



Tees, Esk and Wear Valleys
NHS Foundation Trust

Self-Administration Guidance for Crisis and Recovery House staff

Ref: PHARM-0002-015-v2

Status: Approved

Contents

Ref: PHARM-0002-015-v2	1
1 Introduction.....	3
2 Why we need this guidance	3
2.1 Purpose	3
2.2 Objectives.....	3
3 Scope	3
3.1 Who this guidance applies to	3
3.2. Roles and responsibilities	4
4. Guidance	4
4.1. Advantages of self-administration	4
4.2. Risk factors for self-administration	4
4.3 Risk assessment for self-administration.....	5
4.4 Security of medicines.....	5
4.5 Patient's own drugs (PODs).....	6
4.6 On-going adherence and security monitoring.....	7
4.7 Return of medication on discharge.....	7
4.8 Sharing information at discharge/transfer.....	7
4.9 Reporting medication related problems.....	7
5. Definitions.....	8
6 Related documents.....	8
7 How this guidance will be implemented	8
8 Document control.....	9
9 Appendix 1: Overview of process flow chart.....	10
9.1 Appendix 2: Patient risk assessment form for self-administration of medicines	11
9.2 Appendix 2a: (Optional) History of drug and/or alcohol misuse – patient self- assessment	13
9.3 Appendix 3: Patient Consent Form for Self-Administration of Medicines	14
9.4 Appendix 4: Patient Information: Self administration of medicines	15
9.5 Appendix 5: Patient's own drugs (PODs) for self-administration	16
9.6 Appendix 6: Consent for the destruction of patient's own medicines (PODs): Community settings	17
10.1 Appendix 8: RN Training Log - Assessment of PODs	19
10.2 Appendix 9: POD assessment marking criteria	22
10.3 Appendix 10: Suitability of Patients Own Drugs – checklist for Crisis and Recovery House staff	23

1 Introduction

This document is to provide guidance on the management of medication for patients admitted to Crisis and Recover House beds. Crisis beds provide short-term residential accommodation for people experiencing a mental health crisis. Patient's being admitted to a crisis bed would be expected to self-administer their medicines. Self-administration maintains independence with managing medication.

2 Why we need this guidance

2.1 Purpose

The purpose of this guidance is to:

- ensure that any risks relating to compliance, self-harm or security of medication are established prior to admission into a crisis and recovery house bed
- ensure regular on-going monitoring of compliance and security during admission

2.2 Objectives

- Identify the process for risk assessment and checking patients own drugs prior to admission
- Ensure compliance with standards for medication security
- Identify the process for returning medication on discharge

3 Scope

3.1 Who this guidance applies to

- Staff and patients in the following services:
 - Durham and Darlington Crisis Team
 - Crisis and Recovery House

3.2. Roles and responsibilities

Role	Responsibility
Locality Manager	Implementation of guidance
Crisis and Home treatment team Managers	Monitoring adherence to guidance
Registered POD trained Crisis Team Staff and Crisis Team Doctors	Undertaking risk assessments for self-administration and completion of POD assessments and documentation prior to admission
Registered Crisis Team Staff and Crisis and Recovery House staff	Monitor adherence and security

4. Guidance

4.1. Advantages of self-administration

✓ Promotes greater independence and enables patients to participate in their own care
✓ Promotes greater privacy and dignity
✓ Encourages patients to be more familiar with their medicines and take greater responsibility
✓ Encourages patients to learn more about their medicines which may improve concordance
✓ Promotes patient centered care and better patient involvement
✓ Potential problems can be identified and addressed before discharge

4.2. Risk factors for self-administration

• Patients who have a previous history of drug/alcohol abuse
• Patients who are confused
• Patients who have an unstable mental state
• Patients who do not have the skills and/or capacity to self-medicate
• Patients who do not want to self-medicate
• Patients who do not usually have the responsibility for taking their medication
• Patients who are at risk of being manipulated by fellow patients to supply their medicines to them

4.3 Risk assessment for self-administration

The patient's adherence with medicines and ability to administer and manage the security of their medicines must be assessed prior to admission.

