# Policy for Self Administration of Medicines on Solent NHS Trust Inpatient Wards

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| Purpose of Agreement | This document will allow patients to have custody of and administer their own medicines whilst in hospital. The standard policy for the administration of medicines as set out in the Trust's 'Medicines Policy' is varied by this policy under the conditions set out. |
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| 1. | Sept 2011 | All | Updated to Solent NHS Trust & Portsmouth wards included in policy. All sections amended to state POD (in full) schemes where applicable as they are not uniform across the Trust. Policy updated to include Solent East units where some patients self-medicate from pharmacy filled blister packs | Sept 2011 |
| 2. | June 2013 | | Updated to include NICE quality standard of allowing self-administration of insulin when appropriate and NPSA alert 30/3/11 for people with diabetes to be allowed to self-manage their diabetes during hospital admission. | June 2013 |
| 3. | May 2016 | All | Updated to include recognition of areas across wider Trust where self-administration of medicines would be inappropriate on patient safety grounds. Assessment forms (Appendices 3 and 4) updated. Format consistency, phraseology and terminology improved to ensure policy is unambiguous. Format changes to be in line with Trust Policy Template. | May 2016 |
| 4 | March 2019 | All | Updated to improve assessment of people with cognitive impairment, adding drugs that are not oral, adding exceptions to rules of drugs that cannot be self-administered and to improve terminology throughout. Also includes the introduction and use of Electronic Prescribing and Medicines Administration (EPMA) systems, decreasing the use of faxing of prescriptions and format and phraseology consistency and compliance with Trust Policy format | August 2019 |

**Review Log:**

| Version Number | Review Date | Lead Name | Ratification Process | Notes |
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| 2. | July 2011 | Caroline Bowyer | Medicines Committee | |
| 3. | November 13 | Emma Smithson | Medicines Committee | |
| 4. | May 2016 | Steve West | Medicines Committee | |
| 5. | March 2019 | Steve West | Medicines Management Group, Policy Steering Group | |

**SUMMARY OF POLICY**

Self-administration of medicines by patients during their in-patient stay aims to improve patient understanding of their medicines, allow Trust staff to assess capability, improve patient's confidence, support transition and discharge planning to minimise medication problems and allows the patient the opportunity to maintain their independence. However, because medicines pose a risk to patients if they are used incorrectly and pose a risk of theft and abuse, self-administration of medicines can only occur when the patient, staff and environment is able to demonstrate compliance with the policy. This Policy sets out how self-administration can be facilitated and supported on Trust wards with the minimum of risk to patients, staff and visitors.

The policy defines 3 levels of supervision within the scheme for self-administration

**Level 1:** Nurse administers medicines from drug trolley.

**Level 2:** Patient administers medicine with nurse supervision from medicines stored in the drug trolley or dosette box supervised from the medication room.

**Level 3:** Patient administers medicine without supervision and has responsibility for the key to their medicines cabinet.

In a number of inpatient locations around the Trust, individual patient medication lockers, either at the bedside or elsewhere, are not available. On such wards all drugs are administered according to the Trust's Medicines Policy (equivalent to Level 1 above) and self-administration is not available for use.

The Policy sets out what happens to patient's medicines on admission and how these medicines are assessed for use by the patient during their in-patient stay and for self-administration. Additional supplies of medicines are arranged as needed as are supplies of new drugs required by patients.

The self-administration scheme requires that patients are assessed for entry to the scheme and give consent to taking their own medicines. Forms to assist these processes are included in the appendices of the Policy. Supervision of patient's medication is carried out by the ward nursing staff, the ward clinical pharmacist and the Patient's Own Drugs (POD) technician. To help patients with self-administration various pieces of information will be made available to them; a general Self Administration Information leaflet, green Medicines Reminder Cards and Patient Information Leaflets relating to the individual medicines themselves.

For level 3 of the self-administration scheme lockable bedside cabinets need to be available, with patients looking after the key to the locker and managing their own medicines. Nursing staff will have a master key to all patient bedside lockers.

Before staff can assess patients for entry into the self-administration scheme, they need to undertake specific training (provided by a senior pharmacist from the Medicines Management Team) and to pass an assessment.

A number of higher risk drugs (e.g. controlled drugs, once only medication, injections/infusions (with the exception of insulin and low molecular weight heparins),) are not self-administered within the scheme. See section 9 for advice about managing controlled drugs and other exceptions to this Policy. Patients are encouraged to administer their own insulin and to take responsibility for their blood monitoring to ensure they are able to manage their diabetes when they are discharged home.

There is a certain amount of risk associated with the process of self-administration, but this can be minimised with careful selection of patients for the scheme, vigilance by staff involved ensuring the Policy is followed and that accurate records are made according to the Policy.

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**POLICY FOR SELF-ADMINISTRATION OF MEDICINES ON SOLENT NHS TRUST INPATIENT WARDS**

## 1. INTRODUCTION & PURPOSE

The following policy documents the procedures to be followed to allow patients to have custody of and administer their own medicines whilst in hospital. The standard procedure for administration of medicines as set out in the Trust's Medicines Policy, is varied by this policy under the conditions set out.

Self-administration of medicines by patients during their in-patient stay aims to improve patient understanding of their medicines, allows Trust staff to assess capability and compliance, improve patient's confidence, support transition and discharge planning to minimise medication problems when patients are discharged and allows the patient the opportunity to maintain their independence. In addition, self-administration means medicines administration is no longer restricted to fixed drug rounds, allowing medicines to be taken at more appropriate times, e.g. in relation to food, when pain occurs. Self-administration schemes are encouraged by both the NSF for Older People and the more recent NICE guidance for the diagnosis and management of Parkinson's disease in primary and secondary care. Some patients will need to learn to self-administer medication by routes other than oral, and this can be allowed under this policy.

