Hampshire Partnership NHS
NHS Foundation Trust

CP 94

SELF ADMINISTRATION

GUIDELINES

[VERSION 2]

CP 94

Hampshire Partnership NHS Foundation Trust
POLICIES AND PROCEDURES PROFORMA

Subject and Version of Document:	Self Administration Guidelines, Version 2
Author:	Chief Pharmacist
Persons/Committee etc consulted whilst document in draft:	Medicines Management Committee; PNAC
Date agreed:	Version 1 – October 2008 Version 2 – December 2009
By whom agreed:	Medicines Management Committee
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Copy obtainable from and/or distribution:	Website
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Responsibility for dissemination to new staff:	Ward Managers
Principal Target Audience:	Nurses, MHPs, Pharmacists, Medical Staff
Training Implications:	Staff to be made aware of guidelines
Equality Impact Assessment Completed?	Yes
Policy Statement: (Describe in one short paragraph what the policy is for)	Procedure for when service user takes responsibility for taking own medicines as prescribed by a doctor and dispensed by a pharmacist in line with NICE guidelines.
Keywords (minimum of 5):	Self medication; service user medicines; own medicines

Amendments Summary:

Amend. No.	Issued	Page	Subject
1, V2	Jan 2010	1	Updated for HPFT logo
2, V2	Jan 2010	4	Responsibility of decision to self medicate
3, V2	Jan 2010	5	MDT and MHPs printed in full
4, V2	Jan 2010	5	Recording and review if decision is not to proceed with self medication
5, V2	Jan 2010	6, 8, 9 & 10	NHS No added
6, V2	Jan 2010	8	Foundation added to title

Self Administration Practice Guidelines
(See Social Care Website for Social Care Policy)

1. Definition

"*Self administration occurs when a patient takes responsibility for taking/using a medication as prescribed by a doctor and dispensed by a pharmacist. There may be different degrees of self medication and therefore different levels of responsibility with health care workers working in partnership with the service user. At all times the relative responsibilities must be clearly documented*".

2. This guideline provides the safe framework on which units can build their own local detailed procedures. Examples of procedures are available from your locality pharmacist. All local procedures must be approved by the directorate clinical governance committee and the Trust's Medicines Management Committee.

3. Philosophy/Aims

The Trust is committed to safe administration of medicines through the provision of a service, which is effective and responsive to the needs, and wishes of individual service users, in a variety of care settings within the Trust. The practice of self administration is an opportunity that allows for the continuation or promotion of service user independence, responsibility and autonomy during their stay/involvement in the care services. It is a key component of the recovery model. Service user involvement in care regimes not only assists in the rehabilitative aspects of care but also is believed to promote satisfaction and compliance through improved knowledge and understanding of their treatment regimes.

The main aims of a self administration system include:-

- To establish a standardised approach for determining the ability of service users to take their own medication reliably
- To increase service user understanding of their medication and thereby improve concordance in medication regimes and hence reduce hospital admissions due to poor concordance
- To establish any support systems which will be required by the service user after discharge.

Self administration systems will not be appropriate for all service users. Participation must therefore be based upon criteria of assessment of suitability, safe systems of practice and informed choice and consent of the service user.

4. Principles of Safe Practice within different Trust settings

- 'Self administration' by service users requires commitment by medical, clinical pharmacy, nursing staff and other members of the multi-disciplinary team and must be based upon an informed choice by the patient.

Each local care facility must look at the feasibility of implementing self administration procedures from their different care perspectives. Each care environment must have safety measures in place in which to allow safe practice of self administration to be carried out.