The risk assessment form for self-administration of medicines (appendix 2) must be completed prior to admission.

Any potential issues relating to risks of non-adherence, overdose or lack of security must be documented.

Administration of medicines is when staff **check and give, or help to give**, a patient their medicine(s). Patients who require assistance with the administration process e.g. measuring doses, selecting medication, application of topical preparations or do not have capacity to make decisions would be considered **unable to self-administer** and cannot be admitted to the Crisis and Recovery House.

Patients who can self-administer but may have difficulties with using the digital lock on the medicines safe or accessing medicines from the safe (physical limitations) may be admitted with access to the medicines being provided by Crisis and Recovery House staff **on the direction of the patient**.

Patients who can self-administer but specifically request that they wish the Crisis and Recovery House staff to provide them access to their medicines when they request them may be admitted.

Patients who are at risk of harm from unrestricted access to their medicines or it is considered that restricted access to their medicines is required would **not** be considered suitable to self-administer and therefore are not appropriate for admission.

4.4 Security of medicines

Storage of medicines

All medication must be stored in approved lockable storage.

Where individual patient medicine safes are located in the patient's room the safe must be assessed in respect of its potential to be used as a ligature point.

Security with digital safes

If patients are self-administering medication without any additional support they must be instructed on how to operate the digital lock on the medication safe.

They must be reminded that the PIN number to open the safe must not be shared with other residents, staff or visitors.

If they forget their PIN number a member of staff will be able to open the safe so that they can access their medication and re-set their PIN number.

Repeated requests for staff to open the safe as a result of a patient forgetting their PIN number will be referred to Crisis Team qualified nursing staff.

Recovery House staff will set the PIN number to open the safe if patients are self-administering but access to their medication is being supported (physical limitations or at the specific request of the

patient as above). The patient will not be informed of the PIN number. The safe will be opened by Recovery House staff **when medication is requested by the patient**. Once the safe has been opened medication will be presented to the patient so they can self-administer their medication. Recovery House staff are responsible for securing the medication when the patient has completed taking their medicines.

4.5 Patient's own drugs (PODs)

The Crisis and Recovery House will not hold stocks of any medicines.

Patients must bring their own medicines with them on admission. It is important to check whether any over the counter medicines that the patient has purchased are being used on a regular or an 'as required' basis. These medicines should also be brought in on admission.

Crisis qualified nursing staff will check medicines and doses; assess suitability of medications and document all the medication that the patient brings with them including any over the counter medicines that have been purchased (appendix 5). This process provides a medicine reconciliation check and POD assessment of medication (appendix 8). This task must be completed by Crisis Team qualified nursing staff with all documentation completed prior to admission.

Ideally the patient should have enough medication to cover the anticipated length of stay. Where this isn't possible arrangements must be made with the patient to get additional supplies from their GP/ Mental Health prescriber / community pharmacy. The qualified nurse **must** assess these medicines for use **before** the patient self-medicates with them.

A record of any additional medication obtained for use while the patient is in the Crisis and Recovery House must be recorded on the Patient's own drugs form (appendix 5)

Patients who are prescribed controlled drugs can be admitted to the Crisis and Recovery House provided the risk assessments are completed, the patient considered suitable for self-administration and the PODs assessed as suitable. Storage and security is the same as for other medication.

When assessing the patient's own medicines, if there are any medicines which the registered nurse deems a risk to leave at the patients home e.g. discontinued psychotropic medication, then with the agreement from the patient, these medicines should be brought from the patients home and taken to the TEWV pharmacy team at Lanchester Road Hospital or West Park Hospital for destruction. This should be documented on consent to destruction form (appendix 6). For other discontinued medicines (e.g. creams) which are not consider a risk to leave in the patients home, the patient should be advised to take them back to their community pharmacist at earliest opportunity.

4.6 On-going adherence and security monitoring

The patient's adherence with medicines and ability to manage the security of their medicines must be assessed on an on-going basis whilst resident in the Crisis and Recovery House.

Adherence checks can be made by Crisis and Recovery House staff by making enquiries about whether medication has been taken. All enquiries about medication must be recorded on the white board check list and Crisis Team alerted on a daily basis. If an enquiry results in a patient being reminded to take their medication, a record must be made and documented on PARIS.

Spot checks will be completed with the patient's consent. They will be carried out by a designated qualified nurse to monitor the patient's compliance and assess security of the medicines.

Patients should also be asked about frequency of use of 'as required' medication to check that they are being used appropriately and that the maximum doses are not being exceeded.

Security is assessed by noting whether or not the medicines are securely locked in the medicine safe.

If the patient's ability to manage their medicines safely and securely is in question at any time a member of the Crisis team must be notified urgently.

If issues with either adherence or security are identified the Crisis team must decide whether:

- the patient continues with the appropriate education and continued enquires about whether medicines have been taken
- the patient is transferred to an inpatient ward

4.7 Return of medication on discharge

On discharge the patient must remove all medication from the safe.

Quantities will be recorded by Crisis Team qualified nursing staff or Crisis and Recovery House staff on the Patient's own drugs for self-administration form (appendix 5)

4.8 Sharing information at discharge/transfer

The GP must be informed of any changes to medication made by mental health prescribers during admission.

If the patient is transferring to another service details of all medicines must be provided on transfer by the Crisis Team qualified nursing staff or Crisis doctor. This includes name, strength, dose and frequency of prescribed and non-prescribed medicines.

4.9 Reporting medication related problems

Any medication related problems must be reported to the Crisis team for review and identification of action required.

All medication incidents must be reported on DATIX.

5. Definitions

Term	Definition
Self-administration	When a patient is able to look after and take their own medicines

6 Related documents

Medicines Overarching Framework
Patients Own Drugs (PODs): Procedure for use

7 How this guidance will be implemented

- This guidance will be published on InTouch
- Crisis Team managers will be responsible for implementing this guidance and regularly reviewing practice to ensure staff are complying with the guidance

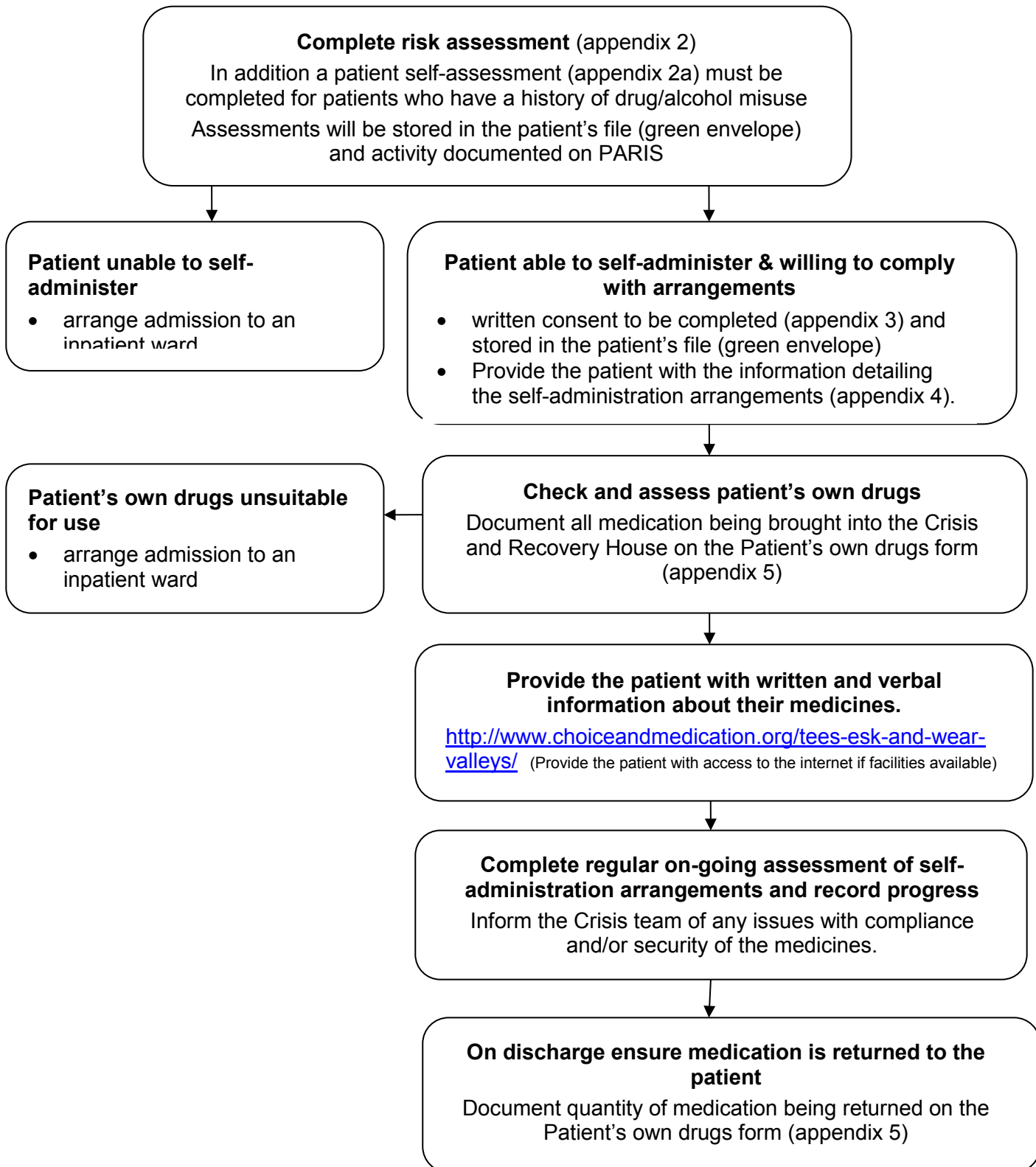
8 Document control

Date of approval:	22 March 2018	
Next review date:	22 March 2021	
This document replaces:	PHARM-0002-015-v1 Self administration guidance for crisis and recovery house staff	
Lead:	Name	Title
	Claire Spinks	Lead Pharmacy Technician
Members of working party:	Name	Title
	Pharmacy Leadership Team	
This document has been agreed and accepted by: (Director)	Name	Title
	David Brown	Acting Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutic Committee	22 March 2018
An equality analysis was completed on this document on:	As per standard pharmacy EA	

Change record

Version	Date	Amendment details	Status
1		New document	Withdrawn
2	14 Mar 2018	In line with POD policy Appendix 7, 8, 9	Published

9 Appendix 1: Overview of process flow chart



9.1 Appendix 2: Patient risk assessment form for self-administration of medicines

Patient name:		NHS number:
Assessment of adherence, self-harm and security	Yes / No	Comments: document any potential issues with risks of non-adherence, overdose or lack of security
Is there any evidence that the patient is confused and unable to self-medicate?		
Does the patient have insight into their illness and understand their need of medication?		
Does the patient have a history of non-adherence?		
Does the patient manage their own medicines at home with or without the support of others?		
Does the patient have a history of overdose, accidental or intentional?		
Does the patient have a history of drug/alcohol abuse? (see appendix 2a and complete if relevant)		
Is the patient responsible and able to maintain the security of the medicines?		
Is the patient likely to be manipulated by fellow patients to supply their medication to them?		
Has the self-administration scheme been discussed with the patient and are they able to comply with arrangements?		

Assessment of understanding about medication	Yes / No	Comments
Does the patient understand why they are taking each medicine?		
Does the patient know how and when to administer their medication correctly?		
Does the patient know the potential side effects of their medication and how to manage them if they occur?		
Is the patient taking any medicines that require regular monitoring? If yes – check when next monitoring due		Lithium Clozapine Warfarin Insulin – does the patient use blood monitoring equipment? If yes ensure brought with patient?
Does the patient take any over the counter medicines that they purchase themselves?		
Outcome of assessment:		
Suitable for self-administration – no support required		
Suitable for self-administration – support required to access medication		
Unsuitable for self-administration		
Risk assessment completed by (print name and designation) :		
Signature:	Date:	

9.2 Appendix 2a: (Optional) History of drug and/or alcohol misuse – patient self-assessment

When was the last time you misused drugs or had too much to drink?	Within the last month 1-3 months ago 3-6 months ago 6-12 months ago More than a year ago
If you felt it likely you were going to have drugs or alcohol what would you do?	
Who would you talk to & how quickly would you tell them?	
If you were under the influence of drugs or alcohol would you:	Still take medication Tell staff Stop taking medication Stop taking medication and discuss with staff
Are you aware of any problems that may occur by taking drugs or alcohol with medication?	
Patient's signature:	
Staff signature:	
Date:	

9.3 Appendix 3: Patient Consent Form for Self-Administration of Medicines

Patient's name:
PARIS No:
<ul style="list-style-type: none">• I agree to keep my medication out of sight in my medicines safe• I agree not to tell anyone my medicine safe PIN number• I will inform staff if I forget the PIN number to my medicines safe• I will not give my medicines to any other resident or visitor• I will not exceed the stated dose of my medicines• If I forget to take my medicines or if I have any queries I will talk to a member of staff• If any other patient or visitor asks for my medicines or tries to take them I will tell a member of staff at once
I have read this information sheet and agree to self-administer my medication
Patient's signature:
Date:

9.4 Appendix 4: Patient Information: Self administration of medicines

Self-administration of medicines allows you to have the responsibility for taking your medicines.

You will keep your medicines in a medicine safe in your room.

Staff will be able to support you and be available to answer any of your questions.

You will bring your own medicines in with you. Remember to bring any medicines that you have bought as well as those that have been prescribed.

If you purchase or collect any prescribed medication while you are staying at the Crisis and Recovery House you must let a member of know so that they can be checked against the medicines you are currently using.

Information about your medicines for your mental health illness can be provided. If you have access to the internet you can find information on the Choice and Medication website: <http://www.choiceandmedication.org/tees-esk-and-wear-valleys/>

It is important that your medication is kept secure and locked away to ensure that no one else has access to your medicines.

We will ask you to sign a consent form to indicate that you understand the arrangements for self-administration.

9.5 Appendix 5: Patient's own drugs (PODs) for self-administration

Patient's name:		Allergies:		
Medication and strength	Dose and frequency	Quantity	Comment e.g. date of next monitoring test, date of next dose if not administered daily	Quantity returned
Checked against GP records	Yes / No			
Completed by (print name):	Signature & designation:			
Patient's signature				
Date				
Assessment checks:				
Patient name on label is correct		Not expired		
Dosage instructions on label same as dose that is currently being taken		Container doesn't contain more than one type of medicine		
Date of dispensing not greater than 6 months		Any special storage required?		

9.6 Appendix 6: Consent for the destruction of patient's own medicines (PODs): Community settings

Disposal needs to be arranged for medicines that have been changed and are no longer prescribed, if they are not fit for use or if they could pose a safety risk. If you are happy for us to dispose of any medication no longer required, please sign this consent form.