NICE quality standards for inpatient care requires that people with diabetes admitted to hospital are cared for by appropriately trained staff, provided with access to specialist diabetes teams and are given the choice to self-monitor and manage their own insulin. NPSA advice dated March 2011 advises that people with diabetes should be allowed to self-manage their diabetes during a hospital admission whenever possible.

## 2. SCOPE & DEFINITIONS

2.1 This policy applies to all bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement, working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 Definitions

2.3.1 Patient's Own Drugs (POD) - Medication brought in by the patient on admission, having been dispensed by a community pharmacy or other healthcare provider.

2.3.2 POD Technician - A pharmacy technician who has passed an accredited checking technician qualification and is able to assess PODs for re-use on the wards. The term Medicines Management Technician may be used in some areas of Solent NHS Trust in place of POD Technician.

2.3.3 Green Card - A Medicines Reminder Card which details all the medications the patient should be taking, the times to take them and why they are being taken.

2.3.4 Electronic Prescribing and Medicines Administration (EPMA) – computerised systems to record in-patient prescriptions and medicines administered to patients

## 3. DEFINITIONS OF LEVELS OF SUPERVISION WITHIN THE SCHEME

3.1 There are three levels of supervision in place within the scheme for self-administration:

**Level 1:** Nurse administers medicines from drug trolley. Nurse signs drug administration chart or Electronic Prescription and Medicines Administration (EPMA) Record. Keys to medicines not available to patient. Each drug round may be used as an opportunity to educate the patient about their medication.

**Level 2:** Patient administers medicine with nurse supervision from medicines stored in the drug trolley, or from dosette box, supervised from within the medication room. Patients have green medication reminder card and are asked by nursing staff which medications are due at each round. Key to medicines not available to patient. Nurse signs drug administration chart or within the EPMA record.

**Level 3:** Patient administers medicine without supervision and has responsibility for the key to their medicines cabinet. The nurse indicates "self" in the boxes on the drug administration chart or within the EPMA record for the medicines which the patient has self-administered to indicate that the patient has responsibility for administering their own medicines. The nurse continues to sign for other drugs that they have administered.

3.2 In a number of inpatient locations around the Trust, individual patient medication lockers, either at the bedside or elsewhere, are not available. On such wards all drugs are administered according to the Trust's Medicines Policy (equivalent to Level 1 above) and self-administration is not available for use.

3.3 Non-oral medication
When a patient needs to learn to self-administer non-oral medications (e.g. suppositories, Instillagel), the same process (is the patient suitable, education, competency assessment) will be followed. If applicable the medication can be kept by the patient in their locked medicines cabinet (Level 3). If the drug requires refrigeration or other special storage, the patient will only be able to proceed to Level 2 on the ward.

## 4. PATIENT'S OWN MEDICINES

4.1 Medicines brought with the patient on admission are the patient's own property and consent for their use or destruction must be obtained. However patients transferred from a local acute Trust may have already consented there and repeat consent is not necessary if the consent form is present in their notes. If a consent form is not available or the patient is admitted from elsewhere, a new consent form must be completed.

4.2 If patients disagree to the destruction of their own medicines, then they must be removed for the duration of their admission and returned to the patient on discharge or sent home prior to this with a relative. However, patients must be advised that continued possession and use is

medically inadvisable. The risk of use of medicines which are of an unsatisfactory quality or are no longer prescribed for the patient must be clearly stated. This must be documented on the consent form and the patient asked to sign that they have received this information and declined consent for destruction.

4.3 Patients' own medicines must be assessed against predetermined criteria - see "Procedure for the reuse of patient's own medicines"

4.4 Assessment of patient's own medicines should be ideally carried out by the ward Clinical Pharmacist or POD Technician. In their absence, an assessment may be carried out by a nurse following the predetermined criteria or by the dispensary staff.

4.5 Patients' own medicines must not be used for administration until they have been assessed as suitable.

4.6 Patients' own medicines can be reissued on discharge to the same patient. They must be checked against the To Take Out Prescription (TTO) in full as for inpatient supplies (see section 8.8). If there are insufficient supplies of any item, a further twenty eight day supply must be made.

## 5. PATIENT SELECTION

### 5.1 Obtaining Patient Consent

5.1.1 Patients will be considered for assessment for self-administration who will be responsible for self-administration after discharge.

5.1.2 Patients must have read or supported to understand the information leaflet regarding self-administration This must be given to patients being considered for the scheme. As easy read version may be appropriate. The leaflet may be read to patients with visual impairment or a braille version obtained.

5.1.3 The assessing nurse or ward pharmacist/POD technician can supplement the information provided in the leaflet verbally to ensure that the patient fully understands the scheme. This must be done following admission to the ward and reviewed at regular intervals.

5.1.4 The patient must sign the consent form (Appendix B), witnessed by the nurse or ward pharmacist/POD technician. This must be scanned into the electronic patient record. Patients unable to sign the form may indicate their agreement verbally. A patient may withdraw their consent at any time during their admission.

5.1.5 Nurses or ward clinical pharmacists/POD Technicians may stop the scheme at any stage if they feel the patient is unable to manage.

### 5.2 Patient Assessment

5.2.1 Patients may request self-administration of medication, or be recommended by members of the ward Multi-Disciplinary Team (MDT).

5.2.2 Assessment of the patient regarding suitability for inclusion in the scheme will be carried out by the assessed competent nurse assisted by the ward clinical pharmacist/POD technician, using the Trust's standard assessment sheet (Appendix C). If the patient is required to administer their own insulin a separate assessment must be completed by the assessed competent nurse or other suitably qualified nurse (Appendix D). This must be completed after admission of the patient.

5.2.3 Patients with any special pharmaceutical needs identified on admission must be referred to the ward clinical pharmacist/POD technician for appropriate action.

5.2.4 Patients with a disorder of the mind or brain may lack capacity to self-administer medication. Such patients should have their capacity assessed for the specific question "Do I have the mental capacity to agree to the self-administration policy". Patients who are found to lack mental capacity to self-administer medication must never be given custody of their medicines, but may be able to work through the process and administer with close nurse supervision at level 2 (see section 3).

