

# Policy for Self-Administration of Medicines by Patients within Community Hospitals and Butterfly Hospice

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# Lincolnshire Community Health Services NHS Trust

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### Version Control Sheet

Version	Section/Para /Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	March 2013	Petra Clarke
2	Throughout  Section 8, 9, 10, 11	Update policy template Update references.  Update processes	May 2015	Lorna Adlington
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4	Section 5	Principles updated to include that all patients within Community Hospitals and Butterfly hospice should be assumed competent to self-administer unless assessed otherwise	November 2019	Helen Oliver
4	Section 6	New information regarding training and support	November 2019	Helen Oliver
4	Section 9	Audit requirements	November 2019	Helen Oliver
4	Section 10	Update on SAM procedure Information when stock is not available	November 2019	Helen Oliver

4	Section 13	Storage of patients own medication updated information	November 2019	Helen Oliver
4	Section 14	Medication leaving the hospital with the patient should be in its original container / packaging	November 2019	Helen Oliver
4	Section 21	References updated	November 2019	Helen Oliver
4	Appendix C	Leaflet updated	November 2019	Helen Oliver
4	Original Appendix D	Written consent form removed	November 2019	Helen Oliver

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**Community Hospitals and**  
**Butterfly hospice**  
**Contents**

<b>Section</b>	<b>Page</b>
1. Policy Statement	5
2. Introduction	5
3. Policy Aim	6
4. Scope	6
5. Definitions	6
6. Principles	7
7. Drugs that may not be stored in patient medication lockers	7
8. Medication administration errors	7
9. Evaluation and Audit	8
10. Procedure for the Self – Administration of Medicines	8
11. Patient assessment	8
12. Patient information	10
13. Supply of drugs	11
14. Drug / dose changes	12
15. Storage of medicines	12
16. Process for patients leaving the ward for planned appointments.	13
17. Documentation	13
18. Monitoring	14
19. Discharge	14
20. Dissemination of policy	15
21. References	15
Appendices:	
Appendix A – Assessment for Self- Medication flow chart	
Appendix B – Patient assessment form for SAM's	
Appendix C – Patient information leaflet SAM's	
Appendix D – Medication Record	
Appendix E – Self administration evaluation form	
Appendix F – Self-medication scheme audit	
Appendix G – Equality analysis	
Appendix H – NHSLA monitoring template	

# Lincolnshire Community Health Services NHS Trust

## Policy for Self-Administration of Medicines by Patients within Community Hospitals

### Policy Statement

<b>Background</b>	The purpose of this policy is to set out a generic framework for a co-ordinated approach in the utilisation of the Self Administration of Medicines (SAM's) within the Community Hospital wards and Butterfly hospice across LCHS NHS Trust.
<b>Statement</b>	This policy incorporates legislative requirements and good practice.
<b>Responsibilities</b>	Implementation and compliance with the policy will be the responsibility of all relevant staff.
<b>Training</b>	Service managers are responsible for arranging the provision of appropriate training to ensure relevant skills, knowledge and competencies are maintained.
<b>Dissemination</b>	LCHS Website Service Leads
<b>Resource implication</b>	This policy has been developed in line with guidelines and legislation to enable the appropriate development and use of SAM's within LCHS and to put in place control mechanisms to ensure governance. There are no additional resource requirements.

### 1. Introduction

- 1.1 Whenever possible adults should take responsibility for their own medicine. This preserves independence regardless of the social care environment and it is an important feature of intermediate care because it promotes independence and prepares people to look after their own medicines when they return home. Self-administration schemes aim to preserve independence and have been shown to improve patients' concordance with, and knowledge of, medication.
- 1.2 "Pharmacy in the Future" (DOH, Sept 2000) and "Modernising Medicines Management" (NPC, April 2002) and Royal Pharmaceutical Society , Handling of Medicines in Social Care( 2016) encourage organisations to develop schemes, which support self-care, promote patient care through empowerment and increase patient understanding of their condition. This scheme meets all of these aspirations.

## 2. Policy Aim

2.1 This policy has been produced to ensure a standardised, efficient and safe self-administration scheme is in operation within community hospitals managed by LCHS NHS trust.

## 3. Scope

3.1 The policy is for use by clinical staff employed by the LCHS Trust and contracted clinical staff working on the wards in the community hospitals. Clinical staff covers, non and registered healthcare workers of all professions ( including physiotherapists, occupational therapists, nurses and healthcare support workers)

## 4. Definitions

4.1 Self-administration of medicines occurs when an inpatient of a Community Hospital retains and administers their own medication. These may be the Patient's own drugs (PODs) or those prescribed within the hospital setting..

