SELF-ADMINISTRATION OF MEDICINES PROCEDURE

Essential reading for the following staff groups:
Doctors, Nurses, Pharmacists and other healthcare professionals working with patients suitable to self-administer medication

Following staff groups should be aware exists for references purposes:
Service managers

Key Points

1. This procedure should be read in conjunction with the trusts Medicines Policy.
2. Self-administration of medication (SAM) is a desirable aim for patients to promote and maintain their independence and autonomy. It is an essential step in facilitating the discharge of patients from inpatient services.
3. The procedure applies to adult inpatients or their carer (if the carer is responsible for giving the patients medication at home) and community patients where CNWL staff are responsible for assessing patients for self-administration of medication.
4. This procedure provides guidance for all staff groups on selection and assessment of patients (or their carers) for self-administration of medication. Medicines include mouthwashes, skin cleansers, and medicines used for symptomatic relief such as salbutamol inhaler or glyceryl trinitrate tablets/ spray.
5. The three levels of self-administration are:
   - Level 1: Increasing service user's awareness of their medication.
   - Level 2: Patient self-administers some or all of their medicines under direct supervision by nursing staff.
   - Level 3: Patient self-administers some or all of their medicines without direct supervision.
6. For inpatient units safe custody of the medication remains the responsibility of the nursing staff for stage 1 and 2. In stage 3, the patient may take custody of medicines that they are self-administering (i.e. be given a key for their individual medicines cabinet locker).
7. Registered nurse is 'responsible for the initial and continued assessment of patients who are self-administering and have continued responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others' (NMC 2010, Standard 9).
8. A patient's capacity to self-administer should be regularly assessed as it can change such at times of acute illness. A patient may move up and down the various levels according to their current capacity.
9. Appropriate records must be made at all stages to ensure risks are being contained and to facilitate the assessment of the patient's progress.
10. The good practice principles in the procedure can be used to support any patient with self-administration. The procedure can be applied in full for any patients where CNWL retains responsibility for managing the administration of medicines. This may include, for example, home treatment teams, supported housing and within district nursing teams.

SELF-ADMINISTRATION OF MEDICINES PROCEDURE

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Signed: 

Maria Clarke, Chair, Medicines Management Group

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CONTENTS

1. Purpose and Scope of the Procedure

- The procedure is a practical guide for staff to support patients to move towards self-administration of medicines by establishing a standardised approach for determining the ability of patients to take their own medication safely and reliably.
- The procedure applies to adult inpatients or their carer (if the carer is responsible for giving the patients medication at home) and community patients where CNWL staff are responsible for assessing patients for self-administration of medication. Offender care is excluded from this procedure.

- There may be some circumstances where it would be more appropriate for patients' carers or relatives to be responsible for administering medicines on the ward. All procedures should apply but it is the carer or relative who should be assessed using the same criteria as for patient self-administration. The carer or relative should sign the consent form, should be taught administration skills and complete necessary documentation if required.

- Patients are not obliged to partake in self-administration but should be encouraged to support self-management, where appropriate. Self-administration will not be appropriate for all patients, or all inpatient wards/units.

- The Nursing and Midwifery Council (NMC) supports the development of self-administration systems and views them as good practice.

- The aims of self-administration of medicines include:
    - Assessing a patients need for support with their medication including whether they require a compliance aid.
    - Promote and maintain a patient's confidence, understanding and independence with their medicines, which can also release nursing time.
    - To prepare the patient with the skills and knowledge they need to manage their medication on discharge thus reduce the risk of re-admission due to non-adherence with medication by identifying any problems before leaving in-patient care.

- The appropriate level for any individual will be determined from completion of the self-administration of medicines assessment form (appendix 2).

- Adequate systems should be in place on the ward/unit to comply with the specifications outlined in the *CNWL Medicines Policy* to ensure safe practice. It is essential that this procedure is used in conjunction with current risk assessments and care plans.

- **Exclusion Criteria for self-administration of medicines for hospital patients**
    - Patients being discharged to a nursing home and patients who are not responsible for their medicines at home.
    - If a patient is being discharged imminently.
    - Patients who do not have the capacity to safely self-administer medicines.
    - Patients who the treating multidisciplinary team consider are unlikely to correctly self-administer some or all of their prescribed medicines.

  Medicines excluded in hospital:
    - Controlled drugs (schedule 2)
    - Any injections, except those to be self-administered at home e.g. insulin
    - Variable dose medicines including warfarin
    - When required prescriptions (except for those required urgently e.g. salbutamol, GTN spray/tablets) or are part of the patient's standard prescription.

- Any medicines that are once only
- Medicines with special storage requirements e.g. refrigeration may not be stored within the individual cabinets but can be given to the patient to administer themselves if appropriate and returned immediately to the fridge.

2. Responsibilities

Group	Responsibilities
All staff / Multi-Discilplanry Team (MDT)	• All staff are responsible and accountable for their actions whilst observing self-administration and must work within the limits of CNWL policies/ procedures. • All staff have a duty to ensure continued assessments of the patient's capability to self-administrate medication are conducted and recorded. Staff should recognise and act upon changes in a patient's condition with regard to the safety of the patient and others on the ward. • All changes to medication must be discussed with the patient by the prescribing doctor and other appropriate staff i.e. nursing and pharmacy, to ensure that the patient is fully informed. • Complete a Datix incident report for any incident that occurs during self-administration. • Identify suitable patients for self-administration of medication as soon as possible following admission to inpatient units ensuring they are assessed for their capacity before entry into the programme and patient consent is obtained. • Make the decision to allow a patient to enter the self-administration programme. The decision must be based on the patient's history, mental state, SAM assessment and current risk assessment. • Ensure continued assessments of the patient's capability in self-administration are conducted and recorded and for recognising and acting upon changes in a patient's condition with regard to the safety of the patient and others on the ward. • Members of the MDT should take an active and encouraging view of self-administration. Patients should be assessed for their capacity to enter the programme as soon as possible following admission to hospital. The progress of individual service users with the programme will be widely variable. Allowance should be made for the length of time the programme may take in considering the service user for discharge and plans put into place promptly. • The MDT takes responsibility for the decision to allow a service user to enter the self-administration programme. The decision must be based on the patient's history, mental state, and risk assessment. The MDT team is also responsible for the safe and appropriate administration of medicine to the service user whilst they are an in-patient under the care of CNWL.
Medical staff	• Medical staff for the inpatient must be involved in the decision to start self –administration on inpatient units. • Appropriate prescribing of medication. Review and rationalise medication regimen. • Prescribe discharge medication at least 48 hours prior to discharge & 72 hours if a multi-compartment compliance aid is needed. • Routinely carry out patient assessments on capacity • Inform patients and nursing staff immediately when medication has been changed. • Inform the nurse immediately if there is any deterioration in the condition or capacity of an inpatient.
Registered Nurses	• Assess patients for suitability for self-administration of medicines and ensure all documentation is completed i.e. patient consent form, self-assessment form, self-administration of medicines monitoring form and medicines chart. • Ensure patient education on medicines is carried out including any changes to medication. • Supervise medication administration – monitoring suitability of patients (including tablet counts where necessary to continue self-administration of their medicine. Interval for monitoring should be agreed by MDT. • Communicate any changes to the level of self-administration to the MDT. • At level 1 and 2 sign the medicine chart to indicate it has been administered & at level 3 sign to indicate it has been self-administered. • Remove any medication from the patient's self-medication medicines bag/individual