Some patients may lack capacity to self-administer all of their medication but gain great value from managing one of their medications themselves. Careful assessment by the MDT (with relevant MCA capacity assessments) may allow this to happen.

5.2.5 Following assessment, the level of supervision recommended must be entered on the assessment form. This must be signed and dated by the assessor. The form must then be scanned to the electronic record. Reasons for inclusion or exclusion from the scheme and the chosen level of supervision must be documented.

### 5.3 Supervision

5.3.1 Three levels of supervision for self-administration are in place as detailed in section 3.

5.3.2 On commencement of self-administration, the nurse/POD technician must ensure that all the items in the drugs cabinet/trolley are currently prescribed and labelled for the individual patient, with all directions.

5.3.3 Patients and their medication must be reviewed daily by the patient's nurse to ensure self-administration can continue safely. The review must include:

- Checking for prescription changes.
- Informing the ward clinical pharmacist/POD technician of any newly prescribed medicines or changes to label directions and green medication reminder card (see section 8.5 and 10.2).
- The patient's ability to self-administer at the same level.
- Discussion of the drug regimen with the patient to confirm their understanding.

5.3.4 Any changes made following the review must be documented in the patient's electronic record and highlighted to pharmacy staff.

5.3.5 Nurses are responsible for identifying changes in a patient's condition which may require moving the patient from one level of supervision to another (e.g. acute confusion).

5.3.6 All ward staff must remain vigilant to ensure that drugs are locked away and keys are kept out of sight.

5.3.7 Each week for each patient on level 3 of the scheme, the POD technician on POD wards or ward clinical pharmacist will reconcile the number of dose units remaining for each medicine with how many have been taken by the patient. Ward staff will review medication dose units remaining for patients commencing on level 3 supervision more frequently during the first week and then every 2 weeks. Any discrepancies in the expected number of dose units and actual numbers must be reported via the incident reporting form (on Trust intranet) and to the ward clinical pharmacist for reassessment of self-medication status.

### 5.4 Documentation

For all patients undertaking self-administration, a note must be affixed to the front of the drug chart or on the Electronic Prescribing Medicines Administration (EPMA) system to indicate:

a) Date of commencement of self-medication
b) Self-medication stage/level of supervision

## 6.0 DRUG ADMINISTRATION

### 6.1 Prescription Charts/Electronic Prescription Medicines Administration (EPMA) System

6.1.1 All medication must be prescribed on the patient's prescription chart or within the EPMA system and signed by an authorised prescriber, in accordance with the Trust Medicines Policy. Any herbal or homeopathic medication brought in by the patient must also be prescribed.

6.1.2 For wards where patient bedside medication lockers are not available, for patients unable to self-administer and those at level one of the self-administration scheme (see section 3) will have their medicines administered by nurses from the ward drug trolley or bedside lockers, where available. The prescription sheet must be initialled in the appropriate column at the time of administration or the appropriate record made in the EPMA record.

6.1.3 Self-administering patients will administer their own medicines with or without supervision as deemed appropriate following assessment. The patient is not required to keep a record of doses taken unless specifically asked to do so, e.g. as required analgesia.

6.1.4 When self-administering patients are on a variable dose of any medicine, e.g. warfarin, reducing courses of steroids, they are required to check with the nurse to confirm the dose to be taken prior to administration.

### 6.2 Administration Errors or Discrepancies

6.2.1 If an administration error involves the patient receiving the wrong dose, the incident must be documented in the patient's electronic record, an incident form completed and the doctor informed. The patient's understanding must be checked as well as the medication card. The level of supervision must be reviewed.

6.2.2 Where a patient has intentionally overdosed, the incident must be documented in the patient's electronic record, an incident form completed and the doctor informed. Nursing staff must resume custody of the drug cabinet key and responsibility for administration.

6.2.3 If a patient unintentionally overdoses through confusion or misunderstanding, they must have an urgent reassessment done and consideration be given to moving them to a more supervised stage of the self-administration scheme.

6.2.4 If a patient had intentionally not taken prescribed medication for clinical reasons, for example laxatives, the nurse must ensure the appropriate code is marked on the drug chart or within the EPMA record so that prescribers can assess continued need.

## 7. STORAGE OF MEDICINES

### 7.1 Cabinets

7.1.1 All medicines currently in use for a patient are stored in either the drug trolley or in an individual drug cabinet or lockable furniture located at or near the patient's bedside, depending on which stage of the self-medication the patient is on. Each cabinet has its own lock and key, avoiding access by other patients. Additional boxes of medicines for patients will be stored in the ward POD overflow cupboard. As required medication will be assessed on a patient by patient basis by the ward clinical pharmacist/POD technician and supplied if required. Unopened insulin vials and cartridges, clearly labelled with patient details, will be stored in a lockable refrigerator until the patient requires them.

7.1.2 Supplies of ward stock will continue to be held on the ward and will be stored in the ward drug cupboards and drug trolley.

### 7.2 Keys

7.2.1 A master key to the POD lockers will be held by the nurse-in-charge with the main ring of drug keys. Security will hold a spare master key in a sealed envelope in a safe.

7.2.2 Patients assessed as suitable to administer medicines at level 3 (see section 3) can be given custody of their medicines and responsibility for their key.

7.2.3 Patients must return the key to their nurse on discharge. It is the responsibility of the nurse discharging the patient to ensure the retrieval of the key from the patient.

7.2.4 For patients unable to self-administer at level 3, the key must be kept inaccessible to the patient at all times.

7.2.5 A duplicate master key and duplicate cupboard keys may be kept in a locked cupboard on the ward. The key to this cupboard will be on the main set of drug keys which are always in the possession of the nurse in charge.

7.2.6 If a patient takes a key home, every effort must be made to retrieve it; this must include contacting the patient and trying to arrange for the key to be brought back by a relative or collected by a member of staff.

