Self-Medication for Adults Policy

This is a working document and any changes that become necessary to this policy must be Notified in writing to the Medicine Management Group via the Chief Pharmacist, East Cheshire Trust

The Medicines Management Group
Version 3: October 2014
Review: October 2016
**Policy Title:** Self-Medication Policy

**Executive Summary:** This document provides nursing, pharmacy and medical staff with a clear framework of how a self-administration programme can be implemented at ward level. It should be used in conjunction with the Safe and Secure Handling of Medicines Policy.

**Supersedes:** Version 2 Self-Medication Policy

**Description of Amendment(s):** Review of consent and assessment documentation

**This policy will impact on:** All health professionals working on wards where a self-administration programme is being implemented.

**Financial Implications:** None.

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<th>Policy Area:</th>
<th>Medicines Management</th>
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<td>Issued By:</td>
<td>Chair of Medicines Management Group</td>
<td>Review Date:</td>
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<tr>
<td>Author:</td>
<td>Lead Pharmacist for Medicine/ reviewed by Deputy Chief Pharmacist</td>
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**APPROVAL RECORD**

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<td>Specialist Advice: Diabetes Specialist Nurse( version 2) Matrons Unit manager ward 10</td>
<td>August 2012 September 2014</td>
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<td>Medicines Management Group</td>
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Policy Statement

East Cheshire NHS Trust endorses self-administration of medicines to increase patients’ empowerment and involvement in their care.

Self-administration is a philosophy of patient care that believes patients should be as independent as possible. They should participate in their own care and be able to make decisions about their treatment in partnership with nursing and medical staff in order to make informed choices.

Patients who are suitable to enter a self-medication programme would have responsibility for the storage and administration of their medicines with the nurse and pharmacist acting as educators and facilitators of the process.
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Self-Administration Procedures

1. Introduction

Patients should be given the opportunity to administer their own medications in hospital provided this can be done safely. This requires safe systems of patient assessment and medicines management at ward level.

There are many benefits of self-administration to patients, staff and the healthcare provider service:

- Self-administration of medicines (SAM) in the acute Trust gives patients’ greater independence, enables them to participate in their own care and make informed decisions about their treatment in partnership with clinical staff.
- Patients take more responsibility for their own medicines.
- Self-administration helps patients to learn and understand about their medication regimes, which may lead to better compliance.
- Self-administration returns control of medicine taking to the patient, thereby promoting patient confidence and involvement. It allows the patient to practice taking medicines under close supervision and alerts healthcare staff to any problems the patient may have in adhering to the medicine regime.
- Potential problems can be overcome before the patient is discharged, thereby enabling the patient to cope better once at home. It may help to identify patients who require additional support or other strategies to ensure adequate pharmaceutical care in the home.
- Patients are able to take their medications in accordance with their usual routines thereby reducing the potential for harm with, for example incorrectly timing insulin administration. This is especially important with medications such as those to treat Parkinson’s disease where patients have very specific dose timing schedules to optimise symptom control.

On admission the patient is assessed for suitability to self medicate. Those patients unable to self medicate at initial assessment, where appropriate, are supported to increase their levels of responsibility for taking their own medication, whilst in a supervised and supportive environment.

There are 3 levels of supervision, level 3 being the level to independently self medicate.
Levels of Supervision:

Level 1: The medicines, together with the patient’s key, will be locked in the POM box (except for Controlled Drugs which will be locked in the Controlled Drugs Cupboard). The nurse will administer each medicine in accordance with normal drug administration procedures (see Medicines Policy section 4).

Level 2: Medicines, along with the patient’s key, will be locked in the POM box (except for Controlled Drugs which will be locked in the Controlled Drugs Cupboard). At administration time the patient will ask the nurse to open the POM box. The patient will then self-administer. The nurse must annotate the in-patient prescription chart as per Medicines Policy section 4.

Level 3: Medicines identified for self-administration are locked in the POM box (except for Controlled Drugs which will be locked in the Controlled Drugs Cupboard) and the key kept by the patient. The patient administers their own medicines. If the patient is only self medicating with their insulin, inhalers, eye drops or creams/ointments and a second POM box is not available on the ward then an approved lockable Cashbox may be used for the safe storage of the medications.

