

Guidelines for Patient Self-Administration of Medicines

CONTROLLED DOCUMENT

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1. Introduction

- 1.1 The National Institute for Health and Clinical Excellence (2009) estimated that between 33% and 50% of medicines prescribed for long term conditions may not be taken by patients as recommended. This represents a health loss for the patients and an economic loss for society.
- 1.2 Self-administration of medicines by hospital in-patients is considered an important part of treatment. It allows a patient to receive education about their medication and increases the chances of concordance after discharge. It also permits recognition of the patient's own capabilities and encourages a positive attitude to medication on discharge, or during a rehabilitation programme.
- 1.3 The principles of medicines management within the Trust Medicines Policy and associated procedures (Current version) must be adhered to at all times. The flowchart in Appendix D provides a summary of the self-administration of medicines process.

2. Aim of Self-administration of Medicines

- To promote and maintain the patient's independence in managing their medicines prior to discharge from hospital empowering them to participate in their own care and practice taking their medicines under close supervision.
- To offer continuous support and education and promote patient safety.
- To improve concordance to maximise the benefits gained by patients from prescribed medicines and therefore reducing re-admissions due to non-concordance.
- To promote simplified medication regimes

3. Levels of Self-administration of Medicines

The Nursing and Midwifery Council (2010) describe the following 3 levels of self- administration of medicines.

Level 1

- The registered nurse is responsible for the safe storage of the medicinal products and the supervision of the administration process ensuring the patient understands

the medicinal product being administered. This is traditional nurse administration. However, if a patient is self-administering controlled drugs this is the only level which permits them to do so, due to the storage requirements.

Level 2

- The registered nurse is responsible for the safe storage of the medicinal products. At administration time, the patient will ask the registrant to open the cabinet or locker. The patient will then self-administer the medication under the supervision of the registrant.

Level 3

- The patient accepts full responsibility for the storage and administration of the medicinal products. The registered nurse checks the patient's suitability and compliance verbally.

The level of self-administration must be documented in the patient's notes by the registered practitioner assessing the patient.

4. Selection of Individual Patients for Self Medication

4.1 Self-medication is designed for patients who are expecting to be able to take their own medicines with little or no support in the home environment following discharge. Patients will be selected from one of the following categories:

- Patient requests to self-medicate
- Patients identified by a registered practitioner who are non-compliant due to, for example, a lack of understanding about their medicines and need the opportunity to learn in a safe environment.

4.2 Contraindications for self-medication include:

- Patients with unstable dosage regimes;
- Patients who have a known or possible risk of self harm; and
- Patients who have capacity but are unwilling to participate in self administration

4.3 Limitations for self-medication include:

- Patients who are confused or have a cognitive impairment must never be given custody of their own medication but may self-administer at Level 2 with nurse supervision with an aim to progress to Level 3 if the acute confusion is resolved; and
 - Patients under the age of 16. The policy and procedures for the admitting of patients under the age of 19 must have been followed.
- 4.4 The doctor or registered nurse looking after the patient, in conjunction with the ward pharmacist or registered pharmacy technician will be responsible for assessing the patient's understanding, knowledge and practical ability to be responsible for administering their own drugs. The risk assessment must be documented on the Self- Administration of Medicines Assessment Form (Appendix A) and the patient must then sign the Patient Agreement to Self-Administer Medicines Consent Form (Appendix C).
- The patient's ability to read the label and open bottles/foil packs will be assessed and if required, alternative arrangements will be made by the pharmacist/technician.
 - The patients understanding of which drugs to take and when. The drug actions, dosage, frequency, possible side effects, how to take and any specific instructions will be assessed and documented on the Self- Administration of Medicines Assessment Form (Appendix A).
 - For all patients self medicating at Level 3, the Consultant responsible for their care must sign the Self-Administration of Medicines Assessment Form (Appendix A).
- 4.5 Once assessed as competent, patients may self-administer (Levels 2 and 3) any medicines that they have previously administered to themselves at home. In addition new oral, topical, intravenous, subcutaneous and per rectum (PR) medicines may be self-administered provided the patient is able and willing to do so. Patients may be assigned at two levels e.g. if a patient is self-administering their oral medication at Level 3 and are also prescribed subcutaneous insulin that they may be unhappy to administer themselves (Level 1). In this case, the registered nurse, pharmacist or pharmacy technician must document both levels in the medical notes.
- 4.6 All patients identified for self-administration of medicines must

receive an explanation from the registered nurse /pharmacist/pharmacy technician and be given the Patient Self-medication Information Leaflet. In addition, patient's self-administering insulin may be required to keep a home glucose monitoring diary to help them determine what dose of insulin may be required.