- Service users who self administer must have their own individually dispensed supply of medication, therefore staff must not supply drugs for self administration from existing ward stocks
- Service users considered for self administration schemes must have been assessed as competent to take responsibility at each level of self administration safely
- Service users who are detained under the Mental Health Act; issues associated with part 4 of the Act continue to apply if self administering.
- The service user embarking upon these schemes must be provided with supportive education and information material
- Service users must agree and consent to participation with the scheme (Appendix 1). Such participation, however, does not mean that all responsibility for drug administration has been transferred from the nurse to the service user.
- All self administration schemes must be subject to monitoring, supervision and review.
- Secure storage must be available to the patient for the safe keeping of medication.
- The self administration of controlled drugs (CDs) is allowed within these schemes, but service users cannot store CDs with their other medicines. They must be stored in the CD cupboard, recorded in the register and supervised by a registered nurse and second person as defined in MCAPP.
- The decision to accept a service user into a self administration scheme is a highly responsible one, which requires an assessment of risk to be taken into account. The views of the multi disciplinary team must therefore be consulted and in agreement before embarking upon the self administration scheme. The consultant is responsible for the final decision.

There are a minimum of three possible phases of the self administration process

Phase 1

This is where the service user requests his/her medication from staff authorised to administer medicines at the appropriate times. If the service user forgets, an agreed length of time elapses before the patient is reminded. ("When required" medications are not usually included at this stage). The administration process is undertaken under the direct supervision of the member of staff.

Phase 2

This is when the service user is allowed a limited supply of medication. The level of supply is determined by factors arising within the assessment and is the decision of the multi disciplinary team. Storage of medicines must be in line with trust policy and approved by locality pharmacists.

Phase 3

The service user becomes totally responsible for taking his/her own medication at the appropriate times and for keeping the drugs in the designated safe place.

Units may choose to add additional phases in their local policy, eg. Differing amounts of supply for different phases.

5. Starting Someone on Self Administration

Assessment

(i) The Self Administration scheme is fully discussed with the service user and the responsibilities involved are explained. The Multi Disciplinary Team (MDT) must ensure that the service user has the capacity to be involved in the process. Once MDT agreement has been reached to proceed, the service user having made an informed choice in which to participate, completes the consent form. (Appendix 1). If a decision is made that the service user should not self medicate at that time, this should be documented in the notes and a review date recorded.

(ii) The service users named nurse and/or pharmacist assess their ability to self administer. Sample assessment form. (Appendix 2).

(iii) The service user's medication should be prescribed on a Trust Prescription Chart.

(iv) A supply of medicines fully labelled with directions should be requested.

(v) The assessment must take into account religious, cultural and spiritual aspects of the person's life, their beliefs and any learning disability, communication disability or communication issues.

6. Monitoring/Evaluation

Nursing staff and Mental Health Practitioners (MHPs) should monitor any difficulties in taking medication on the drug monitoring sheet (See Appendix 5). This should be attached to the drug card. Depending on success, a service user can move on to the next phase as appropriate (See Sample Monitoring Form, Appendix 4 and 5).

It may be necessary for service users to move back to an earlier phase or even be removed from the self medication scheme for a while. Local procedures must include how any emergency action is taken and recorded in order to protect service users.

7. Compliance Aids

Compliance aids are often inappropriately used for service users. They are often used when a simpler tool, eg. Reminder cards, would address the problem. All concordance issues should be discussed with the clinical pharmacist or medicines management technician. Staff are also referred to the Trust policy "Filling a Compliance Aid" (CP.43).

8. Monitoring Compliance

Monitoring of this guideline will be undertaken as part of MCAPP (CP 41) audit.

SERVICE USER AGREEMENT CONSENT FORM

Part 1

I have discussed the self administration procedure with

……. (name of clinical pharmacist and or nurse)

and I ……. Wish to be assessed under the requirements of the self administration scheme.

Signature of Service User …….

Name Printed*: …….…….* *NHS No. …….*

Signature of Nurse/Pharmacist …….

Name (Printed) …….

Date …….

SAMPLE ASSESSMENT PHASE

SELF ADMINISTRATION/MEDICATION ASSESSMENT/COMPETENCY FORM

To include: Observation and discussion with the patient to determine awareness, knowledge and physical ability

Name ……. Date of Birth ……. NHS No ……. Ward …….	Consultant ……. Named Nurse …….. Pharmacist …… Date & type of admission …… Predicted date of discharge …….