	medicines cabinet that has been stopped on the medicines chart. • Administer any medicine that is not suitable for self-administration. • The availability, administration and safe and secure storage of medicines on the ward/department & therefore should ensure that: o Appropriate records are maintained. o Administration and supervision of self-administration should not be delegated to a member of staff who is not legally entitled, authorised or appropriately trained to carry out the tasks (this includes student nurses). • Where nursing staff delegate the task of administration they remain responsible and accountable for the process. When self–administration is operating on an in-patient unit the nurse remains responsible and accountable for administration of medicines. • Order medicines from pharmacy. • If there are concerns about the patient not coping at any of the levels of the self-administration programme, this should be discussed immediately with the MDT. • Ensure the medicines key given to the patient/ carer at level is returned prior to discharge.
Non-Nursing Staff	• Refer to CNWL Trust *Medicines Policy* for specific details regarding the general role and responsibilities of non-nursing staff in medicines management. • Non- nursing staff (e.g. social workers, occupational therapists, healthcare assistants, support workers, outreach workers, psychologists) can only supervise stage 3 self-administration after receiving training & are assessed as competent to supervise level 3 self-administration. • Nursing staff must supervise stage 3 self-administration initially in hospital but this may be delegated to non-nursing staff when it has been established that appropriate self-administration of medication has been achieved. • Supervise medication administration – monitoring suitability of patients (including tablet counts where necessary) to continue self-administration of their medicine if delegated by nurse. Escalate any issues immediately to nursing staff. • Notify the nurse immediately if there are: o Medicines prescribed that are excluded from self-administration o New medicines started or changes to existing medicines that are currently being self-administered. The nurse will take responsibility for administering or supervising these medicines.
Pharmacy Staff (pharmacist or accredited medicines management technician)	• Assess inpatients for suitability for self-administration of medicines and ensure all documentation is completed i.e. patient consent form, self-assessment form and medicines chart. • Ensure patient education on medicines is carried out for inpatients. • Monitor and assess the suitability of inpatients to continue in the self-administration scheme. • Review and rationalise medication regimen • Supply medicines fully labeled, with directions for use, to every inpatient who is involved in self-administration. • Undertake a compliance aid assessment for all inpatients that require support with their medication to determine and supply the most appropriate aid & in accordance with CNWL Compliance Aid Procedure. • Assess patients own medications (PODs) for suitability on admission to hospital. • Check and endorse prescription chart regularly. Ensure medicine chart is clearly documented with the patient's level of self-administration of medicines • Providing advice and training to MDT.
Modern Matron Ward /Service Managers	• Ward managers/service managers are responsible for ensuring compliance with Trust *Medicines Policy* in all relevant aspects of medicines management in their clinical areas including the implementation of the self-administration programme.

3. Definitions

- The definitions of staff involved in the self-administration programme are listed in '*Responsibilities'* in Section 3.

- The definition of Stages 1, 2 and 3 of self-administration are given in Sections 5.9 below.

4. Procedure for self-administration of medicines

4.1 Self-administration will not be appropriate for all patients. Participation must be based on a clinical assessment of suitability, safe systems of practice, informed choice and agreement of the patients. The Trust has ultimate responsibility and accountability to ensure that patients' medicines in hospitals are administered correctly and, where the task of administration is being delegated, the Trust has a responsibility to ensure the patient remains competent to self-administer and this competency must be reviewed regularly.

4.2 The following information should be given to a patient before commencing self-administration:

- The name of the medicine
- Why they are taking it
- Dose and frequency
- Common side-effects and what they should do if they occur
- Any special instructions
- In addition prior to discharge the duration of treatment and how to obtain further supplies.

4.3 A patient (or carer) must have capacity to and give their agreement to self-administer their medicines. The consent form in hospital must be signed to partake in the scheme (appendix 1).

4.4 The suitability to partake in SAM should be assessed using the screening tool in appendix 2. If suitable the respective assessment should be completed.

4.5 Patients (or carer) in hospital must be assessed for self-administration of medicines by a nurse, pharmacist or doctor using the form in appendix 3. Following initial assessment a patient can be assigned to level 1 or 2 self-administration. After competence at level 2 is assured a patient can progress to level 3.

The timeframe to progress to level 3 will be determined on an individual basis. Reassessment date should be stated on the SAM assessment form in appendix 2.

Regular monitoring and assessments (including tablet counts where necessary) should be undertaken for all inpatients on level 3. Monitoring should be recorded using the form in appendix 4. Monitoring should take place at least every 48 hours initially and then reduced gradually to a minimum frequency of weekly, according to the level of competence demonstrated by the patient and following MDT review.

4.6 Community based patients can be assessed using the SAM assessment form in appendix 5. The assessment and associated flowcharts will help determine if the patient is suitable for self-management or whether they require support with their medication. The action plan should also be completed.

4.7 The Mental Capacity Act 2005 requires capacity to be assessed at a particular moment about a particular decision or issue. Any patient with a serious mental health illness should be assessed on a regular basis to ensure they are still able to self-administer and this should be documented in their medical notes.