In the case of Insulin, any sundries i.e. lancets, test strips, glucose meters should also be stored in the cashbox/POM box. A sharps bin must also be supplied for the safe disposal of any sharps or contaminated products. This should be kept at the patient’s bedside located within the patient’s locker.

Objectives

This policy aims to:

- Increase staff awareness of the benefits of self-administration of medicines.
- To ensure that the staff involved in the self-administration scheme are trained to follow the procedures safely and effectively.
- Ensure that self-administration is implemented and operated in a safe and consistent way to minimise risk.
2. Ownership and Responsibility

2.1 Ward managers are responsible for deciding whether self-administration can be safely practiced on their ward, for ensuring that necessary bedside lockers are available, and for ensuring nursing staff are properly trained in the application of this policy.

2.2 Doctors are responsible for following the instructions given in this policy regarding prescribing for patients who are self-administering, and for communicating any changes in medication to the patient, nurse and pharmacist as appropriate.

2.3 Pharmacists and Pharmacy Technicians are responsible for following the instructions in this policy relating to the assessment and supply of medications for use by patients.

2.4 Nurses/ Midwives are responsible for following the instructions given in this policy relating to assessment of patient suitability of patients to self medicate, consenting of the patient to self medicate, monitoring and reassessment of patients compliance with scheme.

3. Criteria for Patient Selection

All patients should be assessed for their suitability and their need to self-administer. Please also refer to Trust Mental Capacity Act 2005 Policy inc DOLS. The following criteria must be adhered to:

**Inclusion criteria**
Patients who currently assume responsibility for their medication  
Patients who will continue responsibility for taking their medication on discharge  
Patients whom appropriate members of the multidisciplinary team (e.g. Consultant, Named Nurse, and pharmacist) deem to be suitable  
Patients who are on a stable medication regime  
Wards/Units with suitable facilities for storage and security of medication

**Exclusion criteria**
Patients at risk of self-harm  
Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005)  
Patients who will not be self-medicating upon discharge

Patients who have been anaesthetised in the last 24 hours or are receiving patient controlled analgesia must be classified as level 1 and reassessed after 24 hours.
**Caution criteria**
History of alcohol or drug abuse*.
Psychiatric illness, severe depression, suicidal tendencies.
Physical disabilities which may prevent SAM.

*Careful consideration must be given to individual patients who have a history of alcohol and/or drug misuse before entering them into the self-administration programme. However, this does not mean that they are automatically excluded. The benefits and risks must be examined and an assessment of cognitive function performed. Where it is identified that, a patient with a history of alcohol or drug misuse, is appropriate to self-administer at Level 3, the reason for this decision must be clearly documented in the medical notes. Particular care should be taken to re-assess on a daily basis the continuing suitability of these patients for self medication.

### 4. Consent and Assessment

#### 4.1 On admission
To determine the patient’s suitability for SAM, a full patient assessment is carried out. See appendix 2. This assessment should be filed in patients medical notes. The assessment may be undertaken by the registered nurse alone; with the patient/carer; or jointly with the clinician and ward pharmacist. This will depend on individual patient needs.

Patients assessed to be competent to administer their own medicines are considered to be at Level three. At this level, patients self-administer medications independently, and demonstrate sufficient knowledge of their drugs to self-medicate unsupervised, accessing medication from their patients own drug (POD) box independently. If a patient is found to be unsuitable for self-administration at level 3, attempts should be made to either:

- Modify labels/packaging to promote self-administration (discuss with pharmacist)
- Educate the patient to improve their knowledge about their drug therapy
- Use level 2 (supervised administration) sessions to improve their understanding of drug doses and frequencies
- Provide counselling sessions to improve technique

#### 4.2 Ongoing Assessment / Transfer to another ward
Continuous assessment is required to ensure patients maintain their level of competence. This only needs to be documented on the Self Administration Patient Assessment and Consent Form when the patient’s competence has changed. When patients are transferred to another ward, before the patient can continue SAM, a reassessment by staff on the receiving ward must be carried out.
4.3 Patient’s Consent

It is recommended that written consent is required prior to SAM in hospital (Royal Pharmaceutical Society 2005). SAM is explained to patients and a patient information leaflet is provided (Appendix 1). If patients wish to participate, they sign the consent section of the Patient Assessment Form (Appendix 2) indicating that they consent to:

- take part in SAM
- the use and/or disposal of their own medications whilst in hospital

Patients are informed that participation is voluntary and consent may be withdrawn at any time.