Is the patient aware?

What the medicine(s) is/are called	( )	What to do if you miss a dose	( )
What the medicine(s) is/are for	( )	What common side effects may occur	( )
What dose to take	( )	What to do if side effects occur	( )
How to take the medicine(s)	( )	Can alcohol be consumed	( )
How long to take the medicine for	( )	Can other medication be taken	( )
How to find out more information	( )		

Ability with Labels
Can Read: Computer ( ) Large Print ( ) Understand Instructions ( )

Ability with Containers
Can Manage: Non Clic Loc ( ) Blister/Strip pack ( ) Halving Tablets ( )
Clic Loc ( ) Oral Syringes ( ) Syringes for injection ( )
Spoons ( ) Measuring Beaker ( ) Sachets of power ( )

Summary of findings
……..
……
……
……..
……..
……..
……..
……..
……..

Patient is competent to Self Medicate YES ( ) NO ( )

Signature of Nurse/Pharmacist/MHP ……

Date …….. Time ……

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Patient's name ……NHS No. ……..

Ward/Unit …… Consultant ……

- These are not appropriate for everybody. Some patients find them very difficult to use and some medications are not stable in compliance aids. **They should only be tried if the service user has failed to take medication safely from boxes and bottles. The medication will usually be given a TWO WEEK expiry when it is dispensed into a compliance aid.**

- It is important to establish who will fill compliance aids when the patient goes home. Ideally the community pharmacist will fill the compliance aid. The clinical pharmacist will contact the local community pharmacist to discuss this and ascertain which aids are available. Pharmacy can check with the service user's local chemist.

- Consider whether the service user or carer themselves could fill their own compliance aid. If neither of these options are available, see Filling a Compliance Aid Policy CP43.

Reason for Request (more than one reason can be ticked)

Confused	☐	Poor memory	☐
Diffficulty opening containers	☐	Difficulty reading labels incl English not being their first language	☐
Previous compliance problems	☐	Future compliance concern	☐

Other (please specify) ☐ ……

Who will be responsible for administering the medication?

Patient ☐ Carer ☐ Home Care ☐ Other (please specify) ……

Are any medications obtained from another source? Y / N

Comments:

Who will fill compliance aid after discharge?

Patient ☐ Carer ☐ Community Pharmacy ☐ Community Team ☐

Other (please specify) ……..

Contact community pharmacy to see if willing to fill compliance aid

Date contacted …….. Details
……..……..

Arrange weekly collection from the pharmacy if necessary.

SAMPLE MONITORING FORM

WARD …… NAME OF PATIENT ……NHS No. ……

Time taken = time the patient actually took their medicines
Intervention = interventions made to prevent the wrong drugs or doses being taken with reasons and any prompting required before the patients asks for medications.
Any further comments on the patient's capability, please state on the back with date.

REGULAR DRUGS

Date								
Breakfast	Time Taken							
	Intervention MONITORING PHASE 1 OR PHASE 2							
Midday Meal	Time Taken							
	Intervention							
Tea Time	Time Taken							
	Intervention							
Bed Time	Time Taken							
	Intervention							

SAMPLE SELF ADMINISTRATION – MONITORING PHASE

Ward …….. Name of Patient ……NHS No. …….

Commencing ……..

Drug/Dose/Frequency	Date	1	2	3	4	5	6	7
	No of tab remaining: Planned: Actual:							
	Number Dispensed							
	No of tab remaining: Planned: Actual:							
	Number Dispensed							
	No of tab remaining: Planned: Actual:							
	Number Dispensed							
	No of tab remaining: Planned: Actual:							
	Number Dispensed							
	No of tab remaining: Planned: Actual:							

*****Patient is to:
(a) Continue to self-administer (b) Go back to Phase 2

Signed ……

Date ……

*Delete as appropriate