7.2.7 Lost keys must be reported to the ward manager immediately and reported on the Trust Incident Reporting form.

7.2.8 If a lost master key is not found, all the cupboard locks in the suite must be replaced. If an individual cupboard key is lost, the lock on that cupboard must be changed.

## 8. SUPPLY OF MEDICATION AT LEVEL 2 or 3 ON THE SELF-MEDICATION SCHEME

### 8.1 Patients' Own Medicines

If Patient's Own Medicines (PODs) are being used on a ward, they must be assessed for suitability for reuse before allowing patients to self-administer them. The usual procedures, as highlighted in section 4, must be followed for this assessment.

### 8.2 Length of Supply

8.2.1 One month's supply (28 days) of medication will normally be issued to patients although this may vary depending on the ward type and local SOPs. This will utilise patient packs and facilitate "one-stop" dispensing. Exceptions include antibiotics and some original packs.

8.2.2 Repeat supplies will be organised by the pharmacy POD technician if available, during routine top ups or in between the nurses may order supplies by emailing/electronic messaging a copy of the drug chart to pharmacy to receive the item.

8.2.3 The quantity supplied and date will be marked on the prescription chart or EPMA record where tablets are supplied in original containers in order to facilitate tablet counts when needed.

8.2.4 "As required" medicines will only be dispensed for patients when they are taking reasonably regular doses or at the discretion of the pharmacist. Injections and medicines for night sedation will not be dispensed for individual patients unless considered appropriate by the pharmacist and nurse-in-charge. Patients will continue to receive these medications from the drug trolley and ward stock as usual.

8.2.5 A number of higher risk drugs (e.g. controlled drugs (CDs), once only medication, injections/ infusions (except insulin and low molecular weight heparins)) are not covered by the scheme. These must be administered by nursing staff as per normal procedure. This will include temazepam, gabapentin and controlled drugs brought in by the patient. Controlled drugs will be endorsed as such (CD) on the drug chart or EPMA Record and highlighted as not part of the self-administration scheme.

8.2.6 Insulin-dependent diabetics can continue to administer their own insulin if assessed as able to do so by the ward nurse. The ward nurse must make a visual check each time a dose is due, that the pen contains the correct insulin cartridge. Insulin pens must be stored securely when not in use to minimise risk to other patients on the ward. Patients self-administering their own insulin must also take responsibility for monitoring their blood glucose levels. They must record their blood glucose on the Solent NHS Trust Adult Diabetes Monitoring Chart.

8.2.7 Dosette boxes, and inhaler compliance aids will be available from the ward clinical pharmacist or POD technician or pharmacy if considered appropriate. Only dosette boxes filled by the ward pharmacy team or main dispensary pharmacy may be used unless assessed by the pharmacy team as fit for use.

## 8.3 Obtaining Supplies

8.3.1 **Weekdays (during working hours)**
Inpatient and discharge drug supplies and assessment of patient's own medicines will be arranged by the ward clinical pharmacist/POD technician during routine ward visits. As visits may not be on a daily basis, nurses are encouraged to contact their POD technician (where available) to highlight items required. When a pharmacist /POD technician is not available, the ward must obtain medicine supplies by requesting them directly from the Pharmacy in the usual way, store them in the usual way and the pharmacist/POD technician will undertake the assessment as soon as possible.

8.3.2 **Saturdays, Sundays and Bank Holidays**
Medicines will be supplied if a drug chart is sent to pharmacy during their opening hours as per local acute trust SOPs.

8.3.3 **Out-of-Hours**
Medicines for new admissions will be administered from stock until individually dispensed medicines are available. Stock items must not be stored in POD lockers. For items required by the patient that are not stock, patients own medicines will be assessed by nursing staff according to the Procedure for Use of Patients Own Drugs[1] and will be topped up when the POD technician next visits.

Medicines and copies of drug charts/EPMA record (where appropriate) must, wherever possible, accompany patients transferred from other hospitals and brought in from home.

## 8.4 Transfer of Patients

When a patient is transferred, all medicines in the patient's cabinet/POD trolley must be removed. Any medicines no longer prescribed for the patient must be destroyed and all current medicines transferred to the new ward/hospital.

## 8.5 Medication Changes

8.5.1 Medical staff or ward pharmacy staff must explain any medication changes to the patient.

8.5.2 Nursing staff must alert the ward clinical pharmacist/POD technician or Pharmacy of any medication changes. A supply of any new medication will be made and alterations made to the green medication reminder card. If there is a need to change the green medication reminder card and no pharmacy staff are available, the doctor must be asked to amend the card. If there are no medical staff qualified nurses may amend the green card but a second check must be sought from another nurse to ensure the correct information is written down for the patient. During working hours, wards based at St. Marys and the Royal South Hants Hospitals may take their medicines and green card to pharmacy for amending.

### 8.6 Discontinued Medication

8.6.1 Medicines no longer required must be removed as soon as possible from the patient's bedside cabinet by the ward clinical pharmacist/POD technician or the nurse and returned to Pharmacy for re-use or destroyed in line with the Trust's Waste Disposal Policy.

8.6.2 The green medication card must be amended accordingly by the ward pharmacy team and any changes explained to the patient. If the ward pharmacy team are not available then the ward doctor may be asked to change a green card or the on site pharmacy. If there are no medical staff or on-site pharmacy available, qualified nurses may amend the green card but a second check must be sought from another nurse to ensure the correct information is written down for the patient.

8.6.3 Discontinued patient's own medicines must be disposed of on the ward, following the Trust's waste disposal policy, with the patient's consent.

### 8.7 Re-labelling Medicines

8.7.1 The instructions on the label must always correspond to the directions on the drug administration chart or EPMA record

8.7.2 When doses are altered, a new supply or label must be made by the pharmacy team. In some cases, new labels can be produced by the Pharmacy Team at ward level. Such labels must be double checked by another member of the Pharmacy Team before being used.

8.7.3 Patients' own medicines can only be relabelled if they are blister packed and bear an expiry date and batch number and are being used for the same patient.