5. Levels of Supervision

Level 1: The nurse administers medicines in conjunction with the patient, providing full explanation

The medicines, along with the patient’s POM box key, will be locked in the patients own medication (POM) box at the patients bedside. The nurse will administer each medicine in accordance with normal drug administration procedures in conjunction with the patients. (The nurse will have a master key to open all POM boxes).

The nurse is responsible for medication storage and the supervision of the process ensuring the patient understands the medications being administered.

- At the time of administration the nurse and patient discuss what medicines should be taken at that time and the effect they have on the body.
- The nurse may prompt the patient to test his/her knowledge of the medicines.
- Patients felt to be capable of correct selection, of obtaining dose and where necessary measuring it out for at least 1 day may be considered for level 2

Level 2: Patient self-administers under nurse supervision

Medicines, along with the patient’s key, will be locked in the POM box. At administration time the patient will ask the nurse to open the POM box. The patient will then self-administer under nurse supervision. The nurse will prompt the patient within an hour of the prescribed administration time if the patient forgets. The nurse is responsible for the safe storage of medications.
- The patient dispenses the medications under the supervision of a nurse who checks that the dose and the medicine are correct.
- The nurse can still provide information to the patient but retains control over access to medications.
- Having satisfied the nurse responsible of their proficiency in self-administering, after review of the nursing assessment and in consultation with the doctor, the patient may be considered for level 3.

**Level 3: Patient self-manages medications independently**

Medicines are locked in the POM box and the key kept by the patient. The patient administers their own medicines. The nurse continues to check compliance and patient suitability to self-medicate at least once a day. A “Cash-box” system may be implemented for the storage and self medication of the following items only:

- Insulin Devices
- Inhalers
- Eye drops
- Creams and Ointments

The patient demonstrates sufficient knowledge of his or her medications and self-medicates unsupervised.

**Once assessment completed and level of self-administration agreed, document in medical notes and also tick appropriate box of self-administration level on front of drug chart.**

**For patients self-administering insulin:**

Insulin and associated equipment (needles/syringes, pen devices, sharps bins etc) will be kept by the patient. These must be stored by the patient out of sight and in a secure location of their keeping only accessible by the patient when needed.

- The patient self administers insulin without direct supervision
- The nurse checks suitability and compliance verbally
- The prescription chart is annotated “self” (denoting self-administered medication) and the nurse’s signature in the administration section for each medication self-administered.
6. Supply, Storage and Prescribing of medications for SAM

6.1 Use of Patients’ Own Medications
Patients’ own medication can be used for SAM if the following criteria are met:

- The patients have consented to use their own medications whilst in hospital (See Consent section of the Self Administration Assessment and Consent Form, Appendix 2).
- The patients’ own medications have been assessed according to the criteria in Appendix 3 and 6

If the dosage on the label is not what the patient is currently taking the patient cannot self medicate that medicine until it has been re-labelled. If unsure discuss with pharmacist.

All medications should be assessed in accordance with the Medicines Policy section 3.2 and Appendix 3 Self-medication policy; POD Assessment Checklist.

- Medications requiring careful consideration for inclusion in the self-administration scheme include cytotoxics, warfarin and refrigerated drugs, but if the patient is to manage these at home then they may need to be included in the scheme.
- Controlled Drugs are not to be included in the self-administration scheme and must be locked in the ward Controlled Drugs cupboard (refer to Policy on the Safe Management of Controlled Drugs).
- Any drugs that require special storage conditions or refrigeration may not be stored within the POD box. If in doubt, check with pharmacist
- Monitored Dosage Systems (venalinks/blister packs) may be used provided that each blister contains a single medication that is clearly labelled and that the medication in the pack, as stated by the community pharmacy labels, match.