4.2 The three levels of administration can be defined as:

- **Level 1 (NOT ABLE)** – Not appropriate for self-administration
- **Level 2 (SUPERVISED)** – Able to attempt self-administration under supervision of a registered healthcare professionals
- **Level 3 (ABLE)** – Able to self- administer with no supervision

## 5. Principles

5.1 The policy and procedures for self-administration of medicines by patients in Community hospitals will be used in conjunction with the Trusts Safe & Secure Handling of Medicines Policy and the Royal Pharmaceutical Society (RPS) Handling of Medicines in Social Care and RPS Competency Framework for all Prescribers ( 2016)

5.2 All patients within Community Hospitals and Butterfly hospice should be assumed competent to self- administer if this was practiced prior to admission and there has been no deterioration in the patient's condition which would change this competence. A SAMs assessment should be completed as evidence of competence

5.3 All inpatients within Community Hospitals and Butterfly, where lockable bedside cupboards are available, will be assessed to decide their ability to self-administer their own medication. This assessment will take place as outlined within the procedure detailed later in this document.

5.4 Most current medications including both regular and 'as required' items are suitable for the scheme. However, there are exceptions, see further details below, including warfarin and drugs which are not taken daily for example bisphosphonates. These more complicated regimes must be considered when the patient assessment is undertaken, and decisions taken accordingly.

5.5 Where clinically necessary, registered healthcare professionals assessed as competent, may administer single doses of additional items

according to the organisations approved Patient Group Directions or Supplementary/ Independent Prescribing policy.

5.6 The registered healthcare professional who conducts the drug round will be responsible for all patients who are self-administering their own medication. Patients will store their medicine in a locked bedside cupboard and will be responsible for the safe keeping of the key. However, there are certain medications which are not suitable to be stored in this way, for example fridge items. These exceptions are detailed in Section 7.

## **6. Training**

6.1 All healthcare professionals should complete the RPS Competency Framework for all Prescribers (2016) and / or the LCHS Medicine Management Competences, which are reviewed annually at appraisal

6.2 Registered healthcare professional who are handling medicines should ensure that they have access to advice and support from a pharmacist.

6.3 Training and any further support should be sort and accessed through the healthcare's line manager

## **7. Drugs that may not be stored in patient medication lockers**

7.1 Fridge Items: These must be stored in the treatment room fridge. Insulin in current use may be safely stored in lockers but additional stock should be stored in the treatment room fridge clearly labelled for the individual patient. Patients at Level 3 (ABLE) of the scheme may request the items from the nurse on duty when required.

7.2 Controlled Drugs: Controlled Drugs must be stored in the ward controlled drugs cabinet. Patients at level 3 (ABLE) or 2 (SUPERVISED) of the scheme may request items from the nurse on duty when required, but the nurse must follow the standard procedure for administering controlled drugs and complete the CD register appropriately.

## **8. Medication Administration Errors**

8.1 If a medication administration error occurs when the patient is Level 1 (NOT ABLE), i.e. a registered healthcare professional has administered the medication, the procedure in the Medicines Policy should be adhered to and a report made as per the Incident Reporting Policy.

8.2 If an error occurs when the patient is self-administering at Level 3 (ABLE) or Level 2 (SUPERVISED) then the following action should be taken:

- The incident should be reported to the registered healthcare professional in charge who will assess the situation and take appropriate action.
- The prescriber or prescriber on duty should be informed and action taken to prevent harm to the patient.
- Complete appropriate documentation, alert other members of staff.
- The patient should be re-assessed for suitability for self-administration and additional support obtained from the appropriate health professional.
- An incident form should be completed, as is consistent with the Incident Reporting Policy.
- The incident should be recorded in the patients' medical record.

## **9 Evaluation & Audit**

9.1 In order for assurances of effective promotion of self-care all patient's in a hospital ward or Butterfly hospice will be audited for a period of one week every month. This will enable measurement of how many patients do self-administer, can self-administer and /or develop to a level of independence.

Evaluation should be based on the following indicators:

- Was the patient self-administering prior to discharge?
- Could increasing independence be noted due to the patient participation within this scheme? For example, progressing from level 2 (SUPERVISED) to level 3 (ABLE).
- Number of interventions made by the registered healthcare professional to address concordance issues.
- Type of interventions made by the registered healthcare professional to address concordance issues.
- A log should be maintained for each patient to detail interventions.
- Evaluation of patient and carer satisfaction of the service by questionnaire.

## **10 Procedure for Self-Administration of Medication**

10.1 A flow chart (Appendix A) gives an over-view of the self-administration procedure.

## **11. On admission: patient assessment**

11.1 Safe administration of medicines means that medicines are given in a way that avoids causing harm.

11.2 If the patient is independent on admission the SAMs assessment needs to be completed on admission so self-medication can continue

11.3 If the patient is not fully independent the assessment for suitability for self-administration of medicines should be within 1-3 days of admission. This should be done as soon as possible but it is recognised that this may take longer for some patients who may be confused e.g. due to a urinary tract infection.

11.4 The assessment should be of a multi-disciplinary approach from those involved in the patient's care eg Occupational health, Physiotherapist, Nurse

11.5 It should be acknowledged that for some patients it is unrealistic to expect that they will gain any ability to self-administer medicines or have insight into the medicines prescribed.

11.6 A registered healthcare professional must ensure the assessment is completed.

11.7 In the acute hospital setting, medication regimes may be expected to change frequently. In acutely ill patients, it may be more appropriate to wait until medication has become settled in order to prevent confusion or anxiety resulting from frequently changing treatment and the access to repackaging and relabelling of medication that may result.

