

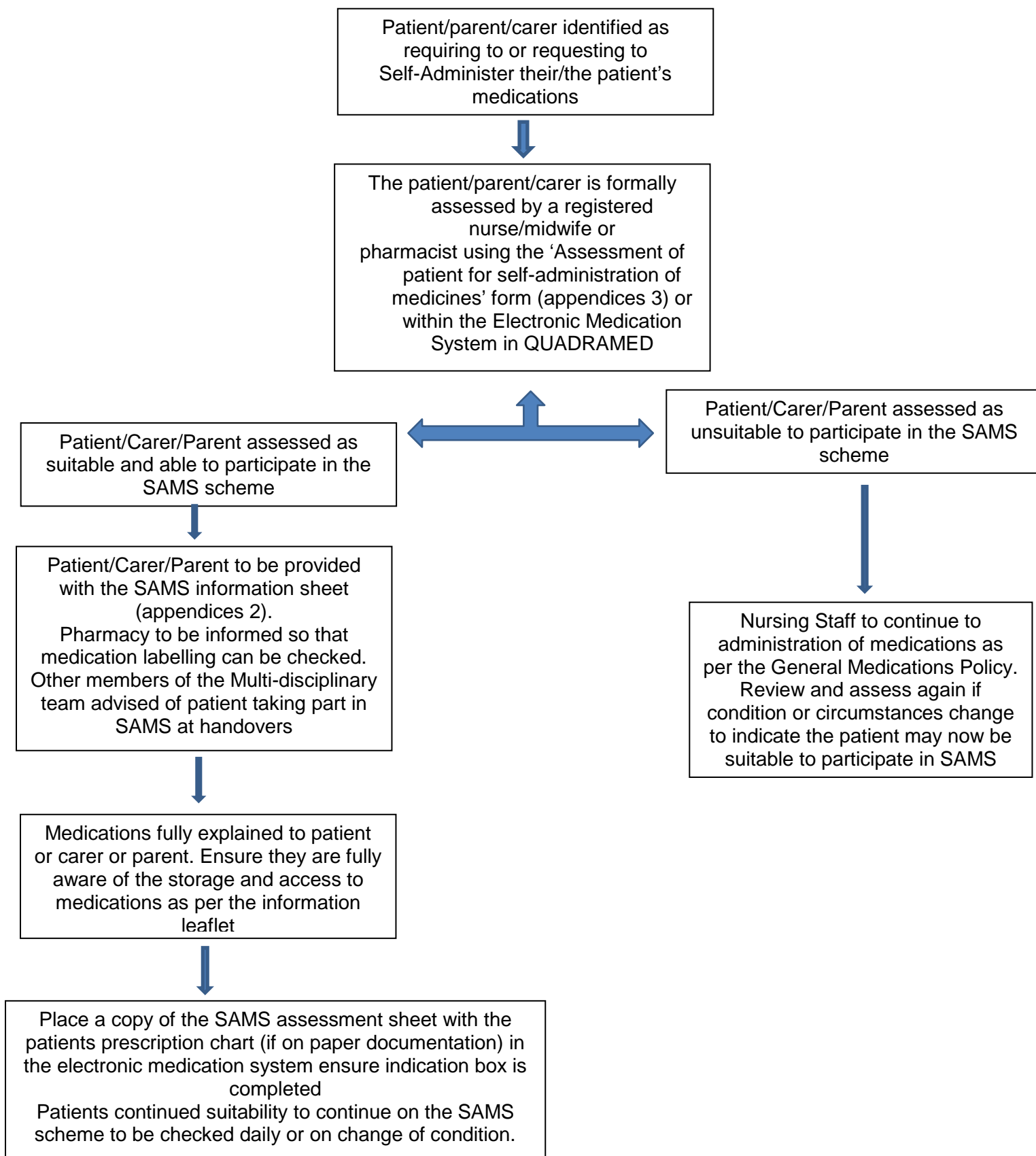


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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
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Quick Reference Guide Flow Chart



IT REMAINS THE RESPONSIBILITY OF THE Doctors/Pharmacists and nursing staff to inform the patient of any changes to their medication regime

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1. PURPOSE

This Procedure is an extension of the Trusts “Medicines Management (General) Policy” and complements the Pharmacy ‘One-stop Dispensing’ and ‘Patients Own Medication’ procedures.

The purpose of the SELF ADMINISTRATION OF MEDICINES SCHEME (SAMS) PROCEDURE is to give direction to staff to enable consenting patients / parents / carers to have the responsibility of administering their own medicines, or their child’s medicines, under the guidance and supervision of the multidisciplinary team (MDT) (see Appendix 1 - Roles of Staff).