8.7.4 Nursing staff are not permitted to change labels. In the absence of a member of pharmacy staff, only doctors can amend the label. It is good practice for this change to be second checked by a nurse.

### 8.8 Patient Discharge

8.8.1 A discharge summary, containing a complete list of discharge medication, must be completed by the discharging doctor for each patient. This is to inform the GP what the patient has been discharged with so they can update their records and continue prescribing the patient's medicines as appropriate.

8.8.2 The ward pharmacist must clinically check the discharge summary. The ward pharmacist or POD technician must check the medicines on the ward for suitability and length of supply. Patients must generally have **at least 14 days** medication for discharge and **7 days** of dressings and enteral feeds, though patients using a Monitored Dose System (MDS) need only 7 days supply. Items required by discharged patients that they have not been using regularly on the ward (e.g. as required analgesia) must be obtained from the Pharmacy.

8.8.3 On discharge nurses must check off medicines for discharge using the procedures set out under the Procedure for the Use of Patients Own Drugs for wards operating a POD scheme.

8.8.4 Once the patient's medicines have been checked off against the discharge summary, the checking pharmacist/POD technician must sign the discharge summary. Only then can the medicines be returned to the patient for discharge.

8.8.5 Any additional items the patient is taking home, that they have not been self-medicating on wards, such as "as required" analgesia, must be explained to the patient.

## 9. CONTROLLED DRUGS AND OTHER EXCEPTIONS TO THIS POLICY

9.1.1 Self administration of controlled drugs will not be allowed. All controlled drugs must be administered in accordance with Trust Medicines Policy and Controlled Drugs Policy.

9.1.2 Controlled drugs must be stored in the ward Controlled Drugs cabinet in the usual manner.

9.1.3 Patients' own controlled drugs must be kept in the ward Controlled Drugs cabinet and returned to the patient on discharge or destroyed by the ward pharmacist (with the patient's permission).

9.1.4 When patients wish to self-administer other drugs specifically excluded by this policy, the risks and benefits should be assessed and an MDT decision, including the patient and the consultant, reached.

9.1.5 Patients who have been self-administering sub-cutaneous drugs at home (e.g. heparin, apo-morphine), and wish to continue to do so, may be enabled to do so. This could be at level 1 (the syringe/drug is taken to them at the prescribed time and they administer it to themselves) or at level 2 (the patient approaches the nurse to request the syringe/drug from the fridge). Level 3 will not be possible on the wards as the drug fridges are not accessible directly by patients.

9.1.6 Patients who are required to self-administer sub-cutaneous heparin after discharge may be taught to do so. They should be assessed according to this policy, and if agreed competent may reach level 1 (the syringe is taken to them on the drug round and they administer it to themselves) or level 2 (the patient approaches the nurse to request the syringe from the fridge). Level 3 will not be possible on the wards as the drug fridges are not accessible directly by patients, but they should be encouraged to consider how they will store the drug at home.

## 10. PATIENT INFORMATION

### 10.1 Self Administration Information

10.1.1 All patients being considered for the scheme must be given an information leaflet regarding self-administration. This must be given to the patient as soon as possible in the admission. The information leaflet can be found on the Trust intranet under Pharmacy and Medicines Management Service Line documents at http://intranet.solent.nhs.uk/ServiceLines/PharmacyMedicineMan/Pages/Medicines-Management-Clinical-Guidelines.aspx

10.1.2 The assessing nurse or ward pharmacist may be asked to supplement the information provided on the Green Medicines Reminder Cards.

### 10.2 Green Medicines Reminder Cards

10.2.1 On initiation of self-administration at level 3, all patients must be offered a green medicines reminder card if this may help them remember to take the medicines. The patients preferences, in terms of what to take and when must be taken into account when producing the card. The medication regimen must be made as simple as possible. It is not appropriate to issue a Green card to a patient self-administering all their medicines from an MDS tray, as this may confuse the patient. Where patients are self-administering medicines from an MDS tray and other containers the medicines in the tray must be documented as 'Medicines in tray' on the green card at the appropriate times of day so as not to confuse the patient.

10.2.2 Medicines reminder cards must be supported by verbal communication of a patient's drug regimen and act as a reference aid.

10.2.3 The medicines reminder card must provide details of the generic name of the medicine, brand name where considered appropriate, times for administration, dosages and any additional notes or warnings.

10.2.4 Completing medicines information cards must be done by the ward pharmacist or POD technician, with consideration of the following points:
***Order of medicines***: medications with similar indications to be grouped together, e.g. analgesia.
***Medication name***: complete generic name of medicine and strength of preparation supplied. Add brand name where it will increase patient understanding or where brand is important, e.g. Theophylline, Lithium.
***Description of doses***: write "1 tablet" rather than "1" or "one tablet". Also use "1 puff", "1 drop", etc. Where necessary the actual dose must be stated as well e.g. Glargine Insulin 22 units
***Frequency***: insert dosages under appropriate times as stated on the prescription chart/ EPMA record.
***When required drugs***: Include these in separate section of chart.
***Further notes***: enter description of medication use and any additional directions, e.g. with food, maximum daily dose.

### 10.3 Patient Information Leaflets, Warfarin and Steroid Cards

10.3.1 The use of patient packs should help ensure that patients are supplied with a patient information leaflet with all their prescribed medicines. Requests for further leaflets can be made to the ward clinical pharmacist/POD technician. Warfarin books and steroid cards will be supplied by the POD technician where appropriate.

10.3.2 When available, in-house leaflets may be supplied to patients to further support verbal advice. For mental health medications, the Choice and Medication website (accessible via the Trust intranet) will be able to provide more detailed leaflets.

### 10.4 Counselling Patients

10.4.1 Written information must be supplemented with verbal advice on medicines administration prior to a patient being allowed to self-administer. This may be carried out by the nurse or ward clinical pharmacist/POD technician. Patients with complicated pharmaceutical needs must be referred to the ward clinical pharmacist.