- 4.7 Medical staff must inform all patients when they change or discontinue their medication. This is essential for patients self-administering at Level 3 who need to have a clear explanation of their medication regime. The prescriber is also responsible for informing the registered nurse of any changes, who in turn, along with the pharmacist, are responsible for updating the information available to the patient.
- 4.8 If a patient's level of understanding is insufficient due to, for example, language differences or learning disabilities/difficulties, or if they have a physical condition which would cause problems, this should not be regarded as an exclusion if these difficulties can be overcome by, for example, providing an available translation of the patient information leaflets, a large print chart or alternative packaging of their medicines.

5. Selection of Medicines Suitable for Self Administration

- 5.1 The registered nurse, doctor, pharmacist or registered technician will determine which drugs the patient can self-medicate. These medicines must be indicated on the Prescribing Information and Communication System (PICS). It will be appropriate in some instances that certain medications are excluded from the individual patient's self-medication programme and will be administered to the patient by the registered nurse in the usual way.
- 5.2 Medicines requiring careful consideration for self-administration include cytotoxics, warfarin, and refrigerated drugs however, if the patient is to manage these at home, they may need to be included in the self administration programme.
- 5.3 It may be appropriate for the patient to self-administer controlled drugs. (This will include Sativex®). These can only be self-administered at a level 1 as the registered nurses must ensure that these drugs are stored according to the level of control that apply to them.
- 5.4 Drugs required for emergency administration (e.g. Glyceryl trinitrate (GTN) spray, broncho-dilating inhalers) do not require formal completion of the self-medication assessment forms. The registered nurse must have completed a risk assessment to

ensure the patient is competent to self-administer and take responsibility for the safe keeping of the medicines. This must be documented in the patient's notes. In addition MRSA packs do not require formal completion of the self-medication assessment forms although these must be stored in the patient's hospital drug locker.

- 5.5 Level 2 patients will have their PRN (pro re nata- meaning "as required") medication administration supervised. Level 3 patients will self-administer their own PRN medication. They must inform the registered nurse on each occasion. If a patient is requiring regular doses of PRN medicines then reassessment of the patient's condition may be required. For example, a review to ensure that the analgesia prescribed is providing adequate pain relief.

6. Self-management of Diabetes

- 6.1 The Joint British Diabetes Societies for In-patient Care Group (2012) states that patients who manage their diabetes prior to admission must be assumed competent to continue to self-manage during the admission unless the clinical situation prevents this. The role of the registered nurse, doctor, pharmacist or pharmacy technician is to discuss the patient's wishes and agree and document the circumstances in which self-management will not be possible (e.g. following anaesthesia). The clinical situation may change during the admission and the patient may become temporarily or permanently unable to self-manage. In this case the responsibility for diabetes management may need to be taken up by the Registered Nurse depending on the clinical circumstances. The diabetes specialist team are also available for support.
- 6.2 The patient's responsibilities when self-managing insulin (e.g. disposal of sharps and safe and secure storage of insulin) must be explained.
- 6.3 Patients who are not self-administering insulin must be given education on the dose, timing and injection technique every time insulin is administered. Information must be provided on the action of insulin, the patient's role in the administration process and the potential to take greater control over the administration of their insulin during their hospital stay.
- 6.4 Patients not currently self-managing but expected to be independent at discharge should be referred to the diabetes specialist team well in advance of discharge and provided with written information including details of glucose testing

equipment, a glucose diary, contacts' details and follow-up arrangements.

- 6.5 All patients taking insulin must be provided with an information leaflet advising on the safe use of insulin and an insulin passport or manufacturers product safety card documenting the name of the insulin they are taking and the type of administration device, in line with National Patient Safety Agency (NPSA) 2011 guidance.
- 6.6 Patients who are self-managing their diabetes should be able to test their blood glucose, using their own equipment where possible. Patients who are self-monitoring should make the results of tests available to nursing staff for inclusion in the inpatient record. However, hospital staff should only make treatment changes using blood results taken with a Trust approved and quality-controlled meter. Patients should test at regular intervals (minimum four times per day before meals and bed for those taking insulin) to allow hospital staff to assess the level of control.