The scheme aims to:

- Promote and maintain patient’s independence and autonomy
- Improve patient/parent/carer knowledge of their (child’s) medicines
- Involve patients/parent/carer in their own/child’s healthcare
- Involve parents/carers in their care delivery to an adult with additional needs

The system of supervision and ongoing assessment by the team ensures that the medication is correctly and safely taken and that the patient/parent/carer understands the medication regime and reasons behind the use of the medication.

Many medicines have to be taken at specific times e.g. Insulin to increase their effectiveness or to decrease side effects. Additionally, many patients have their own routine for taking medicines. Traditional medication rounds cannot always accommodate these needs. This Procedure has been developed to support patients meet these needs.

Although patients/parents/carers take responsibility for their own medicines, nurses/midwives still have a duty of care to their patients and the parents. It is important that nurses/midwives who become involved with patient/parent /carer self-administration schemes complete competency documentation appropriately.

2.0 Scope / Responsibilities

2.1 Chief Pharmacist

Oversees the systems and processes relating to medicines on behalf of the Trust Board of Directors. This includes procurement, storage, transport, prescribing, dispensing, supply, administration and destruction of medicines. It is the Chief Pharmacist’s responsibility to ensure this procedure provides clear instruction for managing self-administration of medicines.

2.2 Medicine Governance Committee

The group identifies risks associated with medicines in the Trust, and determines actions required to reduce those risks. Information from the Trust incident reporting system is used to inform this work. The Group has responsibility for reviewing all incidents, complaints and concerns raised relating to self-administration, and identifying appropriate actions to minimise risk.

2.3 Ward / Department Managers

It is the responsibility of designated ward / department managers (registered nurse, midwife) to ensure that their staff are made aware of this procedure. It should be included in local induction programmes, and managers must ensure all staff engaging patients in self-administration have read and understand the procedure.

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2.4 Nursing / Midwifery Staff

It is the responsibility of all nursing / midwifery staff to ensure they have read and understand the procedure before engaging patients in self-administration of medicines. Any concerns relating to the application of the procedure must be raised with the ward manager, and support sought from the pharmacy teams. Nursing / midwifery staff must ensure all medicines are secured securely in line with this procedure and the Medicines Management (General) and Controlled Drugs Policies. Further details of the nurse / midwife roles can be found in Appendix 1.

2.5 Pharmacy staff

It is the responsibility of Pharmacy staff to follow this procedure and support ward staff in managing patients self-administering their medicines. The Pharmacy Team must ensure all relevant medicines are available and stored appropriately, and counsel the patients about their medicines to enhance compliance. Further details of the pharmacy staff roles can be found in Appendix 1.

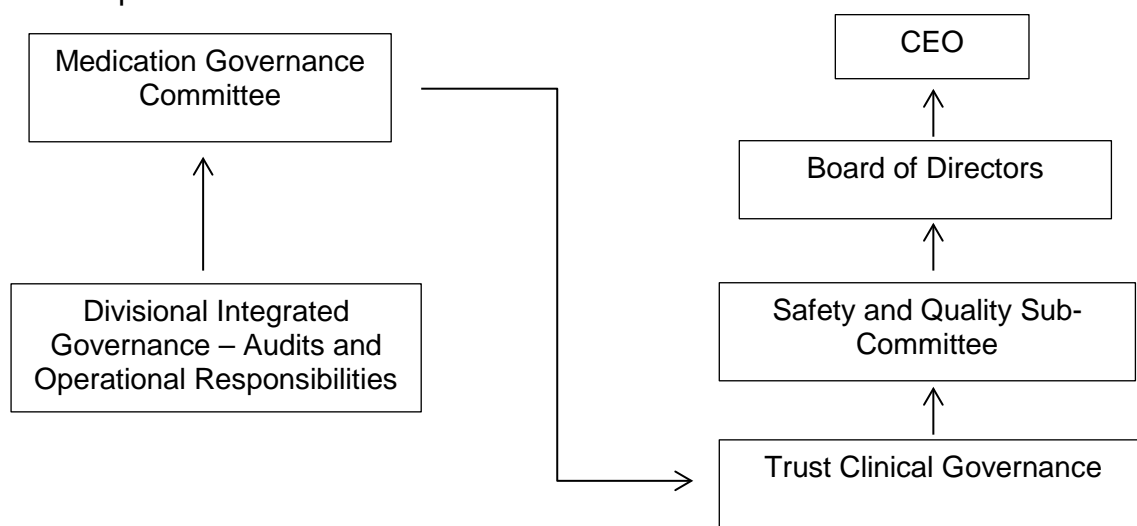
2.6 Prescribers

It is the responsibility of medical staff and other Trust approved prescribers to have an awareness of this procedure, and to follow the Medicines Management (General) and Controlled Drugs Policy when prescribing medicines and use the appropriate documentation in accordance with the prescribing procedure. The prescriber should ensure any changes to the patient's medications are clearly communicated to the patient, and contribute to the on-going assessment of the patient for suitability to self-administer medicines. Further details of the prescriber's roles can be found in Appendix 1.

