

Self –Administration of Medication Assessment Tool

atient Name		PID	
Ward	Site BHH/GHH/SOI		



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 Assessm	ment/		
*Practitioner und	dertaking the assessment		
	can undertake the assessment should be either a Registered Nurse/Midwife who is competent to adegistration student nurses/midwives are not able to conduct the assessment	minister medications or a qualified doctor	. Medical
	ave Mental Capacity when making decision about their care. You should assume a person has entry says and a secure a decision about self administration of medication, then the following q		-
			, g,
•	Can the patient understand the information to make a decision on self administration of me	dication 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
	o any of the above is "NO" the patient does not have capacity to make this decision at he patient's medical condition.	this time. Re-assess capacity if the	re are any
Signature	of staff undertaking the assessment	gnation/Grade	



Self Administration of Medication Assessment (Excludes Insulin)

The patient wants to	Patient has no identified risk	Patient has the necessary knowledge and skills for self administration	Healthcare Practitioner Checklist
undertake self – administration of medication	factors	and skins for sen administration	No risk factors identified
administration of medication			Patient demonstrates capacity
			Patient agrees to self administration
+	→	,	Own medication are suitable for use in hospita
Patients have the mental capacity to undertake self administration. (Complete reverse) http://sharepoint/safeguardingadults/MCA%20%20DOLS/Making%20decisions%20-	Acute/ Chronic Delirium Self Harm Head Injury Self Neglect Acute Mental Health Episode	Patient can state the dose and timing of their medication. Is aware of any special instructions associated with medication (e.g. before meals) Patient can explain what to do if a dose is	Use of medicine locker explained and patient responsibility for safe custody of key. □ Access to Patient Information Leaflet. □
%20staff%20guide.pdf	Patients who use blister packs This list is not exhaustive.	missed. All medication is in its original packaging	Order medicine from pharmacy (if necessary)
self administration of medications as ag	reed and will accept responsibility for safe d that any changes in my medical conditio	Practitioner stated below and I agree to undertake custody of the medicine locker key and contents n will require a review of my ability to self	Add sticker to drug chart or note on E.P stating pt self administering.
Signature	Print Name	Date	1 st review within 24hrs
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 □		2 nd Review 72hrs //	
Signature Designation	Print Name	Date	3 rd Review weekly



Healthcare Practitioner Checklist

Assessment for the Self Administration of Insulin

			No risk factors identified
The patient wants to undertake self –	Patient has no identified	Patient has the necessary knowledge and skills for self	Patient demonstrates capacity
administration of insulin	risk factors	administration	Patient agrees to self administration
	<u> </u>		Own insulin suitable for use in hospital
Patients have the mental capacity to undertake self administration. (Complete reverse)	Acute/ Chronic Delirium Self Harm Head Injury Self Neglect	Patient can state the dose and timing of their insulin. Patient can explain what to do if a dose is missed.	Use of medicine locker explained and patient responsibility for safe custody of key. Provided patient with Patient Information
http://sharepoint/safeguardingadults/MCA %20%20DOLS/Making%20decisions%20 -%20staff%20guide.pdf	Acute Mental Health Episode Suspected/confirmed non adherence to treatment Admission due to glycaemic problems	Understands the changes to food can affect glucose levels. Knows own target blood glucose range. Can describe & explain rationale for self dose adjustments	Leaflet for insulin. Provide patient with sufficient pen needles.
	This list is not exhaustive.	Can recognise and treat hypos Understands safe disposal of sharps and	Provide patient with individual sharp bin Order medicine from pharmacy (if necessary)
administration of medications as agreed and	ation as explained by the Healthcare Practitioned will accept responsibility for safe custody of the changes in my medical condition will require a	ne medicine locker key and contents of the	Add sticker to drug chart or note on E.P stating pt self administering.
Signature	Print Name	Date	4 St manifest with its O.4 has
Healthcare practitioner Signature I am satisfied that the patient above meets The above patient does not meet the criteria	the criteria for self administration of medicines a for self administration of medicines		1 st review within 24hrs// 2 nd Review 72hrs//
Signature Designation	Print Name	Date	3 rd Review weekly



Self Administration Review Record for all Medications

Date of Review	Reason for Review 24hr review 72hr review Weekly review Patient Transfer, Change in Clinical Condition	Patient able and willing to continue with self administration Yes/ No if no give reasons	Signature of Healthcare Practitioner undertaking the review



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