10.4.2 Each counselling session must be adapted to provide information at a suitable level for each individual patient and taking into account their drug regimen.

## 11. RISK ISSUES

11.1 There is a certain degree of risk attached to the process of self-administration. This may be minimised by:

11.1.1 Careful selection of patients in order to identify and exclude those who may endanger themselves or others.

11.1.2 Vigilance of nursing staff within whose professional responsibility drug administration rests.

11.1.3 Ensuring the procedures detailed are followed and patients are provided with accurate information with regards to their drug regimen.

11.1.4 Ensuring all paperwork is completed fully and scanned to electronic records.

11.2 In addition, self-administration can minimise nursing errors such as administration of the wrong drug to the wrong patient and has a number of benefits to the patient. Self-administration will help identify patients with compliance problems and improve patient education with regards their medication regimen.

## 12. ROLES & RESPONSIBILITIES

12.1 The Chief Executive has overall responsibility for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

12.2 The Chief Operating Officers, Chief Medical Officer and Chief Nurse and the Operational Directors, on behalf of the Chief Executive, will ensure that clinicians and their practice comply with this policy.

12.3 The Trust Management Team Meeting is responsible for ratifying this policy and ensuring it represents best practice and is based on current evidenced based information.

12.4 Service managers and clinical matrons will ensure that:

- The policy is available to all employees for whom they are responsible, who administer medicines to patients on wards where the patient self-administration scheme is used.
- Employees are supported in the identification of training and development needs and have access to training on medicines and their administration if required.
- Staff involved in any aspect of the self-administration scheme understand their responsibilities and are competent to undertake those responsibilities.
- Risk assessments are undertaken for patients entering the self-administration scheme.

- Systems for reporting incidents and accidents are in place.

12.5 The responsibility for monitoring this policy and advising on best and current evidenced-base practice is primarily vested in the Chief Pharmacist.

**12.6 Role of the Ward Manager -** It is the responsibility of ward managers to make registrants aware of the policy, although additional training can be provided by the Medicines Management Team if requested.

**12.7 Role of the Nurse -** It is the responsibility of the Nurse to highlight and assess patients suitable for self-administration and to discuss the patient's suitability for self-administration with the clinical pharmacy team. Nursing staff must follow the procedures laid out in this policy when a patient they are caring for enters the self-administration scheme. It is the responsibility of the nursing staff to assess patients and their medicines each day to ensure that self-administration can continue safely and feedback any problems or errors to the clinical pharmacy team for monitoring.

**12.8 Role of Clinical Pharmacist -** It is the responsibility of the Clinical Pharmacist to assist in assessing patients for suitability for self-administration, to initiate any medication supplies as necessary and to assist in monitoring compliance and medication problems and errors.

**12.9 Role of the Patient's Own Drug (POD) Technician** - It is the responsibility of the POD Technician to assist in assessing patients for suitability for self-administration and initiate any medication supplies if the patient's prescriptions have been clinically screened by a pharmacist. It is the responsibility of the POD technician to count any medications for patients on level 3 to identify any non-compliance. Counting is not necessary on wards where self-medication is undertaken using pharmacy filled blister packs and it will be clear from the days marked on the blister pack what has been taken.

**12.10 Role of the Patient -** It is the responsibility of the patient to give written consent for involvement in self-administration and to look after their medicines and the POD locker key as appropriate. The patient must understand that and consent to medicines that the prescriber no longer wants them to take to being removed from the POD locker for safe disposal. The patient must highlight to nursing staff or clinical pharmacy team any problems or issues with their medication so these can be addressed before discharge.

## 13. TRAINING

### 13.1 Training

13.1.1 Training for nursing staff and junior pharmacy team members to enable them to undertake self-medication assessments will be provided by a member of the medicines management team on a one-to-one basis as needed. Training can be provided to cover all aspects of the policy and documentation as well as the way the patient is assessed.

13.1.2 Training must still be attended if the nurse or junior pharmacist has already had experience of self-medication schemes in other Trusts as they will still be expected to be assessed as competent and demonstrate knowledge of this Trust's procedures and paperwork.

13.1.3 Nurses may not carry out a self-medication assessment until they have been assessed as competent.

### 13.2 Competency Assessment

13.2.1 This will be carried out by a senior pharmacist and a framework for assessments is shown in appendix E. Staff who do not pass the assessment can attend retraining and retake the assessment at periodic intervals up to a maximum of five times.

13.2.2 Competency of staff to be able to carry out self-medication assessments of patients must be re-assessed every year and will be conducted as part of the annual Medication Administration Competency Assessment undertaken by staff administering medicines, and recorded by their manager on the staff member's personnel file.

## 14. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY ACT

14.1 For the Equality Impact Assessment conducted in relation to this policy refer to the Equality Impact Assessment Form (Appendix A). There is no negative impact on any particular patient group or staff group as this policy seeks to ensure patients are treated equally and gives opportunity for shared training and learning. However, some wards do not have secure cabinets for patients to store their medicines. In these cases, patients on those wards are excluded from self-administration of medicines whilst an inpatient.

## 15. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

15.1 The responsibility for monitoring this policy will be vested in the Chief Pharmacist.

15.2 The policy and self-medication scheme will be closely monitored by the clinical pharmacy and medicines management teams and the Medication Safety Committee. Any incidents recorded will be reviewed in conjunction with ward managers. Periodic audits will be carried out of the patient's satisfaction with the scheme.

15.3 Any incidents of non-compliance with this policy must be reported in accordance with the Trust's incident reporting policy.

15.4 Implementation of the Policy will be reviewed for each patient admitted to the self-medication scheme by the ward nurses, clinical pharmacy and medicines management teams.

15.5 The Trust Management Team Meeting will be responsible for overseeing risk management and clinical or corporate governance issues.