Patients own medications can be checked by the registered nurse responsible for drug administration at ward level, using the criteria outlined in Appendix 3. If there is any doubt, pharmacy staff (ward pharmacist or technician) can be asked to assess the suitability of the medications.

6.2 Further supplies of Medication
Where further supplies of a drug are required, pharmacy staff on the ward can arrange a supply of those current medications being administered by the patient, labelled with full administration instructions, or at the weekend additional medications can be ordered by sending a requisition to pharmacy.

6.3 Secure Storage of Medications
For patients on SAM, medications are stored in their POD box. This should only contain medications clearly labelled for that individual patient.
Competent patients are provided with a key to the POD box. The registered nurse holds a master key for each POD box. It is the responsibility of the patient and the discharging nurse to ensure any keys are returned to the ward prior to discharge from hospital.

All medicines requiring refrigeration will continue to be stored and dispensed/administered in the usual way. For patients self-administering medications requiring refrigeration, at the appropriate administration time, the patient should prompt the nurse to bring their supply of refrigerated medication to them for administration, returning it to the fridge when the patient has finished using it.

6.3.1 As required' Medicines

- These medications will usually be kept in the patient’s own drug (POD) box. Exceptions include GTN spray, eye drops for dry eyes, emollient creams or asthma reliever inhalers which the patient may wish to carry with them, however these medicines must not be left unattended on the tops of lockers or at the bedside.
- Level 3 patients will self-administer their own ‘as required’ medication. They must inform the nurse on each occasion.
- Level 1 or 2 patients will have their ‘as required’ medication administration supervised.
- If a patient is requiring regular doses of ‘as required’ medicines then reassessment of the patient’s condition may be required. For example, a review to ensure that the analgesia prescribed is providing adequate pain relief.

6.3.2 Controlled Drugs – see Policy on the Safe Management of Controlled Drugs

- Controlled drugs are excluded from the self-medication scheme and are not to be stored in POM boxes. All Controlled Drugs are to be stored in the Controlled Drugs cupboard and administered to the patient by a nurse.

6.4 Keys

- All keys must be stored in accordance with the Medicines Policy Section 5.5
- Each POM box to be used for self medication must have its own lock, thus avoiding the potential problem of access to an individual locker by other patients.
- Patients assessed as suitable to self-administer medicines at level 3 using the assessment checklist (see Appendix 2) can be given responsibility for the key to their locker. The nurse/pharmacist must ensure patients are aware of the importance of keeping their locker key safe and out of sight. They should be instructed to return it to the nurse on discharge or whenever they leave ward/
unit. The nurse discharging the patient from the ward is responsible for retrieving the key.

- The nurse must retain custody of the locker key for those patients unable to self-administer at level 3. In this situation the key should be locked inside the POM box and inaccessible to the patient.

Procedure if Drug Keys are Lost. (See Appendix 7)

- If a patient takes a key home every effort must be made to retrieve that key.

- Any loss of keys should be reported immediately to the nurse in charge of the ward and a clinical incident form completed on Datix. The procedure outlined in the Trust Medicines Policy section 5.5.9 must be followed.

6.5 Prescribing

6.5.1 Additions and altered dosages
When a new drug is prescribed or a dose changed, the doctor will amend the prescription chart in the usual way, advising the patient. He/she will also draw it to the attention of nursing and/or pharmacy staff to enable a labelled supply to be dispensed. The nurse will administer the new drug until a labelled supply is available.
Upon receipt of the new drug/further supplies of a drug, the nursing staff must check them against the prescription. The nurse must then explain the drug to the patient and ensure it is placed in the locked POD box.

6.5.2 Discontinued drugs
When a drug is discontinued, the doctor will cancel the prescription in the usual way and must also alert the nurse and patient so that the item can be removed from the patient’s locked cabinet and the patient can be kept fully informed.