2.7 Medication Errors

All medication incidents and near misses must be reported via Datix. Medication incidents are reported using the medication/fluids/biologic category and must include the names of medications involved.

The relationship structure is shown below:



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3. PROCEDURE

3.1.0 TRAINING

All staff must read this procedure and be supported with appropriate training that is relevant to the tasks they are to undertake relating to the self-administration of medicines, including CDs. This training should be provided before staff are expected to undertake the relevant tasks.

Additional training for staff may be identified as a result of a medication incident or RCA. This training should be tailored to suit the needs of the individual or group of staff.

3.2.0 PROCESS FOR MONITORING COMPLIANCE

An annual review of incident reports relating to self-administration of medicines will be undertaken to identify issues and trends. A sample audit of the self-administration consent forms will also take place annually.

3.3.0 PATIENT RECRUITMENT TO SAMS.

3.3.1 **Reliever Inhalers and GTN Spray / Tablets and PRN Nicotine replacement therapy**

All patients who are prescribed a reliever inhaler (e.g. salbutamol) for a respiratory condition (e.g. asthma) or a GTN spray / tablets for angina are eligible to self-administer these medicines unless it is documented specifically that the patient is not capable to do so, or the patient does not wish to. The patient must adhere to strict safe storage requirements (see below), and be able to confirm to the nursing staff when the inhaler or spray / tablets are administered.

Nicotine Replacement Therapy – Once a patient has had their smoking assessment completed in Quadramed and a patient has chosen to try Nicotine Replacement therapy, the prescriber must prescribe the type of Nicotine Replacement Therapy they deem suitable for the patient. In the situation where an inhalator or Lozenges have been prescribed, they can be kept by the patient once they have been instructed on their use unless it is documented specifically that the patient is not capable of doing so, or the patient does not wish to keep the NRT in their possession. The patient must adhere to strict safe storage requirements (see below), and be able to confirm to the nursing staff when the inhaler or lozenges are taken. Nicotine Replacement Therapy which is prescribed as a patch will require the completion of the Self-Medication Administration form. This is to ensure the patient is assessed as to their capacity and ability to apply and remove the patch as per the instructions of the prescriber.

3.3.2 **All Medicines Other Than Reliever Inhalers and GTN and NRT (Inhaler & Lozenges).**

For all other medicines, the default position is that the patient will not self-administer the medicines unless they are assessed as competent to do so. The nursing staff looking after the patient must document that an assessment has taken place and ensure the patient has read the patient information leaflet before the patient is permitted to self-administer the medicines.

On admission, the registered nurse/midwife during the normal routine admission assessment will assess the patient/parent/carer as to their suitability to enter the scheme. The patient/parent/carer may choose to only self-administer certain medications, and if this

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is the case it will be clearly identified on the admission assessment form, documented in the patient notes and on the prescription chart. If they are suitable the nurse/midwife will explain to the patient/parent/carer how the scheme works and then give them a “**Patient information leaflet**” (Appendix 2) allowing time for them to read it through thoroughly, discuss any issues and ask any questions.

3.4.0 INITIAL ASSESSMENT AND CONSENT

3.4.1 Reliever Inhalers and GTN Spray / Tablets, NRT Inhaler or Lozenges

The default position for patients coming in to the Trust taking these medicines is that they will self-administer these medicines, and therefore a consent form does not need to be completed. During the patient stay in the Trust, if it becomes apparent the patient is not able to self-administer these medicines, or does not wish to self-administer these medicines – this should be documented clearly in the medical notes and the nursing staff should administer appropriately. The patient must be given and read the information leaflet (Appendix 2). The prescription Chart must be annotated by nursing (or medical / pharmacy) staff to indicate if these medicines are being self-administered or not.

3.4.2 All Medicines Other Than Reliever Inhalers and GTN.

The patient/parent/carer must be formally assessed by a registered nurse/midwife or pharmacist using the ‘Assessment of patient for self-administration of medicines’ form (See Appendix 3) prior to being allowed to self-administer medicines. If the patient/parent/carer is suitable it must be documented on the assessment form and also in the nursing/medical/midwifery records. The completed assessment form is to be stored at the end of the patient's bed along with the prescription chart and other patient documentation. A note on the patients prescription chart will also be made to identify the patient/parent/carer as taking part in the SAMS scheme.

If the patient/parent/carer is suitable for self-administration, a “Consent form” (see appendix 3) is completed by the patient/parent/carer, which the nurse/midwife, pharmacist or doctor also counter signs to witness the patient/carer/parents agreement to take part.