11.8 Verbal consent should be documented in SytemOne and a leaflet given to support verbal information (Appendix C).

11.9 The assessment form at Appendix B must be used and completed accurately to determine the self-medication level and recorded on electronic patient health care records.

11.10 If mild cognitive impairment or confusion is identified ensure the dementia assessment has been completed.

11.11 All patients will be assigned to a level of self-administration according to their assessment score:

- **Level 1 (NOT ABLE)** – Not appropriate for self-administration
- **Level 2 (SUPERVISED)** – Able to attempt self-administration under the supervision of registered healthcare professionals
- **Level 3 (ABLE)** – Able to self-administer with no supervision

11.12 When the patient has been assessed as appropriate for self-administration (Level 3), this can commence and verbal consent must be documented in the patients' medical records.

11.13 The SAM level should be documented in the reminders section so that it can be seen when the electronic drug chart is opened. Please record as Self administration level 1,2 or 3.

11.14 If the patient has been assessed as level 2 or 3 refer the patient to the pharmacist/ pharmacy technician, who will discuss medication with the patient to improve the patient's understanding and compliance.

11.15 If a patient is initially assessed to be Level 1 or 2 (NOT ABLE or SUPERVISED), where appropriate action should be taken to support the patient to develop independence with self-administration Level 3 (ABLE). There are a number of strategies that can be implemented to develop / encourage independence:

11.16 Modification of labels or packaging to improve suitability via the Community or hospital pharmacy

11.17 Education of the patient to improve knowledge. Refer the patient to the pharmacist.

11.18 Use of supervised administration sessions to improve understanding of doses and frequencies

11.19 Provision of support sessions to improve self-administration ability  
Involvement of the multidisciplinary team to promote independence

11.20 Patients should be assessed on a regular basis to review their ability to self-administer. This should be documented on the appropriate form (Appendix F). Section 16 provides guidance on the frequency of re-assessment. Any changes or problems must be documented in the medical record.

**11.21 NB: Only patients successfully assessed at Level 3 (ABLE) should have access to a locker key. Documentation in electronic patient record should include that instructions on safe keeping have been given and understood by the patient**

11.22 Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking. This means being tactful, sensitive, and keeping personal medical information confidential. If efforts are not made to preserve the dignity and privacy of the individual, in relation to their medicine, that person can be humiliated and other people can be embarrassed. This can affect the person's emotional security and stability and, in turn, their behaviour. It is a key indicator in the quality of the relationship between carer and the person being cared for (RPS)

11.23 If patients are Level 3 ( ABLE) they should be encouraged to take their medication within an agreed time not at a precise time eg not at 13.00hrs but around their lunch times. There are some medicines which do need to be given at specific times, for example:

- Before, with or after food — the absence/presence of food in the stomach can affect how the medicine works and may cause unwanted effects

- Some illness can only be controlled with very precise dose timings, e.g. some medicines for Parkinson's disease have to be taken five times during the day, some people's fits are only controlled if they take their tablets at set times

## **12 Patient Information**

12.20 Patients must be provided with an information leaflet, (Appendix C) which will promote self- care and support the patient to make the decision whether or not to self-administer.

12.21 The patient should also be provided with a full explanation of how the SAM will work, including details of: -

- the supply of drugs they will be using, either PODs or a fully labelled supply from the pharmacy
- where to store their self- administration drugs (and where not to store them)
- what to do if they miss a dose, forget how or what to take or run out of supplies
- who to contact if they want help or have concerns with self- administering
- the use of medication records cards and their benefits
- what will happen when the patient is discharged
- using the tablets for their own treatment only and not allowing other patients or visitors to use them
- how to access any items that may be kept by the ward staff – for example fridge items, or extra stock of medicines.

12.22 If appropriate, the patients should be given simple explanations of their treatment. The prescriber, nursing and pharmacy staff would be expected to actively offer information and advice to support concordance and compliance.

12.23 If a medication record card is needed (Appendix E). This should be checked and signed by any two registered nurses or a registered nurse and a doctor or pharmacist. If a pharmacist has not been involved in the production of the card it must be final checked by a pharmacist on their next visit.

12.24 If the medication card contains alterations, or there is any ambiguity regarding how the medication should be taken, a new card should be produced. Similarly, if changes are made to the patient's treatment, a new medication card should be produced for the patient, as described in **11.6**

12.25 Use the following guidelines for completing medication record sheets: -

- Use simple, non-medical terms that patients will understand.
- Use time descriptions where appropriate rather than specific times, e.g., breakfast not 8.00am (NB: there are some drugs that do need to be given at

specific times, e.g. Parkinson's medication, analgesics. Some drugs also need to be given only once a week e.g. bisphosphonates).