## 16. REVIEW

16.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 17. REFERENCES AND LINKS TO OTHER DOCUMENTS

1. SOP/MMT012 Procedure for the Use of Patient's Own Drug
2. Service Framework for Older People – July 2014
3. NICE National Guidance NG5 Medicines Optimisation; The Safe and Effective Use of Medicines to Enable the Best Possible Outcomes, Mar 2015
4. Self-management of diabetes in hospital, March 2012 NHS Diabetes
5. NICE quality standard QS6 Diabetes in Adults, March 2012, updated August 2016
6. NICE National Guidance NG71 Parkinson's Disease in Adults, July 2017
7. NPSA alerts 30/3/11 Adult patient passports to safer use of Insulin, updated 22/8/2018
8. Solent NHS Trust – MMT003 Medicines Management and Safety Policy
9. Solent NHS Trust – MMT002 Controlled Drug Policy
10. Solent NHS Trust – RK01 Serious Incidents Requiring Investigation Policy
11. Solent NHS Trust – Insulin Administration SOP

## 18. GLOSSARY

CD - Controlled Drug – Drugs which is subject to additional controls as highlighted in the Controlled Drugs Policy and as required by the Misuse of Drugs Act 1971 and its associated regulations.

EPMA - Electronic Prescribing and Medicines Administration – computerised systems to record in-patient prescriptions and medicines administered to patients.

NICE - National Institute for Health and Care Excellence - responsible for producing various national guidelines relating to diseases and their treatment

NPSA - National Safety Patient Agency – responsible for producing national patient safety alerts and whose work now forms part of NHS Improvement.

NSF - National Service Frameworks – framework documents produced to give national guidance on the treatment of certain diseases and patient groups.

POD - Patient's Own Drugs - Medication brought in by the patient on admission, having been dispensed by a community pharmacy or other healthcare provider.

POD Technician - A pharmacy technician who has passed an accredited checking technician qualification and is able to assess PODs for re-use on the wards. The term Medicines Management Technician may be used in some areas of Solent NHS Trust in place of POD Technician.

TTO - To Take Out – medication prescribed for a patient to take home with them on discharge from hospital.

## Appendix: A Equality Impact Assessment

| **Step 1 – Scoping; identify the policies aims** | **Answer** | | |
|---|---|---|---|
| 1. What are the main aims and objectives of the document? | To allow patients to have custody of and administer their own medicines if appropriate whilst in hospital. The standard policy for the administration of medicines as set out in the Trust's 'Medicines Management and Safety Policy' is varied by this policy under the conditions set out. | | |
| 2. Who will be affected by it? | All staff employed directly and indirectly by the organisation involved with administration of medicines and all patients who may be eligible to self-administer their medicines rather than having them administered to them. | | |
| 3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve? | That all patients able to administer their own medicines may so in order to gain or retain knowledge of and have confidence in their medication regime. Also that staff are able to assess and support patients in self-administration of medicines, maintaining a safe environment as far as is possible for all patients, including those administering their own medicines. | | |
| 4. What information do you already have on the equality impact of this document? | None | | |
| 5. Are there demographic changes or trends locally to be considered? | No | | |
| 6. What other information do you need? | None | | |
| **Step 2 - Assessing the Impact; consider the data and research** | **Yes** | **No** | **Answer** (Evidence) |
| 1. Could the document unlawfully discriminate against any group? | | X | This policy is to ensure equality of access to self-administration of medicines when appropriate across the organisation in a safe and effective manner. It applies equally to all groups. |

| | | | |
|---|---|---|---|
| 2. Can any group benefit or be excluded? | X | | Some wards do not have secure cabinets for patients to store their medicines. In these case, patients on those wards are excluded from self-administration of medicine whilst an inpatient. |
| 3. Can any group be denied fair & equal access to or treatment as a result of this document? | X | | Some wards do not have secure cabinets for patients to store their medicines. In these case, patients on those wards are excluded from self-administration of medicine whilst an inpatient. |
| 4. Can this actively promote good relations with and between different groups? | | X | As far as possible all groups are treated equally within this policy and gives opportunity for shared training and learning. |
| 5. Have you carried out any consultation internally/externally with relevant individual groups? | | X | Not necessary |
| 6. Have you used a variety of different methods of consultation/involvement | | X | Not necessary |
| <u>Mental Capacity Act implications</u> | | | |
| 7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) | | X | |
| <u>External considerations</u> | | | |
| 8. What external factors have been considered in the development of this policy? | | X | Policy relates to administration of medicines within the Trust only |
| 9. Are there any external implications in relation to this policy? | | X | Policy relates to administration of medicines within the Trust only |
| 10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented? | | X | None |

If there is no negative impact – end the Impact Assessment here.

## APPENDIX B: CONSENT FOR SELF ADMINISTRATION OF MEDICINES

- I have read and understand the information card, “Information about Self Administration of Medicines”.
- I understand that if I reach level 3 of self-administration, I will have complete responsibility for my medication and must inform a member of nursing staff if anyone (patient or visitor) takes or tries to take any of my medication.
- I understand my medication is for my use only.
- I understand that medications that the doctor does not want me to take will be removed from the locker.
- I understand and give my consent that medicines I no longer require or that are out of date, may be destroyed by the ward pharmacy staff. If medicines are out of date I will be given a new supply of them for use on the ward.
- I understand I may withdraw from the scheme at any time, if I wish.
- I understand that the decision may be taken to withdraw me from the scheme if thought necessary by nursing, medical or pharmacy staff. I will receive an explanation for this.
- I wish to take part in the patient self-administration scheme.
- I understand that I am responsible for the key to my locker and will hand it back when I leave the ward or if I am no longer participating in the scheme

Patients Signature .....

Patients Name .....

Witness .....

Date ...../...../.....

Ward ……..

Patients NHS Number ……..