3.5.0 STORAGE OF MEDICINES

3.5.1 Reliever Inhalers and GTN Spray / Tablets

If the patient is to self-administer these medicines they may be stored outside the POD locker. The patient must agree to store these medicines so that they are kept out of sight of all other patients and visitors (i.e. in the bedside cabinet / drawer, or on their person in a clothes pocket). If the patient does not keep these medicines out of sight the nurse must lock them in the POD locker, thus preventing the patient from participating in the SAMS.

3.5.2 All Medicines Other Than Reliever Inhalers and GTN.

The majority of ‘patient’s own drugs’ (PODs) are stored in the locked bedside POD lockers. Exceptions to this include controlled drugs and stocks of insulin prior to use. If an individual patient supply of medicine is provided from LTH Pharmacy (to replenish the PODs or supply a newly prescribed medicine) this will also be stored in the POD locker with the same exceptions. If a patient has a need for a ‘when required’ medicine, or a medicine that it is uncertain if it will continue post-discharge, the nursing staff will continue to administer this in the standard manner using stock medicines until pharmacy staff have assessed the appropriateness to make an individual patient supply. All medicines needing storage in a refrigerator will continue to be stored and dispensed/administered in the usual

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way.

The safe storage of medicines must be stressed to all patients/parents and carers. Bedside POD lockers must always be locked when not in use. Nursing staff must undertake a regular check when completing medication rounds to ensure patients medication is out of sight. Pharmacy staff will support this during their routine ward visits.

3.6.0 MEDICINES ADMINISTRATION AND SUPERVISION

The patient/parent/carer shares responsibility for administering their medicines with nursing/midwifery staff. The patient will ask the nursing staff to gain access to the POD locker when they are due to administer a medicine. This can either be through the patient having a key to their own POD locker if they are available on the ward, or the nurse using a master key to open the patient's POD locker during a drug round, and agreeing to go back and lock it again after a suitable period (e.g. 5 minutes). If the patient is self administering medicines the administration does not need to be witnessed by the nurse. If the medicine is not stored in the POD locker (e.g. controlled drug or stock medicine), the patient must ask the nurse for a supply.

Nursing staff will continuously assess the suitability of the patient to self-administer medicines through their frequent interactions with the patient throughout the day, and the nurse can stop self-administration at any point if it is thought appropriate. During the morning drug round the nurse should annotate the patient is self-administering against each drug this applies to in the administration section of the prescription chart by inserting a '5' (self-administered) in the administration box for the relevant drug.

3.7.0 EXCEPTIONS

3.7.1 Specific Medicines

Injectable medication (with the exception of Insulin) and other medicines that are unsuitable for self-administration will continue to be given by the nurse/midwife, unless the medication is to be administered by the patient at home. Once only medication (stat, bolus or loading doses) will be given by the nurse/midwife/doctor.

3.7.2 Patient Suitability

If the patient/parent/carer is considered no longer able to self-administer, i.e. they become confused, make an error or omission, do not store medicines appropriately or are receiving sedation – he / she must cease self-administering. These changes will be documented in the nursing/midwifery/medical records and prescription chart.

If a patient/parent/carer is assessed as NOT suitable to self-administer on admission and they are normally responsible for their medicines at home, they should be continually reassessed during their inpatient stay. This will ensure that these patients/parents/carers are offered the choice of self-administering before discharge.

The assessor must give careful consideration to the benefits and risks for patients/parents/carers who have a history of alcohol and/or medication abuse or overdose before entering them into the self-administration scheme. However, this does not mean that they are automatically excluded. The decision may depend on their history or the type of medicines they are prescribed e.g. caution with opioids or benzodiazepines. Where it is

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identified that it is appropriate for patients/parents/carers with a history of alcohol/drug abuse to self-administer, the reason for this decision must be documented in the nursing/midwifery/medical records.

The assessment of the parent/carer/patient's ability to self-administer is continuous throughout their stay in hospital. A daily review of the assessment should be done and the supervision documented on the reverse of the assessment sheet. The rationale for any change of self-administration will be documented in the nursing//midwifery/medical records, noted on the assessment sheet in the 'comments' box and changed on the prescription chart.

3.7.3 Compliance / Access Problems

If problems of medicine access are identified by the ward team, a referral may be made to the ward pharmacist, who can arrange for compliance aids to be provided. These may include non-child resistant bottle tops. Blister packs will not be routinely used to support self-administration on the wards until immediately prior to discharge when the medical staff have confirmed there will be no further changes to the medicines.

3.7.4 Pre and Post-Operative Administration

Patients for surgery may administer their own medicines pre-operatively if assessed as appropriate to do so. They must be given clear instructions by the anaesthetist, doctor, pharmacist or the registered nurse/midwife on which medication(s) to take on the day of the operation. The nurse/midwife then assumes responsibility for medicine administration until the patient is capable of self-administering again after the operation. Patients will be reassessed following surgery using the assessment form for SAMS.