6.5.3 Discharge Medication
Discharge medications are prescribed on the electronic discharge notification form (eDNF) by the prescriber and issued to pharmacy. Pharmacy will supply any medications required in accordance with the eDNF. The pharmacist is responsible for clinically checking the discharge prescription and supplying medication to the ward. The nurse is responsible for checking the discharge medications with the patient prior to the patient leaving the ward to go home. The nurse, pharmacist or doctor must ensure all appropriate patient counselling, regarding medications for the patient, is completed prior to discharge.
7. Teaching and Supervision

Patients should be provided with a full explanation on how the self medication scheme will work including details of:

- The supply of medicines they will be using, whether they will be the patients own drugs, or a new supply from pharmacy
- Where to store their medicines.
- What to do if they miss a dose, forget how or what to take, or run out of supplies
- Who to inform if they wish to stop self-administering
- What will happen on discharge
- What to do about ‘when required medication’ (PRN) medication
- Only using their medicines as prescribed for themselves and not allowing other patients or visitors to use them
- The use of the medication information cards and their benefits/use of tick box chart if required (see appendix 4 and 5)
- Reasons they may be withdrawn from the scheme by a healthcare professional

Any information required by the patient, can be reinforced using the Medicines Information Card (M.I card) (appendix 4). If a patient would like an M.I card to support them in taking their medicines correctly, then the M.I card should be completed by a nurse or pharmacist and double checked by another nurse.

8. Dissemination and Implementation

8.1 Introducing SAM on a ward/clinical area constitutes a major change in practice for that area requiring the following support and educational input:

- Theoretical education on the SAM process and underpinning knowledge
- Competency assessment of staff who will be undertaking patient assessments
- Access to relevant documentation
- Relevant equipment in place (lockable patients own drug boxes)

8.2 The change process will need to be led by the ward/unit manager with support and educational input from the relevant pharmacist.
9. References


NICE CG 76 Medicines Adherence

Patient Safety Alert NPSA/2011/PSA003 The adult patient’s passport to safer use of insulin

Self-management of diabetes in hospital – Joint British Diabetes Societies for Inpatient Care Group March 2012

Acknowledgements

Mid Cheshire Hospitals Foundation Trust Self-Administration Policy

Cambridge City and South Cambridgeshire PCT Self Administration Policy and Procedure

Royal Cornwall Hospitals Policy for Self Administration by competent patients
Appendix 1 - Self-Administration of Medicines - Patient Leaflet

The Patient Leaflet is on the next page.
Taking Medicines With Care

If you are self-medicating always keep your medicines in your locked medicine box and keep the key out of sight.

Please return the key for your medicines box to your nurse before going home or if leaving the ward.

Never share your medicines with anyone else when in hospital or at home.
What if I become unwell, or need to have an anaesthetic?
If your condition changes, or if you need to have a procedure under anaesthetic, your nurse or pharmacist will assess whether you are still able to take your own medicines. If not your nurse will take over giving you your medicines until you recover.

How can I be sure all this is safe?
- Make sure you always lock your medicines into your bedside locker and keep the key somewhere safe
- Never take more than the dose on the label, and never share your medicines with anyone else
- If you are not sure how to take your medicines, ask the nurse, doctor or pharmacist on the ward
- If anyone else tries to take your medicines, please contact one of the nurses immediately

What happens when I go home?
The doctor will write a prescription for all the medicines you are taking. The ones you have been taking will either be reviewed on the ward, or sent to pharmacy. This is to make sure there are enough supplies and they are correctly labelled. Your medicines will be given back in time for you to go home. If you have any questions about the medicines you are taking home, do ask the nurse, doctor or pharmacy staff.

Self-Administration of Medicines
Why am I being asked to think about taking my own medicines in hospital?
Some medicines need to be taken at particular times, or at short notice. Being able to take your own medicines, when you need to, means better care. Continuing to take your own medicines also allows you to maintain your independence whilst in hospital.

What will happen if I do want to take my own medicines?
Your nurse or pharmacist will need to ask you some questions to make sure it is safe for you to take your own medicines on the ward. We will need to look at your own medicines to see if they are all in good condition and properly labelled.