- Use phrases that are familiar to that specific patient.
- Complete the dose detail very precisely stating the number of tablets/capsules and the strength rather than using a tick or writing the whole dose. (See the example below):

Prescription: Aspirin 75mg at 8am on treatment chart, complete drug information card as follows: -

Name, strength and form of medication	Time to take your medication				Comments
	Breakfast	Lunch	Dinner	Bedtime	
Aspirin 75mg tablets	One tablet				Disperse in water and take after food

### 13 Supply of Drugs

13.20 Patients who are 'self-administering' will administer all their regular medications. The 'as required' medication will be labelled with the frequency and, where necessary the maximum dose to be taken in twenty-four hours. The patients understanding of the labelled instructions must be confirmed before being allowed to self-administer the 'as required' medications. At each medicine round the registered healthcare professional must check and record if any 'as required' medications have been taken in the previous period. The dose and time must be recorded.

13.21 If the patient 'usually' self-administers using a multidose aid, this can be continued. Any changes in medication however will require the aid to be redispensed by a pharmacy.

13.22 If the patient has a sufficient and satisfactory supply of their own drugs (PODs) (having been assessed) they will self-administer with these PODs.

13.23 Patients who do not have their own drugs but are able to self-medicate will require a new, fully labelled supply to be obtained. These will require ordering through the usual ward process.

13.24 Ward stocks or named patient supplies without instructions should never be given to a patient for self-administration. If it is not possible to obtain a labelled supply before a dose is due, a registered healthcare professional may administer ward stock or supplies to the patient from the ward stock supply in the normal way however, the registered healthcare professional must sign for the administration of this medication.

### 14 Drug or dose changes

14.20 Doctors and Independent/Supplementary (I/SP) prescribers should be alert to those patients who are self-medicating and must alert the patient and or registered healthcare professionals to any medication changes. The staff must

also be alert to any treatment alterations for those patients who are self-administering. This includes changes to dose, frequency and the prescribing of new drugs. It is essential that prescription charts are reviewed daily by registered healthcare professionals, and after the patient has been reviewed by the prescriber, a visiting healthcare professional or following a ward round.

- 14.21 Any alterations to medication must be reported to the pharmacist/ technician in the usual way, to ensure a correctly labelled or relabelled pack is provided. Packs bearing the incorrect instructions must be removed from the patient's medicine locker, and doses administered from stock (by the ward staff) until a replacement or relabelled pack is obtained.
- 14.22 Dosage instructions should not be altered on labels by ward staff, if required new labelled medicines should be obtained from the pharmacy. In some cases, this may result in nurse administration of medicines until new supplies are obtained.
- 14.23 If in the exceptional circumstances when there is no stock for a newly dose changed medication and other supply options have been considered and the registered health professional has no other alternative than to administer from an incorrectly labelled pack until a new supply can be obtained; the prescription and medication instructions should be checked and administered by two registered healthcare professionals, this decision and reasons for should be clearly recorded.
- 14.24 If the treatment regime is altered in any way, staff must ensure that this is communicated to the patient and they must clarify that the patient understands the changes.

## **15 Storage of Medicines**

- 15.20 All patients' drugs will be stored in the individual lockable devices or locked bedside cabinets, unless they are fridge items or controlled drugs.
- 15.21 If a patient is using any injections, the nurse should discuss the safe disposal of the sharps with the patient to ensure good practice. All medical sharps should be stored safely in the patient's locker and disposed of in the appropriate designated sharps bin
- 15.22 Only patients deemed 'ABLE' (level 3) should have the key to their medication locker in their possession.
- 15.23 Only registered healthcare professionals and pharmacy staff will have access to the master key to the individual lockers.
- 15.24 All individual keys to the lockers on the wards are unique – no two keys match. If individual keys are lost / mislaid the following action should be taken:
- 1) Duplicate keys should be available from the Ward Manager
  - 2) A maintenance request should be implemented to replace the existing lock
  - 3) An IR1 should be completed in line with the Incident reporting policy.

14.7 When disposing of patients own medication ensure an audit trail by completing the green waste book with the following information;

- Date of disposal/return to pharmacy
- Name and strength of medicine
- Quantity removed
- Person for whom medication was prescribed or purchased
- Signature of the member of staff who arranges disposal of the medicines

## **16 Process for patients leaving the ward for planned appointments.**

16.20 If patients, who are assessed as SAM level 3, are required to leave the hospital for short periods e.g. hospital appointments and it is thought that they will be away from the ward when their dose is due or may need PRN medication, they may take the relevant medication with them. This will only be the medications that are required during the period of time away from the ward and will be a prescriber decision based on assessment of the clinical need of the individual patient.

16.21 If the medication is a controlled drug and the patient has their own supply labelled correctly this can be signed out the patient's own drugs controlled drug register and given to the patient as they leave the ward. It should be clearly documented in the clinical record that the CD has been returned to the patient.

16.22 On return the patient should give the controlled drug back to the nursing staff and this should be entered once more into the controlled drug register. All other medication should be locked in the patient's own drug locker.

16.23 Any medication leaving the hospital with the patient should be in its original container/ packet and labelled with the patients own details ( ie no stock item) ( See SOP for Administration of Medicine)

## **17 Documentation**

17.20 The patient's assessment form must be filed in the multi-disciplinary healthcare records notes.

17.21 The SAM level should be documented in the reminders section so that it can be seen when the electronic drug chart is opened. If the patient stops self-administration or their level changes, then the reminders section should be amended to show the correct level.