4.8 Patients should be supervised and reassessed regularly to ensure continual competence to self-administer. This should initially be daily (or before each administration) by the nurse until competence is assured. Appropriate intervals for monitoring should then be decided by the MDT but should be at least weekly.

4.9 Any changes to patient's level of self-administration of medicines must be clearly documented and communicated immediately to nursing staff and then to the MDT.

4.10 Definition of Levels of Self-Administration of Medicines

- **Level 1 Self-Administration of Medicines:**
  - Medication is administered by the patient. For inpatient units administration this must be by the registered nurse.
  - The patient is supported with information about their prescribed medication to increase their knowledge about their medicine and to enable them to:
    - Correctly identify which medicines are to be taken and when. Learn the name of the medicine (or other means of identifying e.g. colour/markings/shape)
    - Dose
    - Frequency
    - Know how to take the medicine correctly (e.g. tablets, inhalers, patches)
    - Understand why they are taking each medicine
    - Know about possible side effects and what to do if experienced.
    - The nurse will engage the patient in conversation about their medication to counsel on criteria listed above.
    - The patient should have an information session with their doctor, nurse or pharmacist. They should be provided with relevant verbal and written information for each medicine they are prescribed.
    - The nurse/pharmacist may prompt the patient to test their knowledge, although this does not need to be undertaken during the medicines round.

- **Level 2 Self-administration of Medicines:**
  - The patient self-administers some or all of their medicine with support. For inpatient units this must be **under the direct supervision** of the nurse.
  - The patient is able to request their medicines at the scheduled time and can take the medicines as intended.
  - The period of time allowed to elapse before the patient is prompted to take their medicine needs to be agreed by the MDT and should not exceed one hour. If prompting has been necessary then this should be recorded in the patient's notes.
  - If the medicine is stored in the individual medicines cabinet on the ward the nurse will unlock the cabinet for the patient. If the patient's medication is stored in the medicines trolley the patient should be handed the bag containing their medicine(s). The nurse will directly supervise and checks that the dose and medicine(s) the patient selects are correct.
  - The patient should be handed the container with all their regular medicines in and be allowed to select the correct medicine dose(s) to be taken at that time. This process should be closely supervised by the nurse.
  - The nurse should encourage the patient to present for their medication at the time it is due to be taken and allowing them to select the correct doses to be taken at that time.
  - The nurse closely supervises self-administered medicine. Observations or prompting should be recorded in the patient's medical notes and on the monitoring form in appendix 4.

- **Level 3 Self-administration of Medicines:**
    - Patient administers some or all of their medicines **without direct supervision** by nursing staff.
    - The patient accepts full responsibility for the storage and administration of their medication that they are self-administering. In hospital the registered nurse checks the patient's suitability and compliance verbally to ensure that the patient has taken/ used each of their medicines and signs the medicine prescription chart.
    - The medication chart should be checked at every medicine administration round to ensure any medicines that are excluded from self-administration are given by a nurse and to identify newly prescribed medicines and/ or changes to medicine doses.
    - Regular monitoring and assessments (including tablet counts where necessary) should be undertaken for all inpatients on level 3. Monitoring should be recorded using the form in appendix 4 for inpatients and may also be used in community based settings. Monitoring should take place at least every 48 hours initially and then reduced gradually to a minimum frequency of weekly, according to the level of competence demonstrated by the patient and following MDT review.
    - If there are any doubts about how well an individual is following their medication regime, including discrepancies with tablet counts or if the bedside medicines locker in hospital is found to be unlocked, then the patient should be reassessed and moved to level 1 or 2.

4.11 Medicines Supply

- Medicines are dispensed and fully labelled by pharmacy, with directions for use, for every inpatient involved in self-administration.
- Normally, a month's supply will be made each time, although this is negotiable depending on an individual patient's needs.
- **Compliance Aids**
    - If there are any adherence issues the patient should have a compliance aid assessment in accordance with the CNWL Compliance Aid Procedure.
    - Patients should not routinely be issued a multi-compartment compliance aid (MCA) and ***must*** have an assessment by pharmacy prior to medicines being supplied in a MCA.
    - Provide the patient with a list of current medicines recorded on '*My Medication Passport' or Patient Medication Record (PMR) card* showing the name, dose, frequency and what the medication is for. Refer to the Compliance Aid Guideline on Trustnet.
- If a supply of medicine is not available e.g. if a dose has been changed and pharmacy has not yet issued fresh supplies, then ward stocks can be used. The dose must be administered by the nurse in the standard way and the administration signed for on the medicine chart. Patients MUST NOT self-administer from stock.
- The patient may self-administer using his/her own medicines (PODs) brought in, provided they have been checked by an appropriate member of pharmacy/nursing staff for suitability (See CNWL *Medicines Policy; Patients Own Drugs SOP*).
- Only regular medication will be supplied for self-administration. 'PRN' (when required) medication should be given by nursing staff in the traditional way. However, 'PRN' medication may become part of the self-administration scheme at the discretion of the nurse/MDT if it may be required urgently e.g. salbutamol inhaler, GTN spray, adrenaline pen for anaphylaxis.

4.12 Medicines Storage

- **Level 1 and 2:** Safe custody of the medicine in hospital remains the responsibility of nursing staff. Medication can either be stored in the medicine cupboard/trolley or in individual secure medicines cabinets. Keys for cabinets are retained by nursing staff. The registered nurse must hold a master key for each cabinet and a spare

should be kept on the ward. Patients must not be asked to select their medicines from the ward medicines trolley/cupboard.

- **Level 3:** Medication should be stored in individual secure medicines cabinets. The patient can be given the key to the bedside medicines cabinet and take responsibility for the safe storage of their medicines that they are self-administering. It is the responsibility of the patient and nurse to ensure any keys are returned to the ward prior to discharge from hospital. Medicines that are excluded from self-administration should be stored in the medicines cupboard/ trolley. Patients should not be given custody of any medicine they are ***not*** self-administering.
- **Specifications for the storage of medicines are set out in the CNWL *Medicines Policy.***

4.13 Documentation

- The completed patient consent form should be filed in the patient's medical notes.
- The completed self-administration assessment form should be filed in the patient's medical notes.
- The medication chart must be clearly annotated to show that the patient is on the self-administration scheme and at which level i.e. 1, 2 or 3.
- An entry in the patient's medical notes should be made to indicate that the patient has been started on level 1 of the self-administration.
- **Level 1 and 2:** The nurse signs for administration on the medicines chart in the normal way.
- **Level 3:** The nurse verbally checks compliance with the patient and records on the medicines chart 'Self-administration' or uses appropriate medication chart code to indicate self-administration. The monitoring form is completed initially for every administration until competence is ascertained. Frequency of monitoring will then be determined by the MDT.