3.8.0 OBTAINING SUPPLIES

ALL MEDICATION TO BE USED FOR SELF-ADMINISTRATION MUST BE APPROPRIATELY LABELLED WITH THE PATIENTS NAME, MEDICATION NAME AND UP-TO-DATE DIRECTIONS.

3.8.1 Obtaining medication during pharmacy opening hours:

Medication for self-administration will be ordered by the ward pharmacist during their routine ward visit. If medication is prescribed after the pharmacist's visit or the medication is urgently required, the ward may obtain supplies by contacting the relevant pharmacy ward team.

3.8.2

Obtaining newly prescribed or urgent medicines outside of normal pharmacy opening hours (listed in order of preference as per the Medicines Management (General) Policy): -

1. Use ward stocks.

Check if the medication is available as ward stock (such as nicotine replacement therapy). The nurse/midwife should issue doses from the ward stock for the patients stay or until a labelled supply can be obtained from the pharmacy.

2. Use the patient's own drugs.

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If available, the patient's own drugs should be checked for suitability using the nurse/midwives procedure available on the ward. Once they have been checked, the patient/parent/carer may continue to self-medicate using their own medication, if assessed as competent.

3. Obtain the medicine from the emergency medication cupboard or from stocks held on another ward.

The nurse/midwife in charge of the requesting ward should consult the list of medication and their stock locations throughout the hospital. If the medication is available in the emergency medication cupboard (located on Ward 23 at RPH and opposite switchboard at Chorley) the ward should arrange for collection.

If the item is not held in the emergency medication cupboard, it may be obtained from another stock holder in the hospital. The nurse/midwife in charge should contact the stock holding ward to arrange collection of the required item. A note should be left for the attention of the pharmacy ward team informing them of the loan.

4. Contact the on-call pharmacist to arrange supply.

If the medication is urgently required before 9am the next morning and it is not available in the hospital, then the nurse/midwife in charge can contact the on-call pharmacist via the hospital switchboard.

3.9.0 VARIABLE DOSE MEDICINES

Where self-administering patients are on variable dose of medicines, the registered nurse/midwife will administer to the patient e.g. Warfarin treatment and reducing course of steroids. Patient/carer/parent must be given written information in relation to the administration of variable dose medicines for discharge.

3.10.0 CONTROLLED DRUGS

Controlled drugs (CDs) should be dispensed/ administered by the nurse/midwife from the ward controlled medication cupboard at the appropriate time, as per the Trust Controlled Drugs Policy.

WARD STOCK AND PATIENT'S OWN CONTROLLED DRUGS MUST NEVER BE STORED IN THE POD LOCKER

3.11.0 CHANGES IN PRESCRIBED MEDICATION

If it is necessary to alter any part of the prescription chart, it is the responsibility of the medical staff to discuss this with the patient/parent/carer and inform a member of the nursing/midwifery team immediately of any alterations in treatment.

A supply of any new medication or altered medication should be obtained from pharmacy and any discontinued medicines removed from the ward storage/patient's medicine locker (the patient / carer must authorise removal of a discontinued POD for destruction). When a dose change is noted outside pharmacy hours and the medicine label requires updating, the nurse/midwife should supervise during administration until the medication label can be amended. If a medication is undergoing dose titration e.g. antihypertensive then it may not be cost effective to supply each dose change to the patient. If this is the case stock medication will be administered by nursing/midwifery staff. The prescription chart must be

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clearly endorsed as such and the patient/carer/parent informed.

3.12.0 RELABELLING OF MEDICINES

The instructions on the label must always correspond to the dose prescribed on the prescription chart. When doses are altered, a new supply (or an additional label) must be made by the pharmacy.

If the instruction on the patient's own drugs are not specific, medication will need to be re-supplied by pharmacy.

3.13.0 TRANSFER OF PATIENTS WITHIN THE HOSPITAL

If a patient/parent/carer is self-administering their own medication and they are transferred to a ward which is not taking part in the SAMs scheme they must revert to the traditional method of nurse/midwife administration, with the exception of GTN tablets / spray and reliever inhalers. A clear explanation of this must be given to the patient.

3.14.0 TEACHING AND SUPERVISION

3.14.1 Patient / Carer

Once the patient/parent/carer has been assessed as being competent for self administration, the patient /parent/carer will be given instructions and information on how the scheme works and what will be expected of them. Patients/parents/carers should be provided with a full explanation on how the scheme will work including details of:

- The supply of medication they will be using whether they will be using their own supply from home or a supply dispensed from the hospital pharmacy.
- Where (and where not!) to store medicines.
- What to do about taking 'when required' (PRN) medication.
- Who to contact if they wish to stop self-administration.
- What will happen at the time of discharge from the ward/hospital?
- Using their tablets for their own treatment only and not allowing other patients/parents/carer or visitors to use them.