17.22 The drug chart should be completed by the prescriber in the normal way.

**17.23** For level 3 (ABLE) and level 2 (SUPERVISED) patients, when satisfied that the patients have taken the prescribed dose the registered healthcare professional should complete the administration process on the electronic chart and tick the self-medicating box.

17.24 The self-medicating box should not be ticked if the nurse doubts that the patient has taken the medicines as prescribed. This is particularly the case with topical preparations such as eye drops and inhalers, where registered

healthcare professional must be sure that the product is available and has been self-administered by the patient.

17.25 If any doses are administered to self-administration patients by registered healthcare professional the treatment chart must be electronically signed by that professional in the normal way.

17.26 For all patients, the current level of self-administration should be indicated on the front of the electronic chart. If the level changes this must be amended.

## **18 Monitoring**

18.20 When the patient begins self-administration, checks should be made to ensure they are taking their medication appropriately. This should be done by asking the patient whether they have taken their medication and what they have taken. If there is any doubt the registered healthcare professional should seek the patient's permission to count their tablets.

18.21 At every medicine round or other convenient time ( eg at a time of care provision) the registered healthcare professional responsible should ask those patients who are self-administering if they have taken their medication, and ensure the prescription is annotated to indicate this.

18.22 The patient should be reviewed every day to ensure that they remain confident and competent in self-administration, and to address any concerns that they, or nursing staff may have. Patients should be reassessed weekly to determine whether the patient should be stepped up or down a SAM level.

18.23 If the patient does not appear to be taking the medicines as prescribed this should be discussed with the patient and if necessary the patient should not self-administer. Further assessment should be undertaken and following a period of supervision and education a decision regarding the intention of resuming independence at level 3 should be made.

## **19 Discharge**

19.20 Discharge planning and preparation including medication should proceed as for all other patients and self-medication implemented at a time where assessment prior to discharge can be appropriately assessed (so any necessary changes can be implemented in a timely fashion).