I give consent for any medicines that are unsuitable for use or are no longer prescribed or could pose a safety risk to be destroyed.	
Patient / Patients representative signature:	
Date:	
Signature of Staff removing medication for destruction:	
Date:	

Medications to be destroyed

Drug name, strength & form	Quantity
Signature of Community Pharmacist:	Date:

(Adapted from Patients Own Drugs (PODs): Procedure for use Section 7.3 Appendix 3 consent)

10 Appendix 7: POD assessment training for Durham and Darlington crisis RN's

Aims

To ensure registered nurses working in the crisis team are adequately trained in the assessment and safe and appropriate use of PODs.

Registered nurses (RNs) who successfully complete the training will be able to:

- ✓ Understand the framework and assessment of POD's.
- ✓ Correctly assess PODs
- ✓ Gain the patient's/carer's consent for destruction of unsuitable POD's in crisis teams
- ✓ Complete the appropriate documentation

Framework for training Registered Nurses in the assessment of POD's

Stage 1: Managers approval obtained to undergo training.

Stage 2: Staff read and understand the framework and assessment procedure for POD's

Stage 3: RNs attend a training presentation and a practical assessment with a trust pharmacy technician to assess suitability of 25 mock PODs.

- Crisis team staff will assess suitability of PODs

Stage 4: A Trust pharmacy technician will review the assessed PODs to ensure they have been assessed correctly. Any errors in the assessment will be recorded on the log and depending on the severity of the error further training may be necessary before approved status is decided. See appendix 3 & 4.

Stage 5: Once the above stages have been successfully completed staff will be signed off as competent.

Stage 6: A certificate will be provided for the staff's PDP file to show successful completion of the training and details added to the pharmacy database and ESR.

Stage 7: Re-assessment will be needed every 3 years to ensure evidence of continued competency.



10.1 Appendix 8: RN Training Log - Assessment of PODs

Nurses name _____ Ward/clinical area _____ Assessment date _____

Bag number	POD (drug, form, strength)	Assessment code /comments	Outcome		Pharmacy Technician to complete			Assessment codes:
			OK to use on ward	To be destroyed	Date	error	Initials	
1								<ul style="list-style-type: none"> A. suitable for use B. packaging unsuitable or no label C. medicine expired D. drug name, strength or quantity incorrect on label E. dosage instructions incorrect on label F. name of patient incorrect on label G. medicine not prescribed on current drug chart (N/A for crisis team training) H. container contains more than one type of medicine (i.e. not only medication listed on label) I. medicine cannot be positively identified as that on the label J. special storage is required K. expiry date once opened is shortened
2								
3								
4								
5								
6								
7								
8								
9								
10								

:

11									
12									

Nurses name _____ Ward/clinical area _____ Assessment date _____

Bag number	POD (drug, form, strength)	Assessment code /comments	Outcome		Pharmacy Technician to complete			Assessment codes:
			OK to use on ward	To be destroyed	Date	error	Initials	
13								A. suitable for use B. packaging unsuitable or no label C. medicine expired D. drug name, strength or quantity incorrect on label E. dosage instructions incorrect on label F. name of patient incorrect on label G. medicine not prescribed on current drug chart (N/A for crisis team training) H. container contains more than one type of medicine (i.e. not only medication listed on label) I. medicine cannot be positively identified as that on the label J. special storage is required K. expiry date once opened is shortened
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								



24									
25									

Assessed by _____ Pass/Fail

Further assessment required Yes/No

10.2 Appendix 9: POD assessment marking criteria

Table One	
Type of error	Number of bags to assess
Up to 5 minor errors	One complete bag (5 items)
Between 5 – 10 minor errors	Two complete bags (10 items)
More than 10 minor errors	Complete further 25 items
Major error	Complete further 25 items

Major error

Assessed as suitable but it is one of the following:

- Medicine expired (code C)
- Name of patient incorrect (code G)
- Container contains more than one type of medicine (code I)
- Quantity incorrect (code E)
- Code A documented but it is unsuitable

Minor error

- Assessed as unsuitable but it is suitable to use
- Wrong code written on assessment form but correct outcome.
-

If the candidate fails the first assessment, POD assessing is suspended until they pass an assessment.