What will happen to my own medicines?
Your own medicines will be kept safely in your bedside medicines box. It will usually be possible for you to have a key to this locker.

What if I don’t have enough of my own medicines, or I start to take something new?
Further supplies of your current medicines, or new medicines, will be ordered from pharmacy. These will be fully labelled with instructions and, as well as taking them on the ward, you will be given them to take home.
Appendix 2 - Self-Administration Assessment and Consent Form

Self–Administration Assessment and Consent Form

Please also refer to Trust Mental Capacity Act 2005 Policy inc DOLS

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<th>Patient Consent for self medication</th>
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<tr>
<td>Name:</td>
<td>Self-administration of medicines has been explained to me.</td>
</tr>
<tr>
<td>Hospital Number:</td>
<td>I have read and understood the information sheet “Self-administration of Medicines” and am willing to take part in the self administration programme on the ward.</td>
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<tr>
<td>D.O.B</td>
<td>I understand that I may withdraw from the programme at any time by informing the nursing staff.</td>
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<tr>
<td>Ward</td>
<td>I consent to the use or disposal of my own medications as required</td>
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(Please circle) YES  NO

Sign:     
Date:     
Time:     

PATIENT ASSESSMENT

Based on the questions below, please assess and indicate whether you consider the patient fully competent to self-administer their medicines

Once initial assessment completed only record again if competence changes / change in clinical condition likely to affect competence
# Questions (answer Y/N)

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<tr>
<td>1. Does the patient usually take responsibility for their own medications?</td>
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<td>2. Has SAM been explained to the patient and the patient information leaflet been given?</td>
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<tr>
<td>3. Has the patient read and understood the leaflet explaining self-medication?</td>
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<tr>
<td>4. Has patient consent been obtained?</td>
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<td>5. Is the patient competent to make decisions?</td>
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<td>6. Can he/she read labels and open containers?</td>
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<td>7. Does he/she understand the dosage, timing and any special instructions?</td>
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<td>8. Confirm <strong>NO</strong> IV sedation expected in the next 24 hours?</td>
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**ASSESSMENT OF COMPETENCE**: YES if Y to all questions

Signed (assessing nurse/doctor/pharmacist)

Pint name of assessor

**YES** indicates the patient is assessed as competent to self-medicate unsupervised, accessing medication from the bedside cabinet independently using a key.

Once assessment completed and level of self-administration agreed, document in medical notes and also tick appropriate box of self-administration level on front of drug chart.

**Variance** - please record reasons for change of level

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<tr>
<td>Date</td>
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<td>Reason for variance</td>
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Appendix 3 POD Assessment

Assessment of Patient’s Own Medication

Patients’ own medication can be used during their stay in hospital if the following applies:

- The packaging is intact and expiry date has not been passed
- The label is clearly readable and contains the following information:
  - Name and strength of medication
  - Dose and Frequency
  - Patient’s name
  - Date dispensed
  - Name and address of dispensing chemist or doctor

- The medicine appears to be in good condition and match up with the label
- The packaging contains only those medicines identified on the label

Before authorising use of Patients own drugs (PODs) complete POD assessment. See appendix 6

The following must also apply:

- The drugs are prescribed on the hospital prescription chart in the same dose, timing and method of administration as labelled on the packaging.
- The patient has consented to use his own medications whilst in hospital.

Assessment of patient’s own medications

Please circle yes or no

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<tbody>
<tr>
<td>Has patient consented to</td>
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<td>the use of his/her own</td>
<td>YES</td>
</tr>
<tr>
<td>medications?</td>
<td>NO</td>
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<tr>
<td>Has patient brought his/her</td>
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<td>own drugs into hospital?</td>
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<td>Are Patient’s Own Medications</td>
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<td>suitable for SAM</td>
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<tr>
<td>Additional Comments</td>
<td></td>
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</tbody>
</table>
Compliance aids

Additional aids to help a patient comply and take their medicines correctly include the use of:

- A medicines information card (appendix 4)
- A self administration patient tick chart (appendix 5)

Discuss with patient if they require use of these compliance aids and complete details as necessary.