Patients should be given the opportunity to ask questions about their medicines, and if needed, information about the patient's medication treatment can be provided. This may not always be required, but could include details of the following: -

- The name of the medication - generic and brand names where appropriate.
- The purpose of the medication.
- The dose and frequency of the medication.
- Any special instructions.
- Some of the possible side effects.
- Duration of the course.
- Correct handling and storage of medicines.

After full explanation, if the patient/parent/carer does not know how or when to take their medicine, supervision and further instructions must be given before they are allowed to self-administer. Progress towards independence must be documented in the nursing/medical/midwifery records.

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3.14.2 Staff

Each nurse/midwife must read this procedure before engaging patients in the scheme. The nurse / midwife assessing patients/parents/carers will be accountable for deciding whether the patient/parent/carer will enter the scheme and will be responsible for discussing the decision with the pharmacist and other members of the multi-disciplinary team as appropriate.

3.15. REVIEW AND CONTACT

The procedure will be reviewed as per Trust policy for The Approval of Policies and Associated Documents and in line with the Medicines Management (General) Policy. Any issues regarding this policy can be raised at the Medicine Governance Committee.

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APPENDIX 1 ROLES & RESPONSIBILITIES OF STAFF

The role of the registered nurse/midwife:

- To have achieved the medication administration competence.
- To complete the competency on self-administration of medicines, understanding the policy and documentation used in this scheme.
- To educate the patient /parent /carer about the scheme and help them make an informed decision about self-administration.
- Be responsible for the assessment of the patient's/parents/carers suitability to take part in the self-administration scheme.
- Act as a link person between all members of the multidisciplinary team for self-medicating patients/parents/carers.
- Be responsible, along with the multi-disciplinary team, for the continued assessment of the patient/parent/carer and for recognising and acting upon changes in the patient's condition.
- To supervise and support patients/parents/carers who are self-administering medication(s).
- Be responsible (with the multi-disciplinary team) for educating and counselling patients/parents/carers about their medication.
- Be responsible for recording in the nursing/midwifery/medical records any relevant information, e.g. missed doses, prompting the patient/parent/carer to take medication, training provided or progress to supervised administration. Action should be taken as appropriate.
- Be responsible for informing the pharmacist of any change in the patient's medication so that a supply can be arranged.
- Ensure that all medicines are stored appropriately and safely at all times.
- To participate in the evaluation of the SAMs scheme.
- Be responsible (with the pharmacy team) for ensuring that all the patient's medication is kept up to date and all discontinued medicines are removed and returned to pharmacy.
- Complete daily checks on the safe storage of medications, especially medication which is not locked up, but must be kept out of sight.

The role of the medical staff:

- Ensure that they are aware of the self-administration of medicines procedures.
- Consider and rationalise prior to determining self-administration is suitable for patients/parents/carers.
- Participate in discussions regarding the patient's/parents/carers suitability to self-administer when required.
- Be responsible, along with the multidisciplinary team, for the continued assessment of the patient/parent/carer and for recognising and acting upon changes in the patient's condition.
- Be responsible (with the multidisciplinary team (MDT)) for educating and counselling patients/parents/carers about the medication.
- Be responsible for immediately informing and educating the

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patient/parent/carer and a member of the ward staff when any changes in medication are made.

The role of the ward pharmacist:

- Review patient's medication to assess appropriateness and assist in simplifying the patient's medication regimen for self-administration.
- Be responsible for assessing the parent/patients/carers suitability to self-medicate (will normally be done by the nurses/midwives).
- Be responsible, along with the MDT, for the continued assessment of the patient/parent/carer and for recognising and acting upon changes in the patient's condition.
- Ensure all supplies are appropriately labelled to assist with self-administration.
- Be responsible for ensuring that all the patient's medication is kept up-to-date and all discontinued medicines are removed and returned to pharmacy.
- Be responsible (with the pharmacy technician) for ensuring that an adequate supply of medication is available for self-administration.
- Ensure that all medicines are stored appropriately.
- Be responsible (with the multidisciplinary team) for educating and counselling patients/parents/carers about the medication.
- To be involved with the education and training of self-administration schemes to patients/carers/parents and staff.
- To participate in the evaluation of the SAMs scheme.

The role of the student nurse:

- Will participate in all aspects of the scheme under the direct supervision of registered nurses/midwives.
- Should use their participation as a learning experience.

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PATIENT / PARENT / CARER INFORMATION – SELF ADMINISTRATION OF MEDICINES (SAMS)

The aims of the scheme are for patients / parents / carers to:

- Allow more independence
- Improve your knowledge about your medicines
- Involve you/parent/carer in your own healthcare

SAMS is a scheme that allows you to be in control of taking your own medicines whilst you are in hospital. At the appropriate times, or on your request, the nurse/midwife will retrieve your medicine and supervise you taking them. Nurses/midwives will be available to give you help or advice as needed.

