in accordance with Level 3 described above.

4. **Errors in Self Administration of Medicines**

4.1 An incident form must be completed if a medication error occurs.

4.2 Following the error, the patient will be reassessed to determine whether they are suitable to continue with self administration of medication.

5. **Human Rights Act**

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

6. **Accessibility Statement**

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@www.nhs.uk

7. **Equality Impact Assessment**

The Equality and Diversity form can be found in the associated Policy TW10/037 Medicine Management Policy.

8. **Monitoring and Review:** The Monitoring and review of compliance to all aspects of the SOP can be found in the Monitoring and Review section of Policy TW10/037 Medicine Management Policy.
Self-Administration of Medicine by Patients SOP 2
Version 1
Author(s) : Head of Nursing Professional Practice
Senior Nurse Professional Practice
Quality & Safety Matron
Deputy Ward Manager
Approved: PARC August 2013
Next review date: August 2016

Appendix 1

Self-Administration of Medicines (SAM) Flow Chart

Is the patient self-administering medication at home?  
\[\text{YES} \rightarrow \text{Patient enters and remains at Level 0}\]
\[\text{NO} \rightarrow \text{Patient enters Level 0 and is assessed every 24 hours or at agreed intervals}\]

Is the patient confused or disorientated to time and place?  
\[\text{YES} \rightarrow \text{Patient enters Level 0 or 1 & is reassessed when clinical condition improves}\]
\[\text{NO} \rightarrow \text{Patient enters & remains at Level 0}\]

Is the patient sufficiently well enough to participate?  
\[\text{YES} \rightarrow \text{Patient enters at Level 0 or 1 & is reassessed when clinical condition improves}\]
\[\text{NO} \rightarrow \text{Patient enters & remains at Level 0}\]

Has the patient read the information leaflet and given consent to self administer?  
\[\text{YES} \rightarrow \text{Patient needs further assessment before entering scheme (enters at Level 0)}\]
\[\text{NO} \rightarrow \text{Patient enters at Level 0}\]

Does the patient have a history of:  
- Drug abuse  
- Alcoholism  
- Suicidal tendencies
\[\text{YES} \rightarrow \text{Enter the patient at Level 1 and refer to ward pharmacist for further risk assessment}\]
\[\text{NO} \rightarrow \text{Patient enters at Level 1}\]

Can the patient read & understand labels & other instructions?  
\[\text{YES} \rightarrow \text{Enter the patient at Level 1 and refer to ward pharmacist for further risk assessment}\]
\[\text{NO} \rightarrow \text{Enter the patient at Level 1 and refer to ward pharmacist for further risk assessment}\]

Can the patient open bottles, foil strips, compliance aid, and use eye drops, inhalers etc?  
\[\text{YES} \rightarrow \text{Patient enters at Level 1}\]
\[\text{NO} \rightarrow \text{Patient enters at Level 1}\]

Does the patient understand:  
- What their medicines are used for  
- The dose & any special instructions
\[\text{YES} \rightarrow \text{Patient enters at Level 1}\]
\[\text{NO} \rightarrow \text{Patient enters at Level 1}\]

Are there any other risk factors which might preclude self administration?  
\[\text{YES} \rightarrow \text{Patient enters at Level 1}\]
\[\text{NO} \rightarrow \text{Enter or move to Level 2. Review regularly & move up or down flowchart as necessary}\]

Enter or move to Level 2. Review regularly & move up or down flowchart as necessary

Can the patient open the locker?  
\[\text{YES} \rightarrow \text{Patient may enter or move to Level 3. Continue to monitor progress and evaluate competence ready for discharge}\]
\[\text{NO} \rightarrow \text{Remain on Level 1. Reassess and educate. Identify necessary support for discharge}\]

Patient cannot move to Level 3. Patient may be able to self-administer at home but needs to be at Level 2 for security reasons.
Self Administration of Medicines Level Descriptors

<table>
<thead>
<tr>
<th>Level 0</th>
<th>Patient is assessed as not suitable to self administer medications. The registered nurse / midwife must administer all medications in the usual manner.</th>
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<td>Level 1</td>
<td>The medicines are locked in the OSD locker and the key will be kept by the nursing staff. At the appropriate time, the registered nurse/midwife will open the locker and help the patient select the correct medicines, giving a full explanation to the patient.</td>
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<td>Level 2</td>
<td>The medicines are locked in the OSD locker and the key will be kept by the nursing staff. At the appropriate time, the patient asks the nurse to open the locker. The patient will then select the correct medicines and take them out without help from the nurse. The nurse will check to see that the patient is taking the correct medications at the correct time.</td>
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<td>The medicines are locked in the OSD locker and the key kept by the patient. Patients tell the nurse when they have taken the medication. The nurse checks at every medicine round that the patient is taking the correct medicine at the correct time.</td>
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Consent Form for Self Administration of Medicines

I, ....................................................... have read and understood the patient information leaflet, and the self administration of medicines scheme has been fully explained to me by a registered nurse/midwife, pharmacist or doctor.

I understand that I may withdraw from the scheme at any time by informing the nurse in charge.

I understand that whilst I am in hospital I may be asked to take my own medicines from home, if suitable.

Any medicines not suitable will be destroyed and new medicines obtained from the Pharmacy Department.

Patient's signature:

Patient's name:

Date:

Patient’s NHS number:

I confirm that I have explained the self-administration of medicines scheme to the patient.

Healthcare Professional signature:

Healthcare Professional name and designation:

Date:

Ward / Department: