

# **Self-Medication Procedure**

**Ref PHARM 0022-v3.1**

**Status: Approved**

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## 1 Purpose

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This document is to provide guidance to inpatient clinical areas that wish to operate a self-medication scheme. It recognises that there may be different aims and requirements depending on the location of the scheme i.e. rehabilitation, forensic services, MHSOP etc. and attempts to address these differences. All self-medication schemes in operation within the Tees, Esk & Wear Valley's NHS Foundation Trust must have involvement by a member of the TEWV Trust pharmacy team.

### 1.1 Aims of self-medication

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The aims of the self-administration scheme are:

- To help patients understand the purpose of their medicines
  - To help patients understand how to take their medicines safely
  - To increase patients confidence with their medicines in preparation for taking their medicines in the community
  - To improve concordance through increased understanding of the purpose of their medicines
  - To facilitate greater independence
  - To support recovery.
- Participation in the self-medication scheme does not automatically mandate the need for medication to be dispensed in a compliance aid.

### 1.2 Benefits of self-medication

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The advantage of patient's self-administering medicine:

- 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 centred care and better patient involvement. Underpins recovery model
- Allows assessment of how the patient may manage in the community.
- Potential problems can be identified and overcome before discharge.

### 1.3 Risks of self-medication

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The self-medication process is not without its risks (e.g. poor compliance and abuse) we have therefore devised a list of inclusion and exclusion criteria (see section 3.4) which should still be assessed on an individual basis and are not completely prescriptive.

Regular monitoring of patients' progress whilst on self-medication is essential, with the MDT reviewing this information and taking appropriate action where necessary.

## 1.4 What is outside the scope of this procedure

Self-administration in a TEWV Crisis House is covered by a separate policy (link). This procedure does not cover self-administration in respite units using Medicines Administration Records (MAR) or any patient in the community.

## 2 Related documents

This procedure also refers to:-

- ✓ [Medicines Overarching Framework](#)
  - Safe and Secure Handling of Medicines
  - Prescribing and Initiation of Treatment
  - Ordering and Receipt of Medicines
  - Pharmacy Supply and Dispensing
  - Compliance Aids
  - Disposal of Medicines
- ✓ [Controlled Drugs Standard Operating Procedures](#)

## 3 Overview of self-medication process

Each self-medication scheme must include the following processes and subsequent documentation:

<ul style="list-style-type: none"> <li>• A risk assessment of the patient, against inclusion and exclusion criteria, in respect of their ability to safely self-medicate.</li> </ul>
<ul style="list-style-type: none"> <li>• Written documentation of the risk assessment</li> </ul>
<ul style="list-style-type: none"> <li>• Written agreement of the patient's Responsible Clinician (RC)/Approved Clinician (AC) on behalf of the Multi-disciplinary team (MDT)</li> </ul>
<ul style="list-style-type: none"> <li>• Written consent of the patient (including withdrawal of consent at anytime in process)</li> </ul>
<ul style="list-style-type: none"> <li>• Information supplied to the patient in respect of the self-medication scheme and security of the patient's medicines in their locker, where available.</li> </ul>
<ul style="list-style-type: none"> <li>• Prescribing and ordering of medication, including leave and discharge arrangements</li> </ul>
<ul style="list-style-type: none"> <li>• Storage of medicines including patient lockers, where available</li> </ul>
<ul style="list-style-type: none"> <li>• Continued monitoring of the risk and medication compliance, to support the decision making to move through the levels of self-medication.</li> </ul>

## 3.1 Safe and secure storage of self-medication

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### 3.1.1 Storage of medicines

All medication must be stored in an approved drug cupboard, which includes individual patient medicine lockers (usually fixed to a wall in a patient's bedroom) and in ward treatment rooms medicine trolleys or cupboards that have individual compartments for each patient.

Some clinical areas have an electronic safe within the patient's bedroom that can only be accessed by each individual or staff. These are also acceptable for the storage of medicines for self-medication. The patient's ability to manage the security of their medicines must be included in the overall assessment and must be included in the decision making process in respect of the patient's progression through the various levels.

A risk assessment must be completed by each clinical area as to the appropriateness of using individual patient medicine lockers, as in areas of high risk i.e. where other patients may be tempted to obtain medication inappropriately, such lockers may not be suitable. Modern Matrons, Locality Managers and Security Leads where appropriate should be included in the decision making process of using individual patient medicine lockers, when necessary.

Where individual patient medicine lockers are located in the patient's room such lockers should be assessed, as with all other furnishings, in respect of their ability to be used as a ligature point.

### 3.1.2 Security of keys

Where individual patients' medicine lockers are used; if the key to the locker is lost or misplaced the medication must be removed from the locker using the spare key. Medication should not be stored within the locker until either the key is found or the lock replaced.

## 3.2 Levels of self-medication

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There are 4 levels of self-medication. These are determined by three factors:

- **Skills and ability** of the patient to take the correct medication at the correct time (including the ability to remove from the dispensed container and take the prescribed number of dose units for each medication, using the labelled instructions as necessary).
- Level of **prompting and observation** required by nursing staff to ensure the patient is taking their medication correctly.
- **Security of medication** which can either be fully with nursing staff or devolved to the patient, where the quantity kept by the patient will be closely monitored and risk assessed.

When the patient is being risk assessed for the scheme the starting level of self-medication is agreed, taking into account their ability to take medication, previous participation in self-medication scheme and current risks, this doesn't have to be level 1 for every patient.

It is recognised that for some patients to start on self-medication a structured assessment of their skill and ability to take medication is required. To facilitate this level 0 – supported self-medication has been created.

<b>Level 0</b>	<b>Pre-self-administration level to provide support and allow assessment</b> Patient is prompted, supported and observed taking medication Security for medication remains with the nurse
<b>Level 1</b>	Patient is responsible for taking medication unprompted. Security for medication remains with the nurse, who observes doses being taken and intervenes if necessary.
<b>Level 2</b>	Patient is responsible for taking medication unprompted. Security for 1 day supply of medication is devolved to patient. Nursing staff are responsible for checking compliance daily
<b>Level 3</b>	Patient is responsible for taking medication unprompted. Security for medication is devolved to patient. Nursing staff are responsible for checking compliance at agreed intervals.



**The availability of secure medication lockers in the patients' bedrooms will determine the level the patient can self-medicate to**



**All patients self-medicating must be monitored regularly and this will inform decisions about patients moving up (and down) the levels**

A summary of the levels of self-medication is available in appendix 1.

### 3.3 Specialty specific considerations

It is recognised that the principles (in following sections) for the safe use of patient self-medication need to be adapted to meet the service specific needs of certain groups of patients e.g, Forensic and rehabilitation services. Furthermore, the availability of secure medication storage in patients bedrooms is not available throughout the Trust and is provided on a service need basis e.g. within Forensic and Adult rehabilitation. Where such storage is not available on a ward, e.g. wards running Purposeful Inpatient Admission (PIPA), this will limit the responsibility for medication storage that can be devolved to a patient on the scheme.

Overview of self-medication process for wards **WITH medication lockers in patient bedrooms** can be found in Appendix 2a and 2b

Overview of the self-medication process for wards **WITHOUT medication lockers in patient bedrooms** can be found in Appendix 3a and 3b.

### 3.4 Identification of patients for self-medication

All patients will be considered for self-medication scheme as part of their recovery plan using the inclusion and exclusion criteria below.

### 3.3.1 Points to consider:

- Is the patient going to be responsible for managing their own medicines in the community either alone or with the support and help of a carer?
- Is the patient stay on the ward going to be for at least 7 days?
- Are there going to be any changes to medication treatment plan?
- Is self-medication going to be part of the discharge plan?
- Is self-medication going to be beneficial for the patient?
- What are the risks? Full consideration must be given to patient history, i.e. drug or alcohol abuse (see appendix 4b), risk of overdose and discussions/decisions documented.
- Does the patient require an assessment for their ability to manage medication and/or assess adherence with or without compliance aid?
- Patients being managed under a T3.

