

(Insert Banda label)
Name
DOB
PID

Ward \_\_\_\_\_ Site BHH/GHH/SOL

### Self Administration Agreement for the use of

<b>Inhalers</b>	<b>Yes</b>	<b>NO</b>
<b>Sublingual Spray</b>	<b>Yes</b>	<b>NO</b>
<b>Topical Creams</b>	<b>Yes</b>	<b>NO</b>
<b>Eye Drops</b>	<b>Yes</b>	<b>NO</b>

The above named patient has prescribed medication that is administered via the routes identified. The patient will continue to take responsibility for self administration and safe custody of these medicines during their current in-patient admission at Heart of England NHS Foundation Trust.

The medication has been prescribed and the patient has the appropriate medication suitable for use.

**Healthcare Practitioner Name** (print) \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Patient** I accept responsibility for taking the above medication and keeping my medicines safe

Patient Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed documents to be kept in the patient's bedside folder**