



Self –Administration of Medication Assessment Tool

Patient Name.....

PID.....

Ward.....

Site BHH/GHH/SOL

This document must be used for any patients undertaking self administration of medication. Patients who are taking responsibility just for their own inhalers, sprays, creams/ointments or eye drops the self administration agreement form can be used.

Medications excluded from self administration include

- Intravenous medication
- Controlled Drugs or medication that is classified as schedule 3
- Stat dose medication
- Prn medication

You must ensure the capacity assessment is completed and signed.

Any insulin dependent patients who wish to undertake self administration of both their insulin and any another medication both assessment must be completed.

All patients must be reviewed as per guidance, plus upon ward transfer and when there is a change in the patient's medical condition.

Further guidance can be found in HEFT Self Administration of Medication Policy v2.0

<http://sharepoint/policies/Office%20Documents/Self%20Administration%20Policy%20v3.0.pdf>.

Mental Capacity Assessment for Self Administration of Medication

Ward _____

Site BHH/GHH/SOL

Date of Assessment -----/----/----

*Practitioner undertaking the assessment _____

*Practitioners who can undertake the assessment should be either a Registered Nurse/Midwife who is competent to administer medications or a qualified doctor. Medical Students or pre-registration student nurses/midwives are not able to conduct the assessment

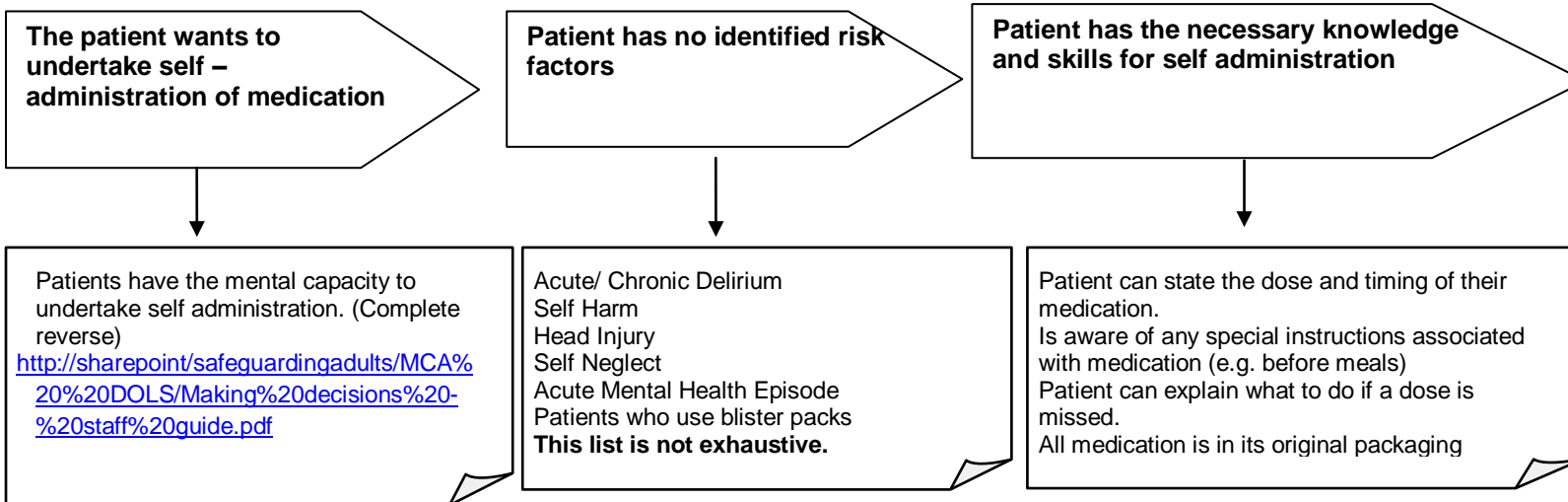
Patients must have Mental Capacity when making decision about their care. You should assume a person has capacity unless proved otherwise. If there is any doubt in the patient's capacity to make a decision about self administration of medication, then the following questions must be asked. (Circle the answer given)

- | | | |
|---|------------|-----------|
| • Can the patient understand the information to make a decision on self administration of medication at this time | Yes | No |
| • Can the patient retain the information for long enough to make this decision | Yes | No |
| • Can the patient weigh up the information in order to make this decision | Yes | No |
| • Can the patient communicate their decision | Yes | No |

If the answer to any of the above is "NO" the patient does not have capacity to make this decision at this time. Re-assess capacity if there are any changes with the patient's medical condition.