19.21 Specific checks should be made to ensure that:

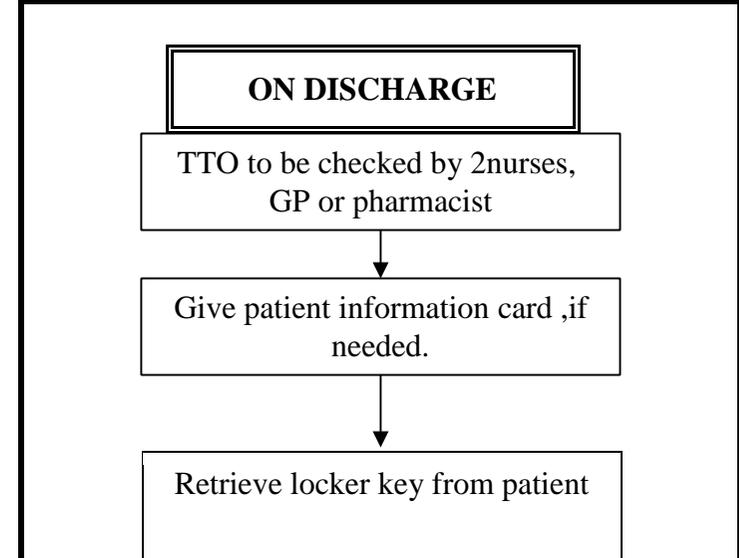
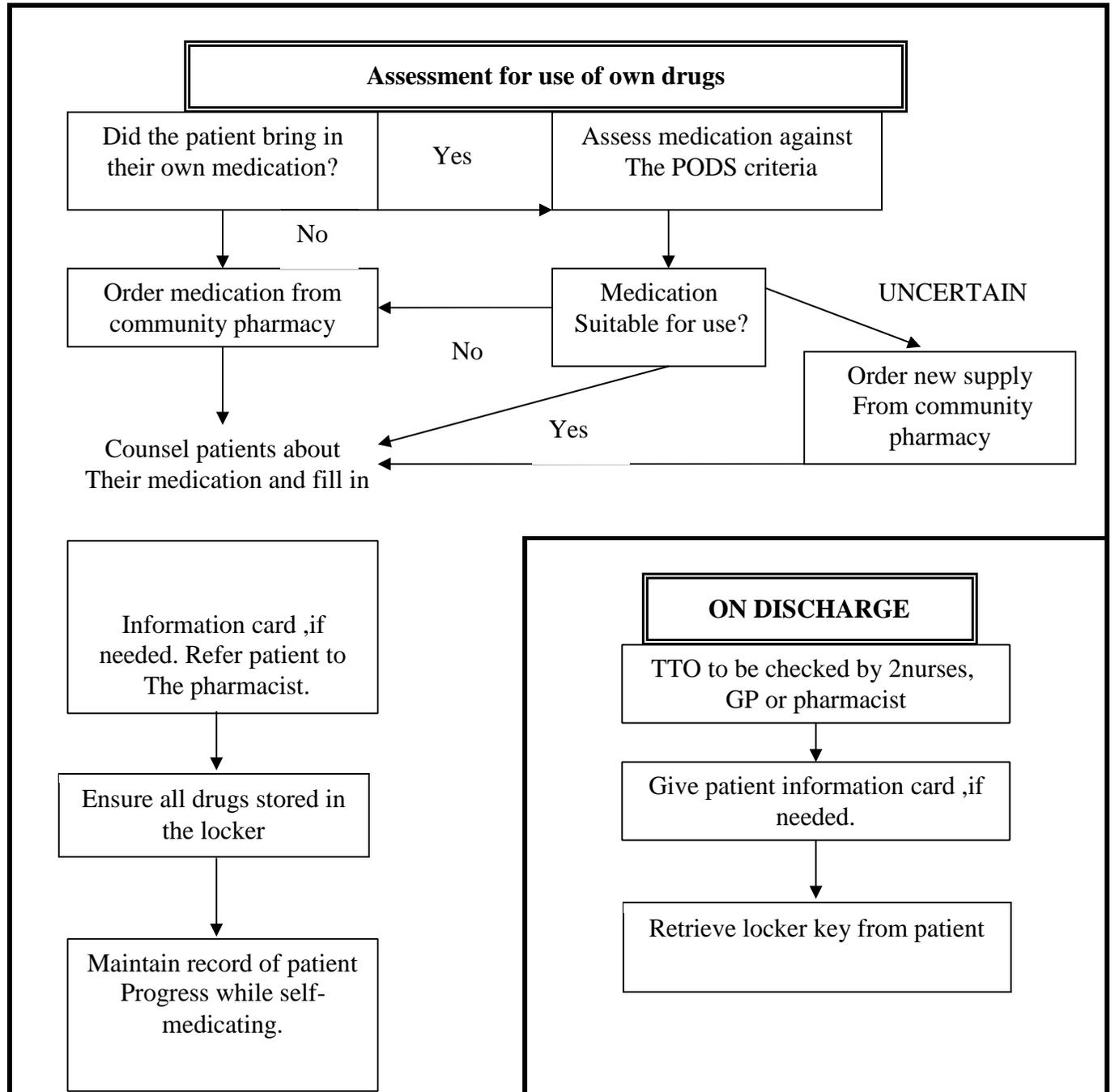
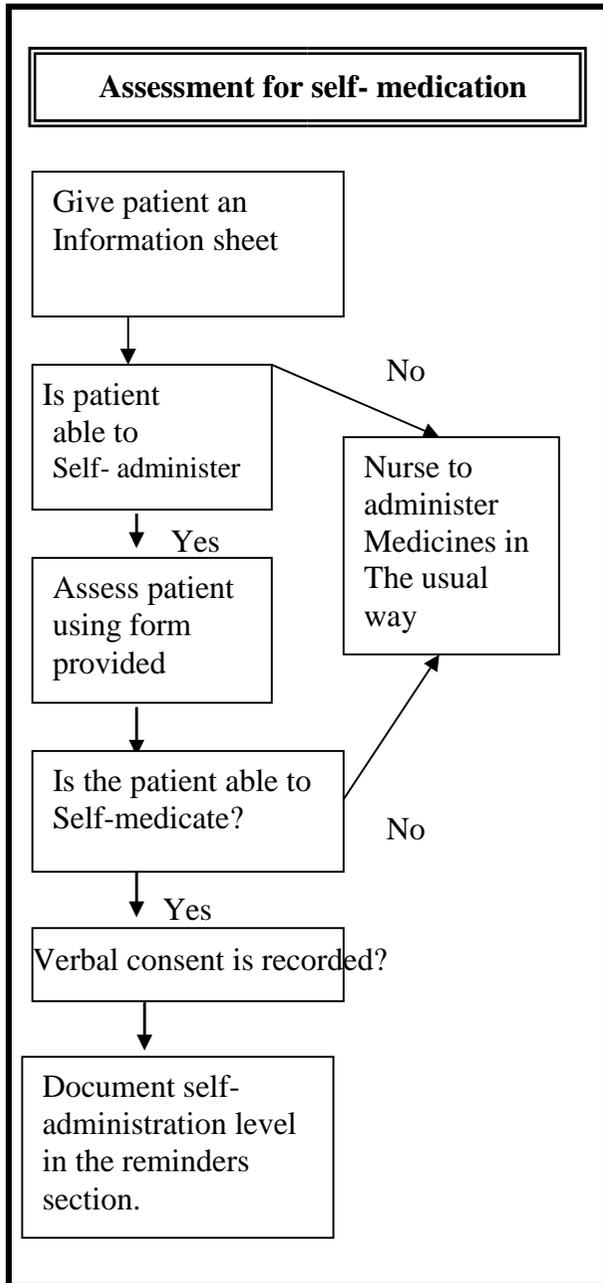
- the medication in the TTO corresponds with the medication record card, if the patient has a card.
- if the patient has been given a medication record card, a copy should be made of the card. The original should be given to the patient and the copy should be scanned into SystemOne.
- the quantity of medication prescribed should be for a minimum of 14 days where appropriate
- if appropriate, the patient (and relatives/carers) has obtained and understands the medication record card
- if the patient is level 1 or 2 (not self-administering) then appropriate measures have been taken to ensure the patient can manage their medicines when they get home.

## **20 Dissemination of Policy**

20.20 The dissemination of this policy will be via the LCHS website. Additional copies will be sent to the Quality Assurance Groups for dissemination.

## **21 References**

- Royal Pharmaceutical Society , Handling of Medicines in Social Care
- Royal Pharmaceutical Society Competence Framework for Prescribers (2016)
- LCHS (2016) “Incident Reporting Policy and Procedure”.
- LCHS (2018) Controlled Drug policy
- LCHS (2019) Safe and Secure Handling of Medicines policy.
- LCHS (2019) Independent/Supplementary Prescribing Policy
- The Code; Professional standards of practice and behaviour for nurses , midwives and nursing associates (2018) nmc.org.uk
- LCHS (2018) Policy for the management of medication errors.
- NPC Modernising Medicines Management (2002) available at NPC.
- [http://www.npc.co.uk/publications/executive\\_summary.pdf](http://www.npc.co.uk/publications/executive_summary.pdf)
- Pharmacy in the Future (2000) available at dh.gov.uk



<b>Patient details</b>
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**PATIENT ASSESSMENT FORM FOR SELF-ADMINISTRATION OF MEDICINES**

<b>Prior to admission</b>	Took medication independently	0
	Required help with medication	1
	Dependent on others	2
<b>Manual dexterity</b>	Opens bottles and packs without difficulty	0
	Sometimes finds bottles and packs difficult to open	1
	Requires help with opening bottles and packs	2
	Cannot manage to open any bottles and packs	3
<b>Memory</b>	Remembers every time to take medication	0
	Forgets occasionally to take medication	1
	Requires frequent prompts to take medication	2
	Appears to be disorientated to time and place	8
<b>Visual acuity</b>	Can read labels clearly	0
	Has some difficulty reading labels	1
	Has great difficulty reading labels	2
	Cannot read even large print clearly and can't manage any identification system	8
<b>Knowledge of dose and special instructions</b>	Can state the dose and special instructions for each medicine	0
	Can state the dose and special instructions for some medicines	1
	Has little awareness of dose or special instructions for some medicines	2
	Is unaware of the dose and special instructions for any medicine	8
<b>Mental state</b>	Scores 8 or above on the dementia assessment	0
	Scores 7 on the dementia assessment	1
	Scores less than 7 on the dementia assessment	3

	History of drug abuse or known suicide risk	8
<b>Total score</b>		<b>Total</b>

**SELF-MEDICATION CAPABILITY SCORE** (This scoring is to be used as a guide. If the team consider that the patient is able or not able to self-administer then this should be documented)

<b>SAM level</b>		<b>Score</b>
<b>Level 3(ABLE)</b>	Able to administer with no supervision	0
<b>Level 2(SUPERVISED)</b>	Can administer medicines under supervision	0-7
<b>LEVEL 1(NOT ABLE)</b>	All administration undertaken by a nurse	8+

## APPENDIX C

### **Self- Administration of Medicines - Introduction**

Self-administration of medicines scheme is used by community hospitals within Lincolnshire Community Health Services to let you continue taking your medicines by yourself but with the chance to get extra help or information when you need it. The nurses will use the system to tell you more about your medicines and how to take them. Self- administering will help increase how much you know about your medicines. It should also help you cope more easily with your medicines when you go home.

### **Before you start to self-administer**

Your nurse will talk to you about the benefits of taking your own medication and the help you will receive.

### **What your nurse will explain to you**

Your nurse will tell you exactly what you have to do. The nurse and pharmacist will talk to you about;

- how and when to take your medicines
- if needed will give you a card which lists all your medicines and shows the times to take them.
- If you have your own medicines you may use these while you are on the ward.
- If you do not have your own medicines the pharmacy will supply all the medicines you need and they will have full instructions on the label.
- If you think you are running low on any of your medicines, ask the nurse, pharmacist or pharmacy technician to check and obtain a further supply for you.

### **If you have any problems**

Please talk to your nurse or pharmacist if:

- you forget to take a dose
- you are at all unsure about how or when to take any of your medicines
- any of your medicines run out or will run out in a few days time
- you do not want to carry on self-administering your medicines
- you have any questions about your medicines

You can also ask your nurse, pharmacist or your own GP general questions about how your medicines work.

### **What happens when it is time to go home?**

We will always try to send you home with the medicines that you brought in from home. We cannot do this if:

- your treatment has changed
- you do not have enough left to go home with.

In these cases we will give you a new supply of the medicine. If any new medicines have been started a supply of these will be given to you.