Details of compliance aid requirements (please include details of community pharmacy if patients uses Venalink prior to admission)
Appendix 4 - Medicines information card

General advice about your medicines

- To reduce the risk of taking the wrong medicines, always keep them in the original container.
- If child resistant containers are not convenient ask for easy-open ones.

STORE ALL MEDICINES OUT OF REACH OF CHILDREN

- Be sure you can read the label. Ask for large type if necessary.
- Pay attention to any instructions or cautions on the label.
- Return any unwanted medicines to your local pharmacy for destruction.

Never allow other people to use your medicines, even if they have the same symptoms as you.

Side Effects

- All medicines may have unwanted effects. Many are minor, harmless or short lived. If you experience effects, which are particularly troublesome or persistent, contact your doctor, nurse or pharmacist.

Going home

- Wait until the pharmacist/nurse has checked all your medicines
- Remember to return the medicines cupboard key to the nurse.
- If you have any questions about your medicines when you first arrive home then you can contact:

<table>
<thead>
<tr>
<th>Pharmacy Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone no 01625 661266</td>
</tr>
</tbody>
</table>

If you have any general queries about your medication after you go home then you can speak to your usual doctor or pharmacist.

Medicines Information Card

Patient Details:

Name…………………………
D.O.B…………………………
Consultant…………………..
This card shows all the medicines prescribed by the doctor and how and when to take them.

- Please check with your doctor or pharmacist before taking any medicines not on the list below

<table>
<thead>
<tr>
<th>Medicine Name &amp; Strength</th>
<th>Reason for Medicine</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Teatime</th>
<th>Bedtime</th>
<th>Special directions and other instructions you need to know</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Prepared by:  
Checked by:  
Discussed with patient (sign/date)
Appendix 5 - Self–Administration Patient Tick Chart

Self–Administration Patient Tick Chart

Patient Name……………………………………………….Date of Birth……………………………Chart Number………

After you have taken your medicine: tick the box beside the medicine you have taken, under today’s date and the time you took the medicine on the record chart. Use your medicines information card to help you take them correctly. If you have any problems or need help please ask your nurse.

<table>
<thead>
<tr>
<th>Medicine and strength</th>
<th>Date and time Medication Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Breakfast</td>
</tr>
</tbody>
</table>

Chart Prepared By:……………………………Checked By ……………………………Date……………………………………...
Patient Own Drug (POD) assessment checklist

Appendix 6 – POD Assessment Checklist

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USE</strong></td>
<td>Is the label legible and are the patient’s name and details correct? (No hand written alterations to the label)</td>
</tr>
<tr>
<td><strong>USE</strong></td>
<td>Is the suppliers name and address identifiable on packaging?</td>
</tr>
<tr>
<td><strong>USE</strong></td>
<td>Do the product name, strength and dosage instructions match the doctor’s prescription?</td>
</tr>
</tbody>
</table>
| **USE** | **Check medicine identity:** -  
  o Does the name on the label match that on the product/foil strip?  
  o Is pharmacy packaging clearly marked with drug name, expiry date and strength?  
  Discard any white unmarked tablets or any product you feel you cannot positively identify | Do NOT USE |
| **USE** | Are all the tablets whole? | Do NOT USE |
| **USE** | Is the product acceptable?  
  E.g. in a suitable container, clean, dry, no signs of deterioration and in good working order e.g. inhalers | Do NOT USE |
| **USE** | Is it a liquid that’s been dispensed within the last 3 months?* | Do NOT USE |
| **USE** | Is the product marked with an in-date expiry dispensed within 6 months? | Do NOT USE |
| **USE** | Have eye drops, eye ointments, eardrops or nose drops been opened for less than one month? | Do NOT USE |
| | Any compliance aids, request the pharmacist to review. | Do NOT USE |
| **USE** | Overall, Are you satisfied with the general condition, packaging and labelling? If in any doubt **DO NOT USE** and leave for the attention of the pharmacist. | Do NOT USE |

* Except liquid antibiotics requiring refrigeration - do not use or if an alternative expiry is specified by the manufacturer.