Assessment no. 1

Pass	Fail
	↓
	See table one

Assessment no. 2

Pass	Fail
	↓
	See table one

Assessment no. 3

Pass	Fail
	↓
	Unable to assess PODs → Actions – Personal reflection, shadow accredited POD assessor for three months, supervision then assess 25 new PODs.

Re-assessment will be needed every 3 years to ensure evidence of continued competency. 25 PODs will be assessed using the same process as above.

10.3 Appendix 10: Suitability of Patients Own Drugs – checklist for Crisis and Recovery House staff

- Before PODs are transferred to the Crisis and Recovery House they must be checked and documentation completed (Appendix 5) by a Registered Nurse (RN) who has successfully completed the POD training (appendix 7) or a Crisis doctor.
- Only PODs that are currently being used (prescribed and non-prescribed medicines) should be brought into the Crisis and Recovery House for self-administration. (Appendix 2: risk assessment for self-administration of medicines).
- Medicines must be positively identified; where this is not possible the medication may be returned to the patient if assessed as safe otherwise consent for destruction should be sought (appendix 6). See * below for guidance on medicines in compliance aids.
- All staff involved in assessing the suitability of PODs must be satisfied with the general condition of the medicine, its packaging and labelling; where there is any doubt advice should be sought from the Trust pharmacy team (Medicines Information line – 0191 441 5778; On call pharmacist – 01642 838050
- Labelled containers of loose tablets/capsules can be used providing they are all of similar size, shape and appearance. The Trust pharmacy team can advise.
- The drug name, strength and directions printed on the container/dispensing label must agree with what the patient is says they are taking (appendix 2)
- The drug name, strength and directions printed on the container/dispensing label must agree with the medicines inside, including medicines bought over the counter.
- Labelling must include the patient's name, the product name and strength, directions for use, suppliers address, date of dispensing and relevant legal safety information.
- Parallel imported (foreign) medicines must have been labelled/over labelled in English by a registered pharmacist; if not, the medicine cannot be used
- Containers must hold only one type or brand of preparation, those containing a mixture of different medicines or strengths **must not** be used
- Normally medicines should be in their original container, unboxed blister strips or loose capsules/tablets **must not** be used. In exceptional circumstances such as specialist medicines they can be used providing they have all relevant details on the strip. The Trust pharmacy team can advise.
- *If PODs are in a compliance aid they **can** be used, providing the compliance aid is a sealed cassette, labelled and dispensed by a community pharmacy, is visually in good condition and the patient has been taking the medication regularly. If lots of missed doses or a compliance aid which the patient could have tampered with do not use. In assessing the compliance aid for suitability for reuse the registered nurse is not expected to identify the individual drugs dispensed.
- All PODs should be dispensed within **six** months and ideally have an expiry date of 12 months with the exception of loose tablets where an expiry date may not be available (i.e. a bottle of tablets). When assessing loose tablets to liaise with Trust Pharmacy
- When opening all creams, liquids, drops or insulin the date of opening must be written on the label

- Creams must be used within six months of opening
- Liquid medicines must be used within six months of opening and expiry date; if not used within this timeframe staff to liaise with Trust pharmacy for permission to extend use
- Eye and ear drops must be used within four weeks of opening
- Insulin not stored in a fridge must be used within 28 days of opening. Supplies of unopened insulin stored in the fridge should be left at the patients dwelling.
- GTN tablets must be used within eight weeks of opening
- If there is any doubt of the integrity of medicines requiring specific storage, e.g. medicines requiring maintenance of a cold chain, they **must not** be used. There is no fridge storage so any medicines requiring refrigeration cannot be used.
- Ideally the patient should have enough medication to cover the anticipated length of stay. Where this isn't the possible arrangements must be made with the patient to get additional supplies from their GP/ community pharmacy. The qualified nurse **must** assess these medicines for use **before** the patient self-medicates with them.