### 3.3.2 Exclusion factors:

- Patients whose mental health is currently unstable or are confused/delirious.
- Patients who do not have proven 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.
- Patients who have significant changes being made to their medication.

### 3.3.3 Drugs that will not be included:

- Injectable medicines unless they are expected to be self-administered at home i.e. insulin.
- Once only doses.
- 'As required' medicines for the use of behaviours that may challenge.
- Any Controlled drugs (CD) defined as schedule 2 and 3 in the CD Standard operating procedures, unless their inclusion is deemed in patients best interest and a risk assessment is completed and documented by MDT including pharmacy and approved by the CD Accountable Officer or deputy.

### 3.3.4 Speciality specific factors

Each area may review both inclusion and exclusion criteria dependent on individual patient and service need with discussion and decisions fully documented within the care record.

### Additional Inclusion criteria in Forensic Services:

- Unescorted leave to local community (3 hours minimum)
- CPA referring to the next less restrictive placement where the individual will have the option to manage their medication
- Medication is stable – defined as having had no change in the last 3 months of both mental and physical medications.

## 3.5 Approval to start self-medication



Before starting self-medication approval from the MDT must be established and the consent of the RC/AC documented.

For Forensic and rehabilitation services, a risk assessment (appendix 4a) must be completed for all patients by nursing staff and the level of risk discussed by the multidisciplinary team. This form must be signed by the patient's RC/AC before self-administration is started.

For wards without medication lockers in the patients' bedroom, the risks of self-medication are lower as the patient is not taking responsibility for the safe and secure storage of medication. As such a formal risk assessment is not required, the MDT (including pharmacy) can make a decision using the inclusion / exclusion criteria (see sections 3.3.1 to 3.3.3), which must be documented on Paris, including the approval by the Responsible Clinician.

It is essential in assessing the patient's suitability for self-medication that if a patient requires a compliance aid that the appropriate assessment is completed by pharmacy. For guidance on using see appendix 7 or the Trust Compliance Aid policy.

### 3.6 Patient Information and consent

The nursing or pharmacy staff (dependent on local agreement) will provide and explain information on the self-medication scheme relevant to the individual, level and medication storage facilities to the area. This may include security of the key for the medicine locker and managing their own medicines. Verbal and appropriate written information about safe administration, common side-effects and how these should be managed will be provided via the choice and medication website.



Written consent from the patient must be obtained before starting self-medication.

Patient Information and consent for self-medication can be found in appendix 5a for Forensic / Rehabilitation wards with patient lockers and appendix 5b for wards without patient lockers.

Consideration should be given at this time as to whether the patient requires additional written information about their medication. This can be provided in a variety of ways, e.g. Choice and Medication website, TEWV medication reminder chart or NHS My Medication Passport.

### 3.7 In-patient prescription and administration record

The patient's medication should be prescribed on their in-patient prescription and administration chart in the usual way and should include all of their current treatment. It must clearly indicate that the patient is self-medicating and the level of self-medication.



Nursing staff must use Code '7' to signify the patient is self-medicating on the administration section of the chart for all medication prescribed in the regular section.

Each clinical area should decide where the in-patient prescription charts for patients self-medicating will be kept i.e. whether they will remain in the usual place with the other in-patient prescription charts or whether they will be kept in a separate file.



### 3.8 Continued monitoring and assessment

Continued monitoring and assessment of the patient must take place to ensure the patient has sufficient understanding and ability to safely continue self-medication on an on-going basis. This should using the patient progress form (see appendix 8) or be documented in the care record (PARIS).

For each patient the frequency of monitoring should be agreed and documented, this will be determined by the level of self-medication the patient is on (see below). As a minimum this should be discussed by the MDT within the 1<sup>st</sup> 7days after starting self-medication or changing level.

Level 0	Each administration time is overseen by a nurse and any problems escalated to the MDT
Level 1	Each administration time is overseen by a nurse and any problems escalated to the MDT.
Level 2	Random daily checks of compliance if storing medication in bedroom locker and each time a new supply of medication is issued.
Level 3	Compliance checks each time new supply of medication is issued and random checks.

If any changes to the patient's ability to self-medicate occur, staff must act upon these changes and withhold the patient from the scheme temporarily. The MDT must then make a decision as to whether the patient should be allowed to continue to self-medicate, with the option of returning to a previous level of the scheme.



If staff (including housekeepers or health care assistants) find any loose medication in the patients bedroom this **MUST** be reported to the nurse in charge immediately who will document on the progress chart (appendix 8). A review of the patients' ability to safely continue self-medicating must be undertaken with the MDT as soon as possible.

The patient's on-going assessment and progression (where applicable) through the different levels should be documented in the patient's case notes and using the self-administration of medicines progress form (appendix 8)

### 3.9 Spot checks to ascertain compliance

Spot checks are only carried out in those services where there is a lockable cupboard in the patient's room. (See appendix 8)

Spot checks are carried out to monitor the patient's compliance and assess security of the medicines. During such checks the number of doses remaining is counted and compared to what should remain. If the quantities correspond then it is a good indication that compliance is being achieved. However if the quantities don't match this may indicate medication is not being taken as prescribed and intended. Contact pharmacy for advice if any discrepancies and discuss at MDT.

If patient's have as required medication supplied e.g. for physical health, they should also be questioned about frequency of use of 'as required' medication to check that it is being used appropriately and that the maximum doses are not being exceeded. Such discrepancies and other issues that are identified during these checks must be recorded on the patient's progress report (appendix 8).

Security is assessed by noting whether or not the medicines are securely locked in the appropriate medicine locker and also whether or not the key is being appropriately managed.

Spot checks must be completed at random times so that the patient is unaware of when they will occur and concealment of non-concordance prevented.

If the patient's ability to manage their medicines safely and securely is in question the patient should be withheld until reviewed – see section 3.10 discontinuation or withholding scheme.

### **3.10 Discontinuation or withholding scheme**

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If issues with either compliance or security are identified or there are regular/several changes being made to the medication regime, self-medication should be suspended until the RC/AC and MDT make a decision as to whether self-medication continues. With the appropriate education and support, the patient may refer back to a previous level of the scheme, or the patient maybe withdrawn totally.

## **4 Medication supply process**

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### **4.1 Medicine Supplies**

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Patients taking part in the self-medication scheme will be provided with labelled supplies of their regular medicines as prescribed on their in-patient drug chart. The appropriate quantities will be supplied depending on the level of the scheme the patient has reached.

The supply should be checked against the in-patient chart before being given to the patient to self-medicate, this may be done with the patient. The check involves ensuring the label matches the in-patient chart, ensure the drug, strength and dose is checked, do not open the boxes.

Empty boxes must be returned by the patient before receiving a new supply to allow for confidential disposal.

### **4.2 Ordering suitable supplies of medication**

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Medication should be ordered on the appropriate TEWV stationery.

- Staff should request on the Yellow inpatient order book ensuring they document self-medication across the top of the order and that the 'label with instructions' box is ticked. See appendix 2a for further detail about the ordering arrangements for wards supplied

### **4.3 As required medicines**

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As required medication in the form of injectable's, CD's or medicines for managing behaviour that may challenge are not part of self-medication, however, there may be occasions when a supply of as required medicine is needed to facilitate leave or discharge.

Any requests for as required medication should be agreed by the MDT and a small supply arranged. There will need to be a clear plan agreed of how this will be monitored.

In addition, any leave or discharge supplies of as required medication that include a Controlled drugs must be stored in the Controlled Drug cupboard until the patient is ready to leave. They must be kept separate from the ward Controlled Drug stock and logged within the ward CD register, be clearly marked and must remain sealed in the original dispensed bag. (see section 4.5 and 4.6 below)

## 4.4 Medication Changes

If a patient's medication changes further supplies should be obtained as soon as it is possible. Under no circumstances should labelled medication be altered in any way. Discontinued medication must be removed from the patient's possession immediately on discontinuation.