The nursing/midwifery staff will help you to decide if self-administration will be suitable in you. For some patients/parents/carers, self-administration is not appropriate for a variety of reasons. This might be because:

- the route the medication is administered is not suitable for self-administration
- complex medicine administration regimens
- if you have had surgery or sedation
- if you are too unwell.

If any of these applies to you, the nurse/midwife will explain how the situation can be re-assessed to support you to self-administer medicines in the future.


Self-administration is “**not compulsory**” and you do not have to take part if you do not wish to. You may choose to self-administer a limited range of medicines. If you choose not to take part, your medicines will be given to you routinely by the nursing/midwifery staff.

For some patients/parents/carers this will be an opportunity to increase your knowledge about your medicines and how to take them. You are encouraged to ask the pharmacist, nurse, midwife or doctor any questions you may have about your medicines. You must agree to store the medicines securely as instructed so that they do not pose a danger to others on the ward. If any visitors or another patient/parent/carer tries to take your medicines, you must inform a member of the ward team **immediately!**

Your own medicines from home will be used, where suitable. You must bring your medication with you whenever you attend the hospital. If needed, further supplies of medication will be provided from the hospital pharmacy. Before you are discharged home, the pharmacist must check your medicines. You may need to wait once the doctor has said you can go home for your prescription to be organised.

Remember medicines can be dangerous if not used appropriately. Do not exceed the stated dose and follow all the special instructions/storage printed on the label

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Appendix 3: Assessment and Consent Form for Self-Administration of Medicines		Lancashire Teaching Hospital NHS Trust		
Patient Addressograph Label		Ward		
		Date		
1	Does the patient / parent / carer wish to self-administer?	Yes	No	If no, exclude from self-administration.
2	Is the patient/parent/carer responsible for administering his/her own medicine at home?	Yes	No	If no, exclude from self-administration.
3	Is the patient/parent/carer confused?	Yes	No	If yes, exclude from self-administration
4	Does the patient/parent/carer wish to Self-administer all the prescribed medications?	Yes	No	If no see question 5
5	Does the patient/parent/carer wish to Self-administer only specific medications?	Yes	No	If yes write the name of the specific medication/s in box 5a
5a	Specific Medications Patient wishes to self-administer			
6	Does the patient/parent/carer understand: <ul style="list-style-type: none"> the purpose of the medication the dosage and any special instructions the key possible side effects retain the information for long enough to make a competent decision and relay the information back to you 	Yes	No	If no, exclude the patient/parent/carer from self-administration.
7	Does the patient/parent/carer have a known history of medication or alcohol abuse?	Yes	No	If yes, seek a multidisciplinary agreement for suitability to self-administer, and document reason in medical notes.
8	Can the patient/parent/carer read the labels, open containers and access the medicine? If not, refer to the pharmacist for aids e.g. non-child resistant caps.	Yes	No	If aids do not resolve access problems exclude from self-administration.
9	Has the patient/parent/carer read and understood the self-administration of medicine/consent and information card?	Yes	No	If no, educate patient/parent/carer
10	Has the patient/parent/carer signed the consent form?	Yes	No	If no, sign the form

CONSENT FORM FOR SELF ADMINISTRATION OF MEDICINES

If you are happy to be included in the self-administration of medicines scheme please read and sign the consent statement below: -

I have read and understood the information leaflet about self-administration and am willing to take part in the self-administration scheme. I understand my medicines must be stored securely as instructed at all times. I understand that while self-administering medication, I will be under review and may be withdrawn from the scheme if it is considered appropriate. I may also withdraw my consent to take part in the scheme at any time by informing the nurse/midwife/pharmacist or doctor on duty should I wish to do so.

PATIENT / PARENT / CARER / LEGAL GUARDIAN SIGNATURE:Date.....

(please circle)

NURSE / MIDWIFE / PHARMACIST / DOCTOR SIGNATURE.....Date.....

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(please circle)

Appendix 3 DAILY REVIEW OF ASSESSMENT

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**Patient
Addressograph Label**

Ward

Date

Date & Time	Comments	Signed

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4. ATTACHMENTS	
Number	Title
1	ROLES & RESPONSIBILITIES OF STAFF
2	PATIENT / PARENT / CARER INFORMATION – SELF ADMINISTRATION OF MEDICINES (SAMS)
3	ASSESSMENT AND CONSENT FORM FOR SELF-ADMINISTRATION OF MEDICINES
4	EQUALITY, DIVERSITY & INCLUSION IMPACT ASSESSMENT FORM

5. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
(GEN) Reference number: TP-140	The Medicines Management (General) Policy. Version 2.Policy.LTHTR, 05 Apr 2017. lthtr-documents/current/P315.pdf

6. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Standards for medicines management 2007 https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf
2	Medicines management toolkit 2014 http://www.togetherforshortlives.org.uk/assets/0000/8621/TfSL_Medicines_Management_Toolkit_-_Interactive_FINAL_.pdf
3	Dougherty, L. and Lister, S. (eds) The Royal Marsden manual of Clinical Nursing Procedures (9 th edition) Available in the library at WY 100.1 DOU See pp.687-690
Bibliography – As above	

7. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
SAMS	Self-Administration of Medicines Scheme
PRN	when necessary" (from the Latin "pro re nata")
MDT	Multi-disciplinary team
GTN	Glyceryl Trinitrate (Angina Reliving medication)
POD	Patients Own Dispensed (medicines)
NRT	Nicotine Replacement Therapy

8. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Beverley Duncan	Clinical Educator (Co-author)	March 2014

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David Jones Gareth Price Tracey Earley Connie Sharrock	Assistant Director of Pharmacy Chief Pharmacist Consultant Nurse Medication Safety Officer	May 2014 May 2014 September 2017 September 2017
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9. DISTRIBUTION PLAN	
Dissemination lead:	Jacqui Smith
Previous document already being used?	Yes
If yes, in what format and where?	Trust Intranet (Heritage Site)
Proposed action to retrieve out-of-date copies of the document:	Removal from site.
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	LTHTR weekly Procedural documents communication– New documents uploaded to the Document Library. Raise awareness at ongoing teaching event. Include update in 'Medication Matters' newsletter provided Trust wide by Pharmacy

10. TRAINING

Is training required to be given due to the introduction of this policy? *Yes / **No** * Please delete as required

Existing training will continue

Action by	Action required	Implementation Date
J Smith	Advise Clinical Education Teams of Policy Update	12/02/2018

11. AMENDMENT HISTORY –

Version No.	Date of Issue	Page/ Selection Changed	Description of Change	Review Date
6	March 2018	Page 2	Addition of Quick Reference Flow Chart	February 2021
6	March 2018	Page 5	Title of Consultation Group changed from <i>Medication Safety Group</i> changed to Medicine Governance Committee	February 2021
6	March 2018	Page 6	Information about Nicotine Replacement Therapy added into section 3.1	February 2021
6	March 2018	Page 7	Wording removed <i>Medication errors, i.e. unintended prescribing, clinical checking, dispensing and administration incidents, that reach the patient, must be reported together with all CD security incidents through the Trust incident reporting system. Refer to the Trust Medicines Management (General) Policy for further details.</i> Replaced with 'All medication incidents and near misses must be reported via Datix. Medication incidents are reported using the	February 2021

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			medication/fluids/biologic category and must include the names of medications involved. Nicotine replacement therapy added to list of medications not requiring SAM forms completed	
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Appendix 4: Equality, Diversity & Inclusion Impact Assessment Tool

Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Pharmacy			
Lead Assessor	Jacqui Smith			
What is being assessed?	Equality impact on procedure document			
Date of assessment	March 2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? <p>Staff are expected to comply with procedure irrespective of a person's race / ethnic origin. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of race/ethnic origin. Interpretation services will be access if necessary to ensure patient safety and will be considered on an individual case by case basis</p>
Disability (Including physical and mental impairments)	Positive	<p>Staff are expected to comply with procedure irrespective of a person's disability The assessments and processes described in this guidance are focused on the safe provision of access to Self-Administration of Medicines to patients, parents and/or carers. This provides patients with disabilities the potential to maintain continuity in their care, allowing them to maintain their medication administration regime as per the pre-hospital setting. As per the procedure each case will be assessed on an individual case by case basis.</p>
Sex	Neutral	<p>Staff are expected to comply with procedure irrespective of a person's sexual orientation. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their sex.</p>
Gender reassignment	Neutral	<p>Staff are expected to comply with procedure irrespective of a person's gender. The assessments and processes described in this guidance are focused on the safe provision of access to</p>

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		the Self Administration of Medicines process to patients irrespective of their gender
Religion or Belief (includes non-belief)	Neutral	Staff are expected to comply with procedure irrespective of a person's Religion or Belief. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their religion or belief
Sexual orientation	Neutral	Staff are expected to comply with procedure irrespective of a person's sexual orientation. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their sexual orientation
Age	Neutral	Staff are expected to comply with procedure irrespective of a person's age. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their age.
Marriage and Civil Partnership	Neutral	Staff are expected to comply with procedure irrespective of a person's marriage or civil partnership status The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their marriage or civil partnership status
Pregnancy and maternity	Neutral	Staff are expected to comply with procedure irrespective of a person's maternity or pregnancy status. The assessments and processes described in this guidance are focused on the safe provision of access to the Self Administration of Medicines process to patients irrespective of their maternity or pregnancy status
Other (e.g. caring, human rights, social)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	This procedure does not impact or hinder the promotion of equality and diversity across the organisation
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
<ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
Action Plan Summary N/A
Action Plan not required

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