7. Prescribing Medicines for Self Administration

- 7.1 Patients are asked to bring all current medication (including insulin's) into hospital so that an accurate assessment can be made of their current treatment. It is essential to document in the patient's medication history not just prescribed medicines but also to include herbal remedies, homeopathic, ethnic (such as those supplies by a Hakim practitioner) and over the counter remedies.
- 7.2 Medicines will be prescribed on PICS in the normal manner. For patient self-administering insulin who may adjust the dose of insulin administered according to his/her blood sugar level, the prescriber will prescribe insulin as a variable dose within a defined range.
- 7.3 Patient medications must be reviewed to see if there are any other measures to increase concordance e.g. reducing the number of times that a drug is taken each day or modifying labels.
- 7.4 Pharmacists and Pharmacy Registered Technicians will annotate the prescription when taking the drug history to indicate the relevant device used and will confirm the usual dose and timing of the insulin when taking the drug history.

8. Dispensing Medicines for Self Administration

- 8.1 Medicines used for self-administration must be suitably labelled with patient's name, name of medication, instructions on the dosage and how often to take medication. Where patients own drugs are used, the pharmacy team must assess the medication for suitability to use and will obtain the patient's consent to use or destroy as appropriate.
- 8.2 Patient's prescribed drugs will be monitored and supply topped up by the medicines management technician/pharmacist in the usual manner.

9. Safe Storage of Medicines for Self Administration

- 9.1 Each patient must have all their drugs kept in their own bedside locker or fixed lockable container.
- 9.2 The only exceptions to this are medicines (as described in Section 5.2) requiring refrigeration or drugs which patients want to keep with them such as their GTN spray or broncho-dilating inhalers.
- 9.3 All medicines requiring refrigeration will continue to be stored in the ward drug fridge and dispensed/ administered in the usual way. For patients self-administering medications requiring refrigeration, at the appropriate administration time, the patient should prompt the nurse to bring their supply of refrigerated medication to them for administration, returning it to the fridge when the patient has finished using it.

10. Safe Management of Patient Drug Locker Keys

- 10.1 Patients assessed as suitable to self-administer medicines at Level 3 using the assessment checklist (see Appendix A) can be given responsibility for the key to their locker. The registered nurse/pharmacist/ pharmacy technician must ensure patients are aware of the importance of keeping their locker key safe and out of sight. They must be instructed to return it to the nurse on discharge or whenever they leave the unit. The nurse discharging the patient from the ward is responsible for retrieving the key. A record must be kept on the ward to show when keys are signed in and out to patients. The nurse in charge will hold a master key.
- 10.2 If a patient **takes a key home every effort must be made to retrieve that key.** Any loss of keys must be reported immediately to the nurse in charge of the ward and a clinical incident form completed. If an individual key is lost the lock must

be changed. If the master key is lost, all the locks must be changed.

11. Teaching and Supervision

11.1 Each patient is an individual and a personalised teaching strategy must be adopted to meet his or her educational needs. All patients must receive a "Patient Information Leaflet" containing information about the self-administration of medicines programme. This leaflet will be reinforced by verbal information from the pharmacy and nursing staff, thereby enabling the patient to make an informed decision, as to whether or not they wish to administer their own medication while in hospital. The registered nurse/ pharmacist/pharmacy technician must check the patient is aware of the following information:

- The name of the drug – generic & brand names where appropriate;
- The purpose of the drug;
- The dose and frequency of the drug;
- Any special instructions;
- Possible side effects;
- Duration of the course; and
- How the drug should be taken and any specific instructions relating to the individual drug.

11.2 When any new medicines are prescribed or doses changed and a supply of the new medication placed in the patient's drug locker, the registered nurse, pharmacist or pharmacy technician must ensure that the patient receives sufficient information to safely self administer their drugs.

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

12. Documentation of Drug Administration

12.1 Nurse Administration

- Patients unsuitable to self-administer will have their medicines administered by the registered nurse. The administration must be recorded in PICS in the usual manner.

12.2 Patient Administration

- Patients assessed to self-administer at Level 3 will administer their own medicines without supervision.
- Patients assessed at Level 2 will self-administer with supervision.

12.3 At both of these levels the registered nurse will document on PICS that the patient has self-administered their own medication. Also, the patient will be asked to inform the registered nurse of 'as required' drugs, which will be recorded by the registered nurse on the PICS prescription in the traditional manner.

13. Monitoring Patients who are Self-administering Medicines

13.1 The registered nurse must assess any patients participating in the self-administration programme **daily**, to ensure their ability to continue. During the daily check the registered nurse responsible for looking after the patient must:

- Check that the patient has taken their medicines. Asking the patient is sufficient. **Individual tablet counts are not necessary** (tablet counts may be performed following discussion with members of the team if for example, staff suspect that the patient is not complying with their treatment regimen and their health is being compromised as a result). Confirmation of continuing ability to self-medicate must be recorded on the Ongoing Assessment Sheet (Appendix B). If the patient's ability to self-medicate changes then the patient must be reassessed and the Self- Administration of Medicines Assessment Form (Appendix A) must be completed again.
- Be aware that normal monitoring processes e.g. BP; blood glucose; expected drug effects such as diuresis may indicate whether or not patients are taking their prescribed medication. When the registered nurse is fully satisfied

that the patient has taken their medication they may document “self-medication” on the PICS prescription.

- Check that the patient remains capable of self-administering all medications required. Any medication that they may be unable to self-administer e.g. tinzaparin s/c injection should be administered by the registered nurse in the usual way.
- Check the prescription chart at each drug round time, even when the patient is self-administering at Level 3 and discuss the medicine regime with the patient to confirm their understanding.

13.2 For patients at Level 2 and 3 who are self-administering their own ‘as required’ (PRN) medicines it is essential that the registered nurse documents the time and dose on the PICS prescription chart. Patients at level 2 will request their drug locker key from the registered nurse to obtain their prn medication or if they have their broncho-dilator inhaler or GTN spray on their persons, they must inform the registered nurse if they have needed to use a dose. Patients at level 3 should inform the registered nurse when they have used a PRN medication.

13.3 Registered nurses are responsible for acting upon changes in a patient’s condition, which may require moving the patient from one level to another. All staff must be vigilant to ensure that medicines are locked away and keys are kept out of sight.

13.4 Medicines **must not be left unattended on lockers or at the bedside**. All patients must be informed of this as part of the initial instructions. Patients who repeatedly fail to meet this requirement may be withdrawn from the self-medication scheme at the discretion of the registered practitioner supervising patient self administration.

14. Withdrawal from the Self Administration Programme

14.1 The registered nurse, doctor, pharmacist and registered pharmacy technician all have a responsibility to assess continuing competence of the patient to self-administer. This must be documented on the Ongoing Assessment Sheet (AppendixB). The patient will be withdrawn from the programme and revert to registered nurse administration of drug therapy if any of the following occur (not a comprehensive list):-

- Poor concordance as judged by pharmacy, nursing, or medical staff.
- Deterioration in patients condition, either physical or psychological.
- At the request of the patient.

14.2 The registered nurse, doctor pharmacist or pharmacy technician must record the change in patient status and a record made in the patient notes.

15. Untoward Incidents

15.1 Medical and senior nursing staff, the ward manager and the ward pharmacist must be informed of any untoward events relating to self-administration by patients.

15.2 An Incident Report Form must be completed and treated as any other medicines related incident.

15.3 If a patient makes a medication error, they must be reassessed to see if they are suitable to continue self-administering their medicines. An Incident Report Form must still be completed.

16. Monitoring Self administration of Medicines

16.1 A self administration audit will be conducted by the Pharmacy department annually.

16.2 Review of quarterly Incident Reports at the Safe Medicines Practice Committee in order to identify local problems and mechanisms to prevent reoccurrence.

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Affix Patient label
 Name

Reg No

Date of Birth.....

Self- Administration of Medicines Assessment Form

	Question	Yes/No/ NA	Action to be taken	Comments and issues raised and action to be taken /multidisciplinary Team involvement
1	Will the patient be responsible for taking his /her own medicines in the community on discharge?		Consider the carers needs if appropriate or any other reasons for self administering e.g.symptom control	
2	Is the medicine regime relatively stable?		Patient should not self –administer rapidly changing regime until more stable. Discuss with prescriber	
3	Has the patient been given the 'Patient Information Leaflet' and had it explained?		Provide the patient leaflet.	
4	Does the patient understand what is involved and their responsibilities?		Explain again using the patient information leaflet.	
5	Is the patient willing and motivated to self-administer?		Aim to improve motivation	
6	Does the patient understand the dosage instructions and how to take the medicine?		Discuss with patient	
7	Are there any other reasons why the patient is unable to self-administer?			
8*	Is the patient confused, or disorientated to time and place?		Patient may need to self-administer if will be taking own medicines on discharge. Daily re-assessment. Discuss with pharmacist/ prescriber	
9*	Is the patient depressed, suicidal or have cognitive impairment?			
10*	Does the patient have a history of drug abuse or alcoholism?			
11*	Would the patient self-administering their medicines present any foreseeable risks to themselves or other patients on the unit?			
12	Can the patient read and understand the instructions on the label?		Consider large print labels or discuss with pharmacist other options.	
13	Can the patient open child resistant caps?		Discuss with pharmacist	
14	Can the patient open bottles,		Discuss with	

	boxes, vials etc?		pharmacist or OT		Affix Patient label Name Reg No Date of Birth.....
15	Can the patient remove tablets from the blister pack?		Discuss with pharmacist or OT		
16	Can the patient pour out liquid doses or dissolve tablets in water?		Review medication. Discuss with pharmacist, OT or prescriber.		
17	Does the patient have the dexterity to draw up and administer sc or iv medicine?		Discuss with pharmacist/OT/ specialist nursing team		
18	Has the patient the ability to apply lotions/ use mouth washes?		Discuss with OT		
19	Can the patient ensure safe keeping of their drug cupboard key?		Consider risks to others and discuss with pharmacist		
20	Can the patient access their medicines at the appropriate times and frequency?		e.g. Parkinson's /asthma/angina		

Use this assessment as a basis to decide at what level a patient should safely enter the self administration scheme and highlight any issues that need to be discussed with doctor or pharmacist.

ASSESSED BY (SIGN).....
 PRINT NAME DESIGNATION.....
 DATE TIME.....

Level 1- The medicines, will be locked in the patient drug locker or stored in the medicines trolley. The registered nurse will administer each medicine in accordance with the normal drug administration procedures.
Level 2 –Medicines, along with the key, will be locked in the patient drug locker. At administration time the patient will ask the registered nurse to open the patient drug locker. The patient will then self –administer under supervision. The registered nurse will check the drugs alongside the patient.
Level 3 – Medicines are locked in a cabinet and the key kept by the patient. The patient administers their own medicines. The registered nurse continues to check compliance and patient suitability.

Level of Self Administration on first assessment: ✓	Sign and date
Level 1 (If drugs that the patient is administering include CD's, they can only self administer the CD's at level 1)	
Level 2	
Level 3	

Daily assessment of self administration must be recorded on the Ongoing Assessment Record.
 If Level 3 or there is a documented "Yes" on any * questions on the assessment above, the patient's consultant must formally approve the self administration programme.

Consultant name:.....**Signature:**.....

Date:..... **Time:**

Appendix C

Affix Patient label	
Name
Reg No
Date of Birth

**PATIENT AGREEMENT TO SELF ADMINISTER MEDICINES
CONSENT FORM**

1. The only medication you can use to self administer will be medication labelled with your name, the name of the medication, instructions on the dosage and how often to take the medication.
2. You must keep your medication safe and locked within your bedside medication locker/locked container at all times. **Medicines must not be left unattended on lockers or at the bedside.**
3. If any visitor/relative or patient tries to take your medication or give you medication please call a member of nursing staff at once.
4. If you notice that you have less than two weeks supply of any medication, please bring this to the attention of a nurse or a member of the pharmacy team.
5. If you are taking or using any medication or remedies such as herbal medicines, cough/cold preparations, creams, eye drops or inhalers, please tell a doctor, nurse or pharmacist. Any additional medication taken may interfere with the action of your prescribed medication.
6. It is important to take your medication as instructed. These instructions should be on the label, do not take a different dose to that prescribed for you. Misuse of your medication can be dangerous.
7. When asked, you must confirm with nursing staff whether you have self administered your medication.
8. If you have any difficulties or concerns about your medication, please speak with your nurse, doctor or pharmacist immediately.
9. Before you go home your medicines will be checked to ensure you have an adequate supply; that any further changes to the dosing or labelling are made and that you understand any changes that have been made.

I have read this information sheet and request that I self administer during my stay in hospital.

I have received a key for my bedside medication locker/locked container and I understand that it is my responsibility to return this key prior to discharge. I understand that all medications are for my sole use.

Patient's Signature

Patient's Name (Print) ...

Patient's Reg. Number Ward

Signature of Registered Practitioner.....Date:.....Time:.....

Registered Practitioner's Name (Print).....

SELF ADMINISTRATION OF MEDICINES FLOWCHART

