

SELF-ADMINISTRATION OF MEDICINES (SAM) BY INPATIENTS

“Patients should not be passive recipients of prescribing decisions by doctors- a shared approach needs to be encouraged whereby patients can learn about and take responsibility for their own medication.”¹

Version number :	5.0
Consultation Groups	Medicines Committee
Approved by (Sponsor Group)	Medicines Committee
Ratified by:	Medicines Committee
Date ratified:	11 th November 2020
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Implementation Date :	November 2020
Last Review Date	November 2020
Next Review date:	November 2023

Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Comments/Changes
5.0	04.11.2020	Ilaria Francesca Deho Whitney Yeboah	<p>Changed title to explicitly state “inpatients”</p> <p>4.1 Doctors to prescribe the “self administration” dummy drug on the JAC medication chart</p> <p>4.2 removal of updating clozapine posters as this is now managed by the physical health lead nurse</p> <p>4.3 & 11.3 addition to nursing responsibilities to include documentation on RiO when medications supplied to patients for overnight leave or discharge from self-administration supply</p> <p>6.1 & 6.7 Addition of medications excluded from the SAM scheme</p> <p>9.2 An entry to be made on RiO detailing progress with the SAM scheme for compliance checks. This will replace Appendix 5.</p> <p>Removal of Appendix 5</p>

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1.0 Introduction & Background

- 1.1 Self-administration of medication (SAM) is designed to improve patients' knowledge about their medicines and provides the opportunity for the patient to have responsibility for taking their own medication whilst in hospital. It involves a multi-disciplinary approach and emphasises the need for better management of patients' medication between hospital and community settings.
- 1.2 Non-adherence to medicines is one of the key reasons for admission to hospital; SAM offers a way to prevent this and demonstrates clear incentives both financially and for patients themselves. Studies have shown that 55 to 60% of re-admissions to hospital are linked to problems with adherence.²
- 1.3 Benefits:
- Ensures that patients are able to take their medicines at the right time, which helps maintain their own and their carers' confidence in their ability to manage their medicines and promotes independence
 - Supports community care coordinators and hospital staff planning for discharge by ensuring that patients have reached an adequate level of competence in managing their medicines prior to discharge
 - As patients move towards more independent living the ability to correctly and confidently look after medications is a significant factor in preventing relapse.

2.0 Purpose

- 2.1 This policy standardises the practice of SAM across East London NHS Foundation trust and aims to promote patient autonomy and independence whilst maintaining safety.

3.0 Definition

*"Self-administration of drugs by the patients involves the patient, and carer in certain circumstances, looking after and taking their own medication whilst in hospital."*³

4.0 Roles & Responsibilities

4.1 Prescriber	<ul style="list-style-type: none"> • Appropriate prescribing of medication • Informing patient when medication has been changed • Informing nursing/ pharmacy staff immediately if changes to medication are made • Patient assessment and consent if uncertainty about capacity/incapacity • Prescribe the “self administration” dummy drug on the JAC medication chart
4.2 Ward Pharmacist/technician	<ul style="list-style-type: none"> • Patient assessment and consent • Patient education • Provision and updating of medication reminder cards and aids • Supply of medication • Compliance checks • Educating nursing staff on use of SAM • Update SAM posters in the treatment room
4.3 Nursing staff	<ul style="list-style-type: none"> • Patient assessment and consent • Patient education • Safe and secure storage of medication • Checking clozapine poster for valid green result & informing patients • Supervising medication administration • Ensuring patients are using named self-administration medication • Monitoring and progression of patients • Ordering medication • Compliance checks • Document clearly on RiO the medications given to the patient for overnight leave or discharge
4.4 Patients	<ul style="list-style-type: none"> • Safe and secure storage of medication (Level 3) • Administration of medication, under appropriate supervision • Seeking help/advice where appropriate
4.5 Multi-disciplinary team as a whole	<ul style="list-style-type: none"> • Careful selection of patients against the inclusion and exclusion criteria in order to identify and exclude those who may endanger themselves or others. • Should reach an agreement regarding suitability for each patient initiated on SAM and ensure the patient is well prepared/educated and trained prior to this. • Ensure a step wise approach is employed & that the consent form is signed by the necessary staff and service user.

5.0 Levels of supervision

5.1 A stepped approach should be employed to enable patients to progress through the programme, gradually gaining a greater level of responsibility as they become more competent and as staff gain confidence and assurance regarding their safety and ability.

5.2 There are **three** levels of supervision:

Level 1: Consistent Unprompted Attendance

The nurse/midwife administers the medicines, giving full explanation. Medication given to patient from patient named medication drug trolley. Staff will assess a patient's attendance, understanding of the medications, and motivation start SAM.

Level 2: Supervised Self-Administration

The patient administers the medicines, with nurse supervision. Medication labelled with administration directions, kept in drug trolley.

Level 3: Patient takes responsibility for administration & storage

The patient administers the medicines without nurse/midwife supervision. At this point, the patient is given the key for their medicine cabinet, thus taking responsibility for storage as well as administration.

5.3 Patients are able to move both up and down the levels, depending on abilities and changing needs and this must be accurately recorded in the notes

5.4 Before a patient can move up a level, there must be a documented assessment and agreement made by the MDT.

6.0 Assessment

6.1 The following inclusion and exclusion criteria must be applied when assessing a patient's suitability to start self-administration

Inclusion criteria:	Exclusion criteria:
<ul style="list-style-type: none">• Patients whom the multidisciplinary team deem to be suitable• Patients who are on a stable medication regime (both physical and mental health treatment)• Patients who will be discharged in the next 6 months.• Patients who will continue responsibility for taking their medication on discharge	<ul style="list-style-type: none">• Patients who do not self-administer when they are outside hospital• Patients who are confused• Patients who lack insight and capacity• Patients who have an unstable mental state• Patients who continue to misuse alcohol or drugs• Medications excluded from the SAM scheme (see section 6.7)

6.2 The SAM assessment tool (appendix 1) must be used to assess patient suitability *before* they are allowed to take responsibility for *any* medication whilst in hospital.

6.3 The aim of the assessment is to determine the patient's ability to self-administer safely, to ensure there are no unacceptable risks, and to identify and resolve any potential difficulties.

6.4 Ideally, nursing/midwifery staff should carry out the assessment with input from pharmacy staff and filed in the notes.

6.5 Staff conducting the assessment should recognise and accept personal accountability for their assessment and recommendations.

6.6 If the patient has a history of drug abuse, alcoholism or suicidal tendencies then the risks should be assessed fully with multidisciplinary team and the patient excluded if appropriate.

6.7 Medications excluded from the SAM scheme include:

- Controlled Drugs (Schedule 2 and 3)
- Once Only Doses
- PRN medications
- Nebules
- Items requiring refrigeration (Level 3)
- Cytotoxics

7.0 Teaching & Supervision

- 7.1 Each patient is an individual and should be treated as such, by establishing a personal teaching strategy, tailoring educational support to need.
- 7.2 Appropriate information should be given to the patient during the assessment process to enable them to make an informed decision whether to undertake self-administration following assessment of capacity.
- 7.3 The key points to be communicated include:
 - Aims of self administration and the reason this individual has been chosen as suitable
 - Medication regime – name / dosage / reason /duration / side effects
 - Provision of SAM information Leaflet (appendix 3)
 - Practical aspects of the scheme
 - Participation is voluntary
 - Responsibility and accountability of the patient and the clinical team

8.0 Consent

- 8.1 “The Safe and Secure Handling of Medicines: A Team Approach”⁴ recommends that written valid consent is required prior to any patient undertaking self-administration in hospital.
- 8.2 The multidisciplinary team must agree the patient is suitable to self-administer, and the medical officer, primary nurse, pharmacist and the patient must sign the **consent form** (Appendix 2).
- 8.3 This completed form must be kept in the patient’s medical notes. The patient may withdraw consent at any time, and this should be recorded in the patient’s notes.