Any changes made to the patient's medication must be recorded in the care record (PARIS) and the following steps taken:

- Contact the Trust pharmacy team for any changes involving self-medication
- Medication stopped – remove the discontinued medication from the self-medication supply if in boxes
- New medication prescribed – new medicines should not be self-medicated. Administer the new medication from stock or inpatient supplies, contact the trust pharmacy to make arrangements to add to self-medication
- Dose changes – remove old dose from self-medication supply if in boxes and administer the new dose from stock or inpatient supplies, new doses are not suitable for self-medication, contact the trust pharmacy to make arrangements to add to self-medication
- If medication is supplied in a compliance aid contact Trust pharmacy for advice.

## 4.5 Leave prescriptions



All medication supplied for leave must be labelled with instructions.

**Under no circumstances should a compliance aid be cut up or loose tablets given to the patient.**

If the patient has an appropriately labelled supply of medication (can include Patients Own Drugs) they have been using on the ward for self-medication (i.e. correct drug, dose and quantity) this may be used for the leave supply, if it corresponds to the medication prescribed on the Inpatient prescription and administration chart. See appendix 6 for more information. If additional leave medication is required it must only be supplied against a prescription signed by a qualified prescriber.

If the supplies on the ward are in excess of what the patient needs for their intended leave an assessment of the risk of giving extra supplies to the patient should be completed and if the risk is significant a leave supply for the correct quantities obtained. If there is no risk in giving the extra quantity to the patient, the patient should be asked to return the extra medicines when they return from their leave and the quantities checked on their return (see appendix 6). This should be documented in the patient's case notes.

## 4.6 Discharge prescriptions

When the patient's discharge is being arranged the doctor should complete the normal discharge summary, including the prescribed medicines to be taken by the patient, post discharge. An agreed supply of medicines is required for discharge, and consequently if there are insufficient labelled supplies remaining for the patient, the discharge prescription should be sent to pharmacy and a supply obtained in the usual way.

Any supplies remaining in the locker should be removed as per local procedure as duplicating the supplies that are given to the patient at discharge may cause confusion and inappropriate treatment.

## 5 Roles and responsibilities

Role	Responsibility
<b>Pharmacy</b>	<p>Involvement with the assessment process and MDT including the use of aids and implementation of self-medication for all patients.</p> <p>Educate patients about their medication, providing written Patient Information and Medication Reminder charts; support nursing staff and other members of MDT to provide this information where pharmacy isn't available.</p> <p>Ordering procedures</p> <p>Monitoring and review of self-mediation systems.</p>
<b>Locality Manager/Matron</b>	Implementation of guidance
<b>Team Managers</b>	Monitoring adherence to guidance, MDT involvement in decision making process around self-medication.
<b>Responsible Clinician (RC)</b>	Undertaking MDT risk assessments for self-administration, recording decisions and ongoing monitoring of self-medication.
<b>Registered Nurses</b>	<p>Involvement with the MDT assessment process and the implementation of self-medication with individuals including monitoring adherence, supplies and security.</p> <p>Nurses retained overall responsibility for medication storage on the ward, even when storage is devolved to the patient in a secure locker in their bedroom.</p>
<b>Patient</b>	<p>To take medication as prescribed but will let nursing staff know:</p> <ul style="list-style-type: none"> <li>If I am having difficulty in taking my medication</li> <li>If I have forgotten to take my medication on time</li> <li>If I have not taken my medication as it is prescribed</li> </ul> <p>Keep medication safe and secure in a locked medication cupboard and NOT give medication to anyone else</p> <p>Keep medication cupboard key in a safe and secure place and report immediately if lost</p> <p>Tell staff straightaway if anyone tries to take my medication.</p>

## 6