5. Monitoring compliance and effectiveness of this procedure

Compliance with this procedure will be assessed through an annual audit.
Progress of individual patients through the stages of self-administration will be monitored as part of the review of the procedure specified above.

6. Consultation

This procedure has undergone consultation with Clinical Leads and Service managers within the divisions, lead pharmacists and members of the Medicines Management Group.

7. References

1. . Central and North West London NHS Foundation Trust (2014) Medicines Policy.
2. Nursing and Midwifery Council (2010) Standards for Medicines Management.
3. National Prescribing Centre (April 2008) Medicine Management, Service Improvement Guide: Self administration of medicines in Mental Health Trusts.
4. Orwig D, Brandt N et al (2006) Medicines management assessment for older adults in the community. *The Gerontologist* 46:5:661-668

Additional Resources

Toolkit for the Self-Administration of Medicines (SAM) in Hospital. NHS Education for Scotland. Available at: www.nes.scot.nhs.uk

Appendix 1: Patient Self Administration of Medicines Consent Form

The self-administration of medicines programme has been explained to me.

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

I understand self-administration of medicines programme and I consent/ do not consent* to participate in the self-administration scheme.
(*Delete as appropriate)

I understand that I may change my mind at any time.

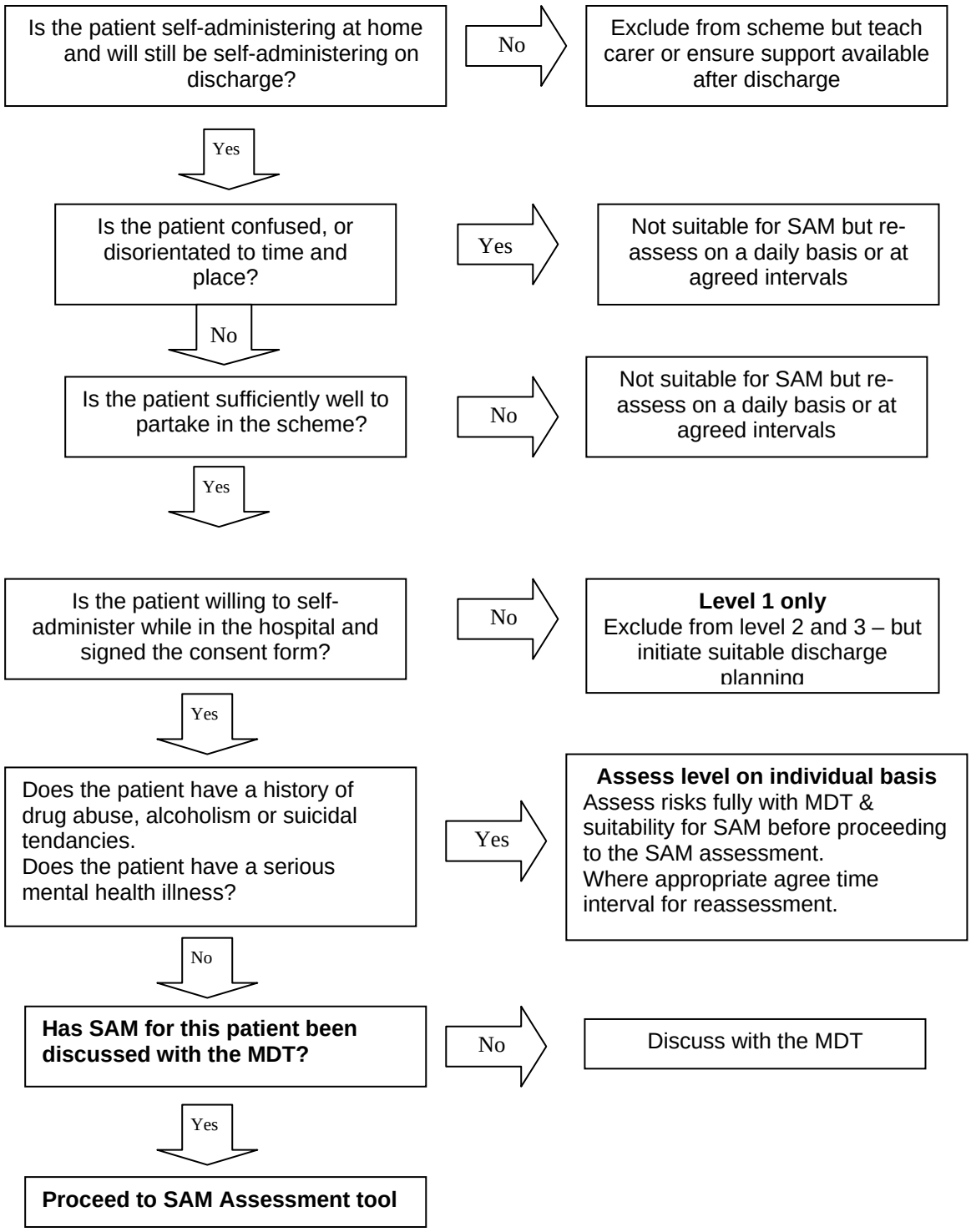
CONSENT:

Signature:	Date:
Print name:	
Witnessed by (sign & print): Designation:	

WITHDRAWAL OF CONSENT:

I do not wish to remain involved in the self-administration scheme due to:	
Signature:	Date:
Print name:	
Witnessed by (sign & print): Designation:	

Appendix 2: Screening Tool (Pre-Assessment) for Self-Administration of Medicines (SAM)



Appendix 3: Assessment for Self-Administration of Medicines (SAM) for Inpatient Wards

Patient name:	Ward:

DOB:	Consultant:	NHS Number:
Carer name (if being assessed):		

Are any medicines being EXCLUDED from the Self-Administration Assessment:

Knowledge about their medications for SAM	Yes	No	N/A	
1. Has the patient been given and read the patient information leaflet for each medication for SAM?				If "No", Level 1 or 2 & educate then re-assess.
2. Do they know the side effects of their medication?				If "No", Level 1 or 2 & educate then re-assess.
3. Can you tell me why you are taking each medicine?				If "No", Level 1 or 2 & educate then re-assess.
4. Can you tell me all the medications taken each day?				If "No", Level 1 or 2 & educate then re-assess
5. Can you tell me the time of day that each medication should be taken				If "No", Level 1 or 2 & educate then re-assess
6. Can you tell me the amount of each medication to be taken at each time during the day?				If "No", Level 1 or 2 & educate then re-assess
7. Can you tell me how each medication should be taken (including any special instructions)?				If "No", Level 1 or 2 & educate then re-assess
How to take their medications				
8. Do you remember to take all your medication most of the time?				If "No", Level 1 only & refer to pharmacist for compliance aid assessment.
9. Would you like a patient medication reminder (PMR) card or patient passport?				If "Yes" issue PMR card or patient passport
10. Can you read the medicine labels and instructions?				If "No", Level 1 & refer to pharmacist
11. Can you open the medicine containers i.e. remove top from medication container (vial, bubble pack, pill box, etc.)				If "No", Level 1 & refer to pharmacist
12. Can fill a glass with water?				If "No", Level 1 & consider need for carer support on discharge
13. Can sip enough water to swallow medication?				If "No", Level 1 & consider need for carer support on discharge
14. Can you physically put your hand with medication in it to open mouth; put hand to eye for eye drops; hand to mouth for inhaler; draw up insulin, or place a topical patch?				If "No", Level 1 & consider need to for carer support
15. Can you count out required number of pills into hand/ cup and/ or measure correct dose?				If "No", Level 1 or 2 & educate then re-assess
16. Can use their inhaler, patch, eye drops, cream, insulin etc. correctly?				If "No", Level 1 or 2 & educate then re-assess
Further Supplies of Medication				
17. Can you open the individual medicine cabinet?				If "No", Level 1 or 2 & educate then re-assess
18. Do you know who to contact if you have any problems with your medication or if you run out of medicine whilst in hospital?				If "No", Level 1 or 2 & educate then re-assess
19. Do you have any difficulties with ordering, obtaining or collecting medicines when at home?				If "Yes", Level 1,2 or 3 & refer to pharmacist

Based on the above assessment criteria of knowledge, capability and risk, this patient has been assessed as suitable/ unsuitable for self-administration, to commence at the following level of supervision:

Level 1: Not able to self-administer yet ☐ **Level 2:** Able to self-administer with supervision ☐

Level 3: Able to self-administer without supervision ☐ **Unsuitable** for self-administration ☐

Reassessment date should be stated below.

Further support to be given: Yes/ No (if yes please describe in this box)

Assessed by:	Signature:
Designation:	Date:

Re-assessment for Self-administration of Medicine

Re-assessment Due Date on:

This form should be filed in the patient's medical notes

Appendix 4: Self-Administration of Medicines (SAM) Monitoring Form for Patients at Level 3 on Inpatient Units

Patient name:		**Ward:**
DOB:	**Consultant:**	**NHS number:**

	INTERVENTION (See key panel)

DATE													
Intervention See key													
If tablet count completed is it correct? Y/ N/ N/A													
Any medicines excluded from SAM? (Y/N)													
SAM reassessment needed? Y/ N													
MONITORED BY (sign):													
RGN/HCA:													
Comments													

KEY	**Medicines Excluded from Self-Administration (refer to nurse)**
SAM self-administered medication correctly **P** required prompting **L** could not read labels **K** lack of knowledge about medicine **TC** tablet count incorrect **OC** difficulty opening containers **R** refused **O** other	• Controlled drugs • Any injections except when they will be self-administered at home e.g. insulin • Variable dose drugs including warfarin • When required prescriptions (except for those required urgently e.g. salbutamol, GTN spray/tablets) • Any medicines that are once only • Medicines with special storage requirements e.g. refrigeration may not be stored within the individual cabinets but can be given to the patient to administer themselves if appropriate and returned immediately to the fridge.

If there are any doubts about how well an individual is following their medication regime, including discrepancies with tablet counts or if the locker is found to be unlocked, then the patient should have a SAM reassessment and moved to level 1 or 2.

Frequency of Monitoring for Self-administration of Medicine

Date	**Frequency of Monitoring***	**Comments** (include if re-assessment required and outcome i.e. Level of SAM).

**This should initially be for every administration round. Appropriate intervals for monitoring should then be decided by the MDT but should be at least weekly.*

Appendix 5: MedMaIDE Assessment for Self-Administration of Medicines (SAM) for Community Teams

The form is on trustnet. Complete Action plan and refer to the flowvharts 1-3 following assessment.

FULL NAME:	NHS NO:	DOB: / /

MedMaIDE
Self-administration of Medicines Assessment Tool
Adapted and used with permission fromauthors D Orwig, N Brandt, and AL Gruber-Baldini

Assessment number:

Assessment Instructions:
Using the client's own medications, please ASK the following questions and circle a score according to the response.
ADD the scores and record = any higher than 0 indicates there is a problem preventing safe self-administration.
Use the FLOWCHARTS for addressing problem areas, starting with Section 1.
RECORD action plan, including date for review

SECTION 1: What a person KNOWS about their medications	**YES**	**NO**
1. Can you tell me all medications taken each day including prescription and over-the-counter medications? *Observe their method: By memory or reading labels?*	0	1
2. Can you tell me the time of day for each prescription medication to be taken?	0	1
3. Can you tell me how the medications should be taken? *(by mouth, with water, on skin, etc)*	0	1
4. Can you tell me why you are taking each medication?	0	1
5. Can you tell me the amount of each medication to be taken at each time during the day?	0	1
SAFETY CHECK! How and where do you store your medication? *View if consent gained. Do current stocks look like they have taken meds correctly (can show problems with cognition) Not scored but reflect in action plan, refer to medication storage policy and advise/support safe storage.*		
SAFETY CHECK! Do you see any other medications around/available (such as outdated, unused, discontinued)? *Not scored but refer to medication disposal policy, reflect in action plan and advise/support patient for safe disposal.*		
SECTION 2: If a person knows HOW TO TAKE their medications	**YES**	**NO**
6. Are you able to fill a glass with water?	0	1
7. Are you able to remove the top from medication container *(eg bottle, blister pack, dosette)*?	0	1
8. Can you count out the required number of pills into your hand or cup? Or measure correct dose? (as required)	0	1
9. Can you physically put your hand with medication in it to your open mouth; put hand to eye for eye drops; hand to mouth for inhaler; draw up insulin; place a topical patch (as required)?	0	1
10. Can you sip enough water to swallow medication (observe if possible)? *Note if there have been recurrent chest infections, episodes of choking which could indicate swallowing problem.*	0	1
CHECK: Does anyone help you with taking your medication? Who? Reliable? *Consider this as a solution in action plan/working through flowchart.*		
SECTION 3: If a person knows HOW TO GET their medications	**YES**	**NO**
11. Can you tell me what you do to avoid running out of medication *(i.e. re-ordering/refills)*?	0	1
12. Can you tell me who you contact and where you get your prescription refilled?	0	1
13. Do you have resources to collect your medication? (eg. Pharmacy delivers, family/friend picks it up, able to walk to local pharmacy)	0	1
TOTAL DEFICIENCY SCORE (out of possible 13)		
WRITE MEDICATIONS IDENTIFIED DURING THE ASSESSMENT ON HOLISTIC ASSESSMENT		