Signature of staff undertaking the assessment _____ Designation/Grade _____

Self Administration of Medication Assessment (Excludes Insulin)



Healthcare Practitioner Checklist

- No risk factors identified
- Patient demonstrates capacity
- Patient agrees to self administration
- Own medication are suitable for use in hospital
- Use of medicine locker explained and patient responsibility for safe custody of key.
- Access to Patient Information Leaflet.
- Order medicine from pharmacy (if necessary)
- Add sticker to drug chart or note on E.P stating pt self administering.

Patient Signature
I understand the principles of self administration as explained by the Healthcare Practitioner stated below and I agree to undertake self administration of medications as agreed and will accept responsibility for safe custody of the medicine locker key and contents of the medicine locker. I also understand that any changes in my medical condition will require a review of my ability to self administration and this may be suspended in my best interest.

Signature **Print Name** **Date**

Healthcare practitioner Signature
I am satisfied that the patient above meets the criteria for self administration of medicines
The above patient does not meet the criteria for self administration of medicines

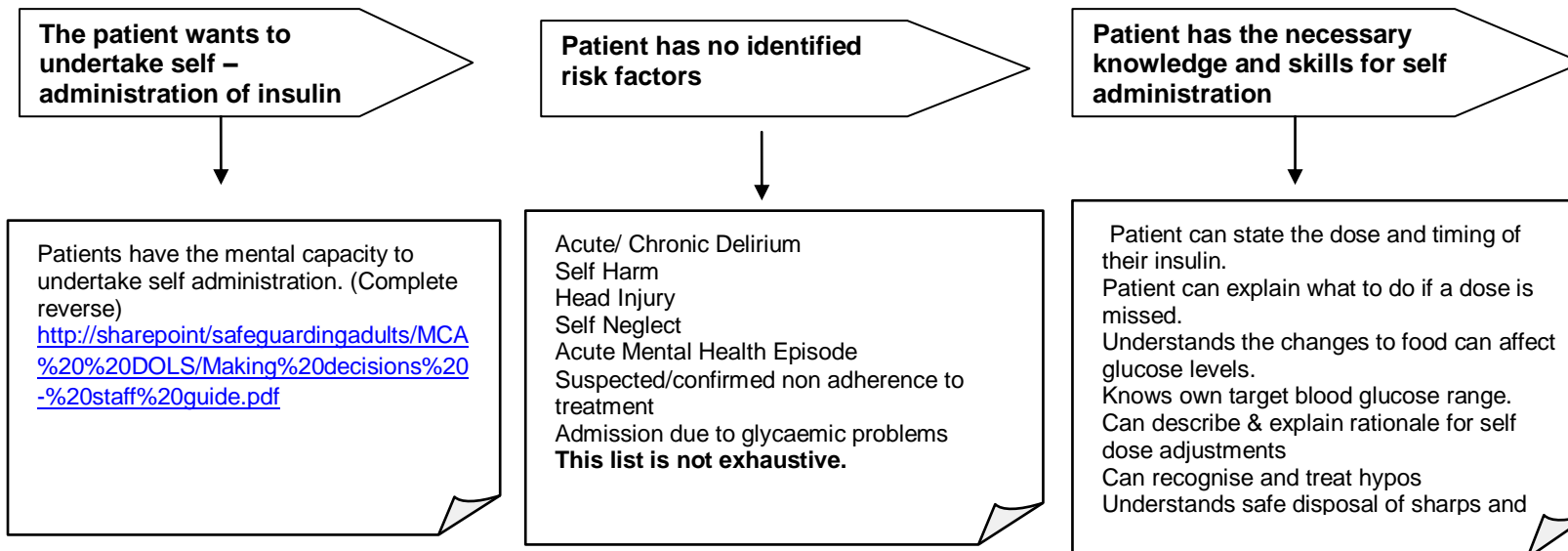
Signature **Print Name** **Date**
Designation