9.0 Monitoring

- 9.1 Self-administration should be viewed as an ongoing patient care issue. The patient’s ongoing suitability for self-administration of medication should be assessed through regular checks performed either a daily or weekly basis. The choice between daily or weekly monitoring should be made by the MDT on a case-by-case basis, taking into consideration the patient’s risk assessment.
- 9.2 If a pharmacist, pharmacy technician or nurse carries out a compliance check, an entry must be made on the patient’s RiO progress notes. This should be done either daily or weekly depending on the frequency decided by the MDT.

Example Entry:

<u>Originator: Nurse 1</u> 01 Nov 2020	<u>Detail</u> <u>Amend</u>
<u>SELF-ADMINISTRATION MONITORING</u>	
Assessed by: Nurse 1	
Level of Supervision: 2	
Comments:	
The service user is still struggling with the self-administration programme. Patient had to be reminded several times to take their medication. Patient also struggled to read the instructions on the medication label.	
Action:	
Discuss concerns with the MDT and consider removal from the self-administration scheme.	

10.0 Patients transferred

10.1 When patients are transferred to another ward, self-administration medication should be sent with them and a reassessment should be done before they can continue to self-administer their medication.

11.0 Patients on leave and Patients discharged

11.1 When patients are going on leave, their named self-administration medication can be sent with them if checked and approved by MDT.

11.2 When patients are discharged their named self-administration medication can be suitable to be sent home if at least 14 days supply remain and if this is confirmed by the prescriber/ ward pharmacist.

11.3 If a patient is sent on leave, the nominated nurse providing the medication must make an entry on RiO documenting medication given (including quantity supplied). Patients must only be supplied medication that is correctly labelled and checked against the current JAC medication chart.

12.0 Storage & Keys

12.1 If a patient is on level 3 of self administration; most medication should be stored in the individuals locked cabinet.

- 12.2 Medicines not stored in the locked cabinet may include parenteral medication, fridge items and medicines prescribed for occasional use.
- 12.3 Each cabinet will be affixed to the wall/floor and have it's own key to avoid access by other patients.
- 12.4 Patients who are self-administering must keep their key on their person at all times and not allow other patients access to their lockers.
- 12.5 Each ward will have a key to the locker which must be stored safely.
- 12.6 To minimise the risk of a self-administration error, only medicines that have been labelled for that individual patient and are currently prescribed should be kept in the locker.
- 12.7 If medicines are no longer required they should be immediately removed from the bedside medicine locker.

Appendix 1 Patient Assessment form for Self-Administration of Medication (SAM)

The following inclusion and exclusion criteria must be applied when assessing a patient's suitability to start self-administration

Inclusion criteria:	Exclusion criteria:
<ul style="list-style-type: none"> • Patients whom the multidisciplinary team deem to be suitable • Patients who are on a stable medication regime (both physical and mental health treatment) • Patients who will be discharged in the next 6 months. • Patients who will continue responsibility for taking their medication on discharge 	<ul style="list-style-type: none"> • Patients who do not self-administer when they are outside hospital • Patients who are confused • Patients who lack insight and capacity • Patients who have an unstable mental state • Patients who continue to misuse alcohol or drugs • Medications excluded from the SAM scheme (see section 6.7)

Name:	DOB:	Hospital No:	Yes	No
Is the patient willing and motivated to participate in the programme?				
Is the patient able to read medication instructions?				
Is the patient able to understand instructions?				
Is the patient able to open ordinary medicine containers?				
Is the patient able to open blister packs?				
Is the patient able to open and pour medicine from medicine bottle?				
Is the patient able to use ointment i.e. opening and squeezing the tube & apply?				
Is the patient able to swallow the medicine in the form available?				
Does the patient fulfil the criteria for a compliance aid?				
Does the patient know what medicines they are taking and what they are for? (Give information sheet)				
Does the patient know what times to take the medicine and what dosage to take?				
Is the patient aware of the side-effects and how to take the medication?				
Does the patient know how to store the medication?				

Based on this patient's knowledge of their medicine therapy and the above assessment I recommend level _____ (state level) for this patient.

Signed: _____ Job Title: _____ Date _____

Patient Self Administration of Medicines Consent Form

Please read the leaflet “Patient Information Leaflet: Taking your own medicines whilst you are in hospital; SELF ADMINISTRATION”

Should you have any questions please ask your named nurse/midwife or pharmacist who are here to help you.

- **I have read and understood the “Patient Information Leaflet: Taking Your own medicines whilst you are in hospital; SELF ADMINISTRATION” and I am willing to take part in the scheme**
- I understand why I am taking the tablets, and I know the names and doses of my tablets.
- I agree to take charge of my tablets on a daily/weekly basis*.
- I understand that this will be reviewed regularly.
- I understand that I can change my mind and stop self-administration if I choose.
- I understand that if the staff decide I should stop the self administration programme I will be informed

Patient Signature: _____

Print Name: _____

Doctor Signature: _____

Print Name: _____

Nurse Signature: _____

Print Name: _____

Pharmacist Signature: _____

Print Name: _____

Date: _____

Appendix 3

**SELF ADMINISTRATION INFORMATION &
MEDICINES RECORD CARD**



SELF ADMINISTRATION

Further Information can be obtained from Your pharmacist

Pharmacist Name: _____



Patient Information Leaflet:

Taking Your own medicines whilst you are in hospital
SELF ADMINISTRATION

Date issued: _____

Name: _____

Hospital No: _____

Allergies: _____

Ward: _____

Please try and keep this card up to date when your medicines change

- If you experience any adverse reactions which you think may be caused with your medicines please inform your doctor, pharmacist or nurse
- If you have any questions about your medicines please ask a member of staff

SELF ADMINISTRATION INFORMATION

SELF ADMINISTRATION

Keep all medicines out of the reach of children.

- Medicines if not properly used can be dangerous.
- If you use needles for insulin please make sure they are stored and disposed of safely. If necessary ask for a sharps bin.
- It is *your* responsibility to keep the medicines and key in a safe place.
- If a visitor or other patient tries to take your medicines inform a nurse immediately.
- Never share your medicines with anyone else.
- If you forget to take a dose of medication, tell a member of the nursing staff.
- Do not exceed the prescribed dose.
- Your pharmacist *must* check your medication before you go home.
- *Please* return your key to your nurse before you go home.

On this ward a system is used that will enable you to be responsible for taking your own medicines.

- This system is known as self-administration
- Your own medicines, if suitable will be used initially as this allows you to continue with familiar medicines and containers. Any more or different medicines will be given to you by the hospital pharmacy.
- Self-administration helps to improve your knowledge of your medicines and the reason for taking them so you will be able to manage better after you are discharged.
- This system is not compulsory so you do not have to take part. If you do not take part the nurse will administer your medicines in the normal way and give you information about them for when you go home.
- If you agree then a nurse or pharmacist will explain to you about your medicines and what they are for. You will have a medicines information card to complement the information you receive.

Appendix 4

When to take your medicines; MEDICINES RECORD CARD

Name & Strength of Medicine	What I call it	What it's for	How much to take and when				Additional Information/ Special Directions
			Breakfast	Lunch	Evening	Bedtime	

Completed by: _____ Role: _____ Date: _____
 Additional information about your medicines can be found on the Patient Information Leaflet supplied with your medicines

References

1. Audit Commission. Self administration of medicines by hospital inpatients. 2002.
2. Health care commission. Talking about medicines; the management of medicines in trusts providing mental health services. 2007.
3. The Pharmaceutical Journal October 2001. 267; 569-573.
4. Royal Pharmaceutical Society of Great Britain. The Safe and Secure Handling of Medicines: A Team Approach. March 2005.

Additional Resources

NHS education for Scotland. Toolkit for self administration of Medicines (SAM) in Hospital.

NMC Guidelines for the Administration of Medicines 2010