CODE MM/YY

Action Plan (forms part of Care Plan) Use with reference to SOLUTION FLOWCHARTS (Knowledge How to Take, How to Get, Support)

- Consider creative solutions to specific problem areas in each section of the MedMaIDE assessment
- Liaise with colleagues across MDT as appropriate to identify solutions to problem areas (including

community pharmacist, GP, therapy team, social care, family/carer, voluntary sector) • Consider the potential for the client to *improve* ability and safety in self-administration of medicines, as well as potential for *deterioration* in abilities over time • Consider how to use a person's *strengths* and *available resources* • Include family/carers for support in problem solving a solution				
Identified Problem Area	**Action**	**Who is responsible?**	**By when?**	**Date Completed**
Planned date for reassessment				

If patient needs ongoing support, transfer actions to care plan in holistic Assessment

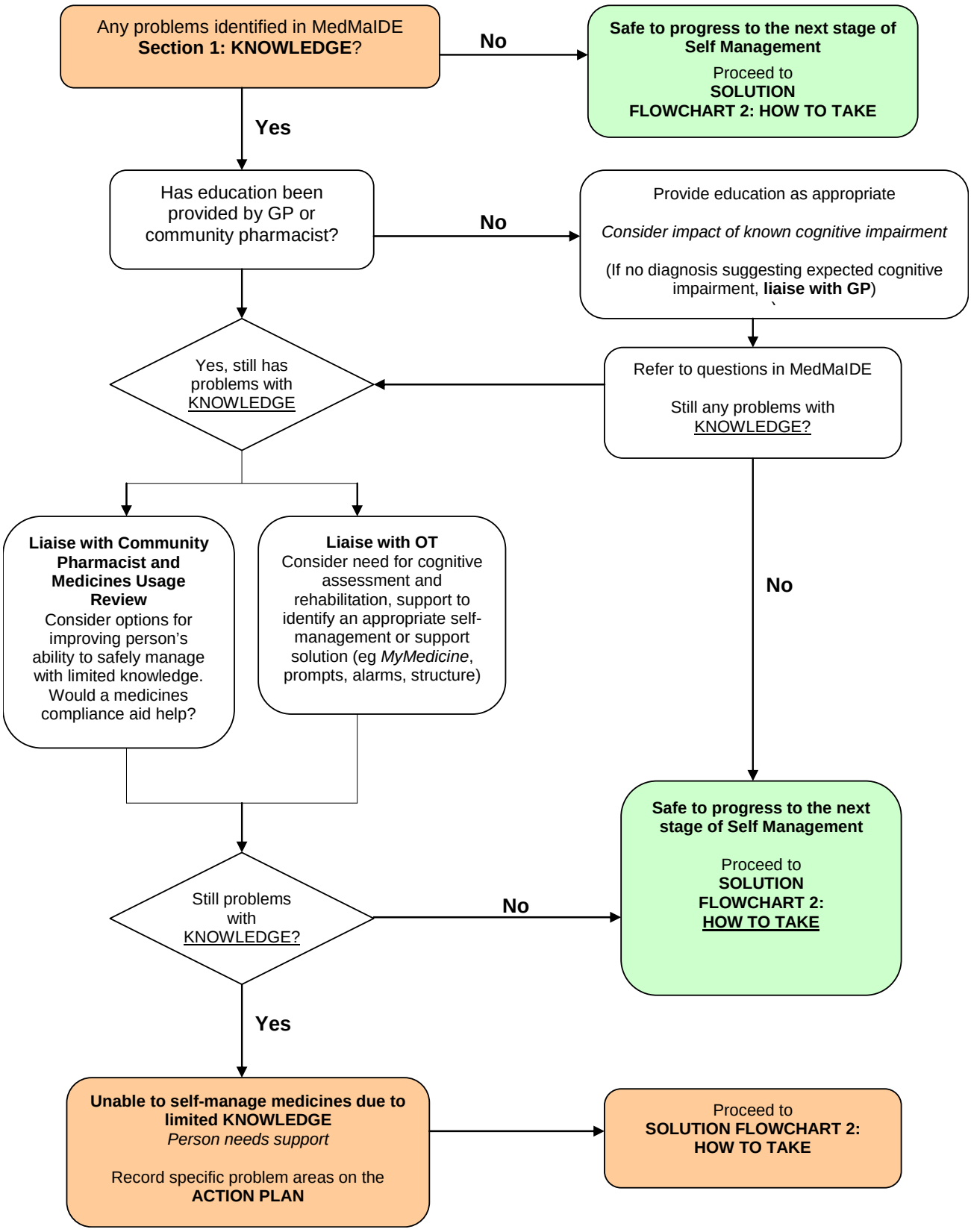
Completed by (print name):

Signature:

Date:

Self Management Solution Flowchart 1: KNOWLEDGE of medicines

Use with reference to the MedMaIDE Assessment



Self Management Solution Flowchart 2:
HOW TO TAKE medicines

Use with reference to the MedMaIDE Assessment

Ensure you have completed Solution Flowchart 1: KNOWLEDGE before this one.

Is the person Physically able to take his/her own medicines including obtaining water, opening containers, swallowing tablets/water, physically taking/applying the medication? (eg weakness in hands, tremor, arthritis, poor eyesight)?