### **Important Points**

- Call a nurse at once if any visitors or patients try to take your medicines.
- Always keep your medicines locked in your special medicine box and keep the key out of sight.
- Return the key to the box to your nurse before you go home and if you should forget please post it back to the ward / hospital.
- Never share your medicines with anyone else when in hospital or at home.



Always keep Medication out of Reach of Children

Check the expiry date of your medication regularly. If you are unsure of the expiry date, as a general rule, loose tablets in a bottle should be discarded one year after opening.

Always check with your pharmacist, doctor or GP that any tablets you buy over the counter are safe to take with your prescribed medication.

Never share medication with relatives or friends.

Never over-order medication. Once dispensed it cannot be returned to the pharmacy for re-use. It will have to be thrown away.

**PHONE NUMBER OF LOCAL PHARMACIST:**

## MEDICATION RECORD

**PATIENT  
NAME.....**

**ADDRESS.....**

.....

.....

**NAME OF  
GP.....**

**SURGERY ADDRESS.....**

.....

.....

**Appointments Phone no.....**

**Emergency Phone  
No.....**

**ALLERGIES:**



APPENDIX F

**Self Medication Audit**

To be completed for all patients admitted to .....  
 Hospital between .....and.....

Please tick/circle the appropriate response and give further details as requested.

**1. Was the patient considered for self- med scheme?**      YES/NO

If YES go to question 3

If NO please answer question 2 only

**2. Reason patient not considered for self- medication scheme**

Palliative Care	
Not on any medicines	
Cognitive difficulty / memory	
Not medically fit	
Patient from nursing home	
Known patient – does not look after own meds at home	
Lack of time	
Other – please state	

**3. Was patient formally assessed?**      YES/NO

If NO answer question 4 only; If YES go to question 5

**4. Reasons for not formally assessing**

Patient declined	
No time	
Deterioration in condition	
Other	

**5. Following assessment did patient commence self-administration?** YES/NO If

NO answer questions 6 and 7; If YES go to question 8

**6.Reasons for exclusion**

Patient declined	
Score of 8 or over on assessment form	
Labelled medicines not available	
Other	

**Was a medication record chart provided? YES/NO**

**Please complete remaining questions for all those patients who were commenced on the self-medication scheme.**

**7. Level of inclusion**      ABLE SUPERVISED

**8. How soon after admission did the assessments take place?**

*Please note any specific reason for delay in assessment e.g. not medically fit at time of admission*

Time from admission to assessment	Please indicate(√)	Reason for delay
Same or next day		Not applicable
2 to 4 days		
5 to 7 days		
More than a week		

**9. How long before discharge did self medication begin?**

1 or 2 days	
3 to 6 days	
7 to 14 days	
2 weeks or more	

**10. How many medicines was the patient taking? .....**

**11. Was the patient on any controlled drugs? YES/NO**

**12. Does the patient usually organise his or her own medicines at home?YES/NO**

If not who does .....

**13. Did the patient remain on the scheme until discharge? YES/NO**

If not please give details.....

**14. Any problems identified?      YES/NO**

If YES please give details

.....  
.....  
.....

**15. Assistance required? (e.g. with boxes, bottles, labels) YES/NO**

If YES please give details (e.g. no clic-locs, large print)

.....  
.....

**16. Was a Monitored dosage system supplied? YES/NO**

If a monitored dosage system was supplied;

b) Has the patient used one before?.....

c) Who will fill on discharge? (e.g. patient, relative, carer, community pharmacist)

.....

**18. How often was the patient reassessed? Every.....days**

**19. Did the patient change level of self -med during admission? YES/NO**

If yes, please give details (e.g. 2 days at level 2 (SUPERVISED) then level 1 (ABLE))

.....  
.....

**20. Any further comments.....**

.....  
.....

# Equality Analysis

## APPENDIX G

### Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

<b>Name of Policy/Procedure/Function*</b> Self Administration of Medicines in Community Hospitals
<b>Equality Analysis Carried out by:</b> Helen Oliver <b>Date:</b> 05.11.19
<b>Equality &amp; Human rights Lead:</b> Rachel Higgins
<b>Director\General Manager:</b>

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This policy has been produced to ensure a standardised, efficient and safe self-administration of medicines scheme is in operation within hospitals managed by LCHS NHS trust.
----	--	--

B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	The policy is for use by clinical staff employed by the trust and contracted clinical staff working on wards in the community hospitals.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>	No.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>			
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>		Helen Oliver		
<b>Date:</b>		05.11.2019		

## APPENDIX H

### NHSLA Monitoring Template

<b>Minimum requirement to be monitored</b>	<b>Process for monitoring e.g. audit</b>	<b>Responsible individuals/ group/ committee</b>	<b>Frequency of monitoring/audit</b>	<b>Responsible individuals/ group/ committee (multidisciplinary) for review of results</b>	<b>Responsible individuals/ group/ committee for development of action plan</b>	<b>Responsible individuals/ group/ committee for monitoring of action plan</b>
All assessments and completed forms for each individual patient to be critiqued	Audit	Ward Sister, Matron, Medicines management team	Annual	Drug and Therapeutics committee	Matrons, MMO, MM team	Matrons, MMO, QAG