For a POD to be suitable for use it must meet all criteria. If you are unsure about any POD **DO NOT ADMINISTER.**
Appendix 7 – Medicines box lost key procedure

Procedure if medicine locker keys are lost / taken home by a patient

If a patient forgets to hand in their locker key: -

- Contact the patient to retrieve the key.
- *Complete clinical incident form on Datix*

7.1.1 If the patient cannot return the key: -

- Complete a clinical incident form on datix
- Inform the ward Manager and follow the procedure as outlined in the Medicines Policy section 5.5.9
- Every effort must be made to retrieve the key

7.1.2 If a medicine locker key is lost: -

- Complete a clinical incident form on Datix
- Inform the ward Manager and follow the procedure as outlined in the Medicines Policy section 5.5.9
- If an individual key is lost then a risk assessment must be performed and the necessity to change the lock considered

* IF THE MASTER KEY IS LOST, a risk assessment must be performed and consideration given to changing the locks.*
Equality Analysis (Impact assessment)

Equality Analysis (Impact assessment)

1. What is being assessed?

The Trust policy for Self Medication

Details of person responsible for completing the assessment:

- **Name:** Elisabeth Street
- **Position:** Deputy Chief Pharmacist
- **Team/service:** Pharmacy

State main purpose or aim of the policy, procedure, proposal, strategy or service:

This policy and procedure ensures a safe system of assessing patients and providing medications to facilitate self-administration. Self medication helps to maintain patient independence, ensures patients can receive relief medications at short notice, facilitate compliance with complex dosing regimens such as those to treat Parkinson’s disease and also to identify medication problems prior to discharge. Intended outcomes of the Trust Self medication policy are to enable our inpatients to self administer their own medications, increase patient satisfaction and reduce issues of delayed and omitted doses.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:** East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

**Race:**
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)
No- none aware of

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?
No

3. Assessment of Impact
Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?  

Yes □ No x  

Explain your response: Applies to all patients within the scope of the policy following completion of the relevant assessments. Where a person’s first language is not English, staff will follow the Trust’s interpretation and translation policy.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  

Yes □ No x  

Explain your response: Applies to all patients within the scope of the policy following completion of the relevant assessments. The Trust has a transgender policy and staff will be mindful of this.

**DISABILITY:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?  

Yes □ No x  

Explain your response: Applies to all patients within the scope of the policy following completion of the relevant assessments. Use of an interpreter may be employed where necessary for Deaf patients or deaf blind. The Trust is also implementing Signtranslate which is an online BSL interpretation system using a webcam, which may help with communication with patients and carers. Information can be provided in a variety of formats such as large print, audio, Braille and easy read. For patients with learning disabilities, picture communication books are available in ward communication boxes and staff have access to learning disabilities awareness training including Makaton.

________________________
/

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently?  

Yes □ No x  

Explain your response: Applies to all patients within the scope of the policy following completion of the relevant assessments.

________________________
/

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  

Yes □ No x  

Explain your response: Applies to all patients within the scope of the policy following completion of the relevant assessments.

________________________
/

**RELIGION/BELIEF:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently?  Yes ☐  No x

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments. For patients of Muslim faith, then all drugs administered will be checked with the pharmacy for porcine content.

________________________________________________________________________

**CARERS:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently?  Yes ☐  No x

**Explain your response:** Patient consent would be sought unless life threatening situation.

________________________________________________________________________

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently?  Yes ☐  No x

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments..

________________________________________________________________________

4. **Safeguarding Assessment - CHILDREN**

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ☐  No x</th>
</tr>
</thead>
</table>

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people: |

c. If no please describe why there is considered to be no impact / significant impact on children.

This policy only relates to self medication for adult patients

5. **Relevant consultation**

*Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*

Policy applies to all patient groups equally.

6. **Date completed:** 11/12/14  **Review Date:** October 2016
7. **Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
</table>

8. **Approval** – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 25.9.14