****THIS FORM MUST BE FILED IN THE MULTIDISCIPLINARY NOTES****

## APPENDIX C: ASSESSMENT OF PATIENTS FOR SELF ADMINISTRATION OF MEDICINES

AFFIX PATIENT ID LABEL or WARD ……
Name: Hosp No:
DOB: NHS Number:

| | | |
|---|---|---|
| 1. Is the patient confused or does the patient have any medical conditions or symptoms that may affect their ability to:<br>• Self-administrate their medicines safely<br>• Store their medicines according to this policy Communicate with members of staff about what they have taken and when? | YES | NO |
| 2. Is the patient expected to self-medicate any medicines with abuse potential? If so is this likely to be a concern based on the known history of the patient? | YES | NO |
| 3. Are any other patients in the bay/ward likely to cause problems with key/drug custody (where applicable) | YES | NO |
| 4. Is the patient responsible for administering his/her own medicines in the community? | YES | NO |
| 5. Can the patient open the medication containers? If not can the container be changed to allow this? | YES | NO |
| 6. Can the patient read the label if applicable? If not can the label be changed to allow this? | YES | NO |
| 7. Can the patient open the cabinet if applicable? | YES | NO |
| 8. Has the patient read and understood the card explaining self-administration? | YES | NO |
| 9. Does the patient understand: | | |
| - the purpose of each medicine? | YES | NO |
| - the dosage and special instructions? | YES | NO |
| - some of the possible side-effects? | YES | NO |
| 10. Has the patient signed a consent form? | YES | NO |

Please document any other reasons to justify the outcome of your assessment:
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Based on the patient's knowledge of their drug treatments and the other assessment criteria, what level of supervision do you recommend for this patient? (NB If Q1, 2 or 3 is YES, level must not be >2 initially).

| | | | | |
|---|---|---|---|---|
| Level 1,2 or 3<br>(Including any restrictions) | | | | |
| Patient assessed by<br>(Print name & designation) | | | | |
| Date | | | | |

Level 1 – Nurse administers from trolley & signs chart
Level 2 – Patient administers (drugs kept in trolley) with nurse supervision. Nurse signs chart
Level 3 – Patient administers from own locker and has key. Nurse signs chart once a day to confirm self-administration.

Assessment completed by:

Name: Designation:
Signature: Date:

## APPENDIX D: ASSESSMENT OF PATIENTS FOR SELF ADMINISTRATION OF INSULIN

AFFIX PATIENT ID LABEL or WARD ……
Name: Hosp No:
DOB: NHS Number:

| | | |
|---|---|---|
| 1. Is the patient confused or does the patient have any medical conditions or symptoms that may affect their ability to:<br>• Self-administrate their medicines safely<br>• Store their medicines according to this policy<br>• Communicate with members of staff about what they have taken and when | YES | NO |
| 2. Is the patient expected to self-medicate any medicines with abuse potential? If so is this likely to be a concern based on the known history of the patient. | YES | NO |
| 3. Are any other patients in the bay likely to cause problems with key/drug custody (where applicable) | YES | NO |
| 4. Is the patient responsible for administering his/her insulin in the community? | YES | NO |
| 5. If applicable can the patient put new insulin cartridges into their pen? If not can the insulin administration device be changed so this is not necessary? | YES | NO |
| 6. Can the patient put new needles onto their pen, if applicable? | YES | NO |
| 7. Can the patient read the number of units on the pen and the print on the cartridges? | YES | NO |
| 8. Is the patient able to monitor their own blood glucose levels? Have they access to their machine? | YES | NO |
| 9. Can the patient record their blood glucose levels on the chart? | YES | NO |
| 10. Does the patient know: | | |
| - the number of units prescribed? | YES | NO |
| - the difference between their different types of insulin? | YES | NO |
| - when each dose of insulin is due? | YES | NO |
| 11. Can the patient demonstrate good technique when administering their insulin? | YES | NO |
| 12. Has the patient signed the consent form? | YES | NO |

Please document any other reasons to justify the outcome of your assessment:
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Based on the patient's knowledge of their drug treatments and the other assessment criteria, what level of supervision do you recommend for this patient? (NB If Q1, 2 or 3 is YES, level must not be >2 initially).

| | | | | |
|---|---|---|---|---|
| Level 1,2 or 3<br>(Including any restrictions) | | | | |
| Patient assessed by<br>(Print name & designation) | | | | |
| Date | | | | |

Level 1 – Nurse administers from trolley & signs chart
Level 2 – Patient administers (drugs kept in ward medicine storage) with nurse supervision. Nurse signs chart
Level 3 – Patient administers from own locker and has key. Nurse signs chart once a day to confirm self-administration. (see Insulin Administration SOP)

Assessment completed by:

Name: Designation:
Signature: Date:

## APPENDIX E: ASSESSMENT OF TRUST STAFF WHO UNDERTAKE SELF MEDICATION ASSESSMENTS

STAFF NAME - WARD ……
DATE OF ASSESSMENT -

| | | |
|---|---|---|
| 1. Able to demonstrate they know difference between patient's own medicines and stock? | YES | NO |
| 2. Demonstrates knowledge of key safety within this policy? | YES | NO |
| 3. Understands the issues of any other patients in the bay/nearby beds likely to cause problems with key/drug custody? | YES | NO |
| 4. Knows what to do when patient has medication changes? | YES | NO |
| 5. Demonstrates knowledge of error/incident procedure? | YES | NO |
| 6. Aware of what to do if patient takes a CD? | YES | NO |
| 7. Can describe the 3 levels of supervision? | YES | NO |
| 8. Aware of documentation required & patient information leaflets which must be given to the patient? | YES | NO |
| 9. Able to undertake patient checks: | | |
| a. Ensures patient will need to self-medicate at home | YES | NO |
| b. Additional patient details taken into account e.g. MMSE in full, reports from other nurses as to level of confusion | YES | NO |
| c. Does the patient understand: | | |
| - the purpose of the tablet? | YES | NO |
| - the dosage and special instructions? | YES | NO |
| - some of the possible side-effects? | YES | NO |
| 10. Able to check an assessment that has been undertaken by the assessor? | YES | NO |

The staff member stated above has passed/failed the competency assessment

Name of assessor & designation _____

Date _____