No

Yes

Is the person Cognitively able to take his/her own medicines including reading labels, counting tablets/measuring dose, remembering, following steps of how to take (eg open bottle, follow blister pack, put tablets in mouth)?

No

Yes

Safe to progress to the next stage of Self Management

Proceed to **SOLUTION FLOWCHART 3: HOW TO GET**

Consult Self-Management Toolkit
Would client benefit from *MyMedicines* is on the shared drive. I suggest saving other solutions you find to share with others.

Liaise with Community Pharmacy
Medicines Usage Review, assess appropriateness of compliance aids to support either Physical or Cognitive problems.

Liaise with OT
Consider need for assessment of Physical or Cognitive problems. OT could provide adaptive aids and rehabilitation to increase independence (eg adaptive cups, prompts/alarms, increase strength in hand, cognitive strategies)

Liaise with SLT
Consider need for assessment of Physical (swallow) or Cognitive (cognitive-communication) problems. SLT can make recommendations to increase safety in swallowing medicines (eg thickened drinks) or for communication (eg reading).

Refer to MedMaIDE.
Following input from MDT, still problems with **taking** medicines?

Document in **ACTION PLAN**

No

Yes

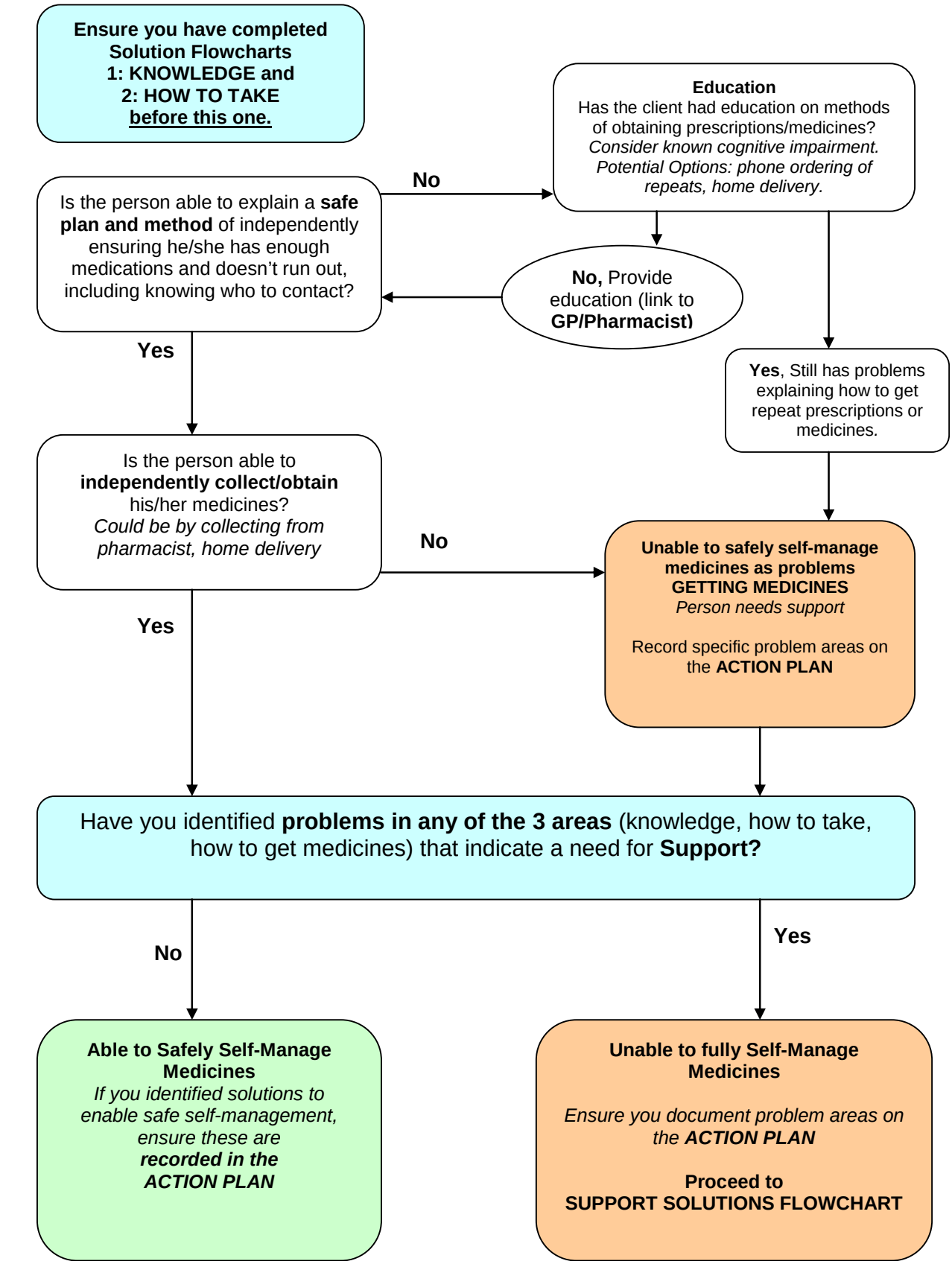
Unable to safely self-manage medicines due to difficulty TAKING it.
Person needs support

Record specific problem areas on the **ACTION PLAN**

Proceed to **SOLUTION FLOWCHART 3: HOW TO GET**

Self Management Solution Flowchart 3: HOW TO GET medicines

Use with reference to the MedMaIDE Assessment



Support Solution Flowchart

Use with reference to the MedMaIDE Assessment and
AFTER completing self management solution flowcharts
(Knowledge, How to Take, How to Get)
Recommend To be agreed between IPC and Adult Social care in the future.

KEY PRINCIPLES OF SUPPORT

1. The aim of support is to **enable** people as much choice and independence as possible.
2. Support should be provided to keep people **safe**, with clear risk management plans.
3. Support should be based on **need**, according to the self-management flowcharts and problem areas identified: A need for help in one area of medicines management does not necessitate full support.
4. Use your assessment and work with your team *and the person* to determine the **best method and type of support**, whether the need is for informal or social care, pharmacy or nursing input.

CATEGORY 1: SUPPORT TO GET MEDICINES
Person needs support to either collect or order prescriptions

This is considered a simple need only for obtaining meds. The person will have good knowledge and have the ability to take their medications.

Consider: Is this a nursing need? Family able to help? Carer already in place? Able to arrange delivery?

CATEGORY 2: SUPPORT TO SELF-ADMINISTER
Person needs supervision and/or prompts to self-administer

People in this category will maintain maximum control over physically administering their own medicines. They may use a Medicines Compliance Aid while also having a need for verbal instruction/prompting.

Consider: Is this a nursing need? Is there family that could reliably prompt? Carer already in place?

CATEGORY 3: SUPPORT TO TAKE MEDICINES
Person needs some physical support, such as opening containers or some direct administration

. **Consider:** Is this a nursing need? Is there family that could reliably administer? Carer already in place that could be trainined?

CATEGORY 4: SUPPORT FOR COMPLETE MEDICINES MANAGEMENT
Person needs full support with direct administration, and could include invasive procedures

Consider: Is this a nursing need? Are there additional nursing needs besides medicines administration? Risks?

Appendix 6: Equality and Human Rights Impact Assessment Form

This form is protected. You can only complete the fields that are shaded. They will expand as you type so that you are not limited to how much you write. You can move between the fields using the cursor up and down keys.

1. What is the **name** of the Policy, Service Development, Business Plan, Strategy or Organisational Change being assessed?

Self-Administration Procedure

2. Briefly describe the **aim** of the Policy, Service Development, Business Plan, Strategy or Organisational Change that is being Impact Assessed. What needs or duties is it designed to meet? What are its intended outcomes?
To prepare patients under the care of CNWL to develop skills to enable them to administer their own medicines to themselves. This procedure will be suitable for patients who are sufficiently well to be able to adhere to the procedure - as such it is not applicable to all patients and movement through levels of independence will reflect changes in capability.

3. Does this development have an impact on information quality, information security and/or information compliance, including staff or patient privacy? **Yes** or **No**
NO - The procedure allows for differences in documentation on medicines charts when patients are self-administering medicines rather nurses doing this. Documentation will still provide a full record of medication administration.

4. If yes, have you completed an information governance impact assessment form or otherwise contacted the Information Governance team? **Yes** or **No**

Not applicable.

For the purposes of this assessment, the relevant protected characteristics are: **Age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, gender/sex, sexual orientation.**

MEETING THE GENERAL DUTIES
5. How does the service / policy / procedure / development contribute **in a positive way to**:
(a) eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

(b) advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share that characteristic.

(c) fostering good relations between persons who share a relevant protected characteristic and persons who do not share that characteristic.

Race / Ethnicity
This procedure seeks to enhance the patient's experience of medicines and prepare them for greater independence regardless of any protected characteristic
Disability

As above.
Gender
As above.
Gender Re-assignment

As above.
Sexual Orientation

As above.

Religion or Belief

As above.
Age

As above.
Pregnancy and Maternity

As above.
Marriage and Civil Partnership (applies to a. above only)

As above.

ADVERSE IMPACT
6. Is there any evidence that the subject of this EHRIA could affect people having a protected characteristic disproportionately, thus leading to an adverse impact? The disproportionate effect or adverse impact might be actually happening or have the potential to happen.

What evidence have you analysed to inform your conclusion? For example, evidence might be from equalities data on patients accessing/not accessing the service, findings from patient or staff surveys, service user complaints, staff grievances, concerns from local or national pressure groups or public concern in the local or national media.

Race / Ethnicity
This procedure seeks to enhance the patient's experience of medicines and prepare them for greater independence regardless of any protected characteristic

Disability

As above.
Gender

As above.
Gender Re-assignment

As above.
Sexual Orientation

As above.
Religion or Belief

As above.
Age

As above.
Pregnancy and Maternity

As above.

HUMAN RIGHTS

7a.How does the subject of this EHRIA contribute to encouraging respect for human rights?

It will not do so directly.
7b.Is there any evidence that the subject of this EHRIA is at risk of unlawfully restricting an individual's human rights?

No.
CONSULTATION

8. Have you consulted representatives from groups having protected characteristics (staff, service users, carers, other stakeholders or expert groups) as part of your assessment? Please give details of who have you consulted, the method used, the results of the consultation, how the results have been used and where they have been published.

Approval is thorough the Medicines Management Group following consultation with key staff.

RESPONDING TO ADVERSE IMPACTS / BREACHES IN HUMAN RIGHTS

9. Can any identified adverse impacts relating to Equality or breaches in Human Rights be justified? If they cannot be justified, how do you intend to deal with it?

Not applicable.

MONITORING

10. Provide information on how you intend to monitor for actual adverse impact in the future
Auditing compliance with the policy across the Trust to monitor the use of Self-Administration.

If you need more space for any answers, please continue on a separate sheet.

Equality and Human Rights Impact Assessment Action Plan

The following actions will be undertaken as a result of the Equality and Human Rights Impact Assessment to address identified adverse impact:

Adverse impact identified	Action to be taken	Timescale	Responsible manager
None	-	-	-

To be signed by the manager undertaking the full assessment

Name: Jackie Box

Designation: Deputy Chief Pharmacist Date: April 2018

To be countersigned by the Senior Manager, i.e. Service Head, Line Manager, Director, as appropriate

Name: Anne Tyrrell

Designation: Chief Pharmacist & Accountable Officer Date: April 2018

Appendix 7: Document Review History

Date of Review	Reason for Review	Version Number
April 2012	Due for review; to incorporate learning from 2011 audit and to format in accordance with Policy on Policies	01.0.0
September 2013	Has been updated to incorporate provider services inpatient units.	02.0.0
April 2015	- The procedue has been reviewed througout to make applicable to community services – previously it pertained only to inpatient units. - Appendix 2: A screening (preassessment) flowchart has been added to help identify patients that are suitable for SAM. - Appendix 3: The inpatient SAM assessment tool has been reviewed and simplified. Appendix 4: The SAM monitoring form for inpatients has been reviewed. The key has abbreviations have been changed to letters from numbers – to avoid any confusion with inpatient number codes used for administration. - Appendix 5: A community Self-Administration of Medicines Assessment Tool (the MedMaide tool) has been added to carry out community assessments.	03.0.0
April 2018	The procedure has been reviewed with very minor amendments: - Patients should be routinely assessed whether they have capacity to consent. - Addition to references	04.0.0