1st review within 24hrs
___/___/___

2nd Review 72hrs
___/___/___

3rd Review weekly
___/___/___

Assessment for the Self Administration of Insulin



Healthcare Practitioner Checklist

- No risk factors identified
- Patient demonstrates capacity
- Patient agrees to self administration
- Own insulin suitable for use in hospital
- Use of medicine locker explained and patient responsibility for safe custody of key.
- Provided patient with Patient Information Leaflet for insulin.
- Provide patient with sufficient pen needles.
- Provide patient with individual sharp bin
- Order medicine from pharmacy (if necessary)
- Add sticker to drug chart or note on E.P stating pt self administering.

Patient Signature
I understand the principles of self administration as explained by the Healthcare Practitioner stated below and I agree to undertake self administration of medications as agreed and will accept responsibility for safe custody of the medicine locker key and contents of the medicine locker. I also understand that any changes in my medical condition will require a review of my ability to self administration and this may be suspended in my best interest.

Signature **Print Name** **Date**

Healthcare practitioner Signature
I am satisfied that the patient above meets the criteria for self administration of medicines
The above patient does not meet the criteria for self administration of medicines

Signature **Print Name** **Date**

Designation

1st review within 24hrs
//_

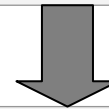
2nd Review 72hrs
//_

3rd Review weekly
//_

Flowchart for the Removal of Patients from Self Administration of Medicines

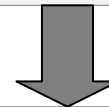
The Registered Healthcare Practitioner undertaking the assessment is responsible for recording in the patient's medical records and informing the patient of the decision to withdraw them from the self administration programme.

The practitioner must also inform other members of the Healthcare team who may be involved in medicine management (nurses, doctors, pharmacists)



Remove self administration status from E.P System and add note to E.P record.

For patients who are not on E.P a single line through the self administration label on the patients drug chart which is signed and dated by the Registered Practitioner.



Remove safe administration status from Patient Status at a Glance

Communicate with colleagues at Nursing Handover and at Ward Safety Huddles.



Agree and document review dates for further re-assessment for self administration

Review date (1) ----/----/----

Review date (3) ----/----/----

Review date (2) ----/----/----

Review date (4) ----/----/----

Patient Information for Self Administration of Medicines

- **What is self administration?**

Self administration is a system in place on this ward that allows you to take responsibility for taking your own medicine.

- **Do I have to take responsibility for taking my own medications whilst in hospital?**

No you do not have to participate in the scheme; you can also request to come off self administration at anytime during your stay in hospital.

- **How does self administration work?**

A Nurse/ Midwife /Doctor or Pharmacist will talk you through the process. They will need to make sure you are well enough to take part.

You will be asked some questions about your current medication, what the dose is, how many times you take it in a day and what you would do if you missed a dose.

Your medicines must be in the original packaging and not have been taken out into a medicine/ pill dispenser.

You must sign the assessment form; so your medicines can be placed in the medicine locker.

You will be given the key to the locker so you can manage your own medicines independently.

Regular reviews will take place to make sure that you are happy with the scheme and well enough to continue taking responsibility.

- **What are my responsibilities for self administration?**

- To keep the medicine locker locked at all times and keep the key safe.
- Always check the medicines before you take them to make sure you have the right medicines.
- Do not allow any other patients or visitors to have access to your medicines.
- If you are unsure about any of your medicines please speak to a member of staff **before** you take your medicines.
- When you are being discharged make sure you return the locker key to a member of the nursing staff.

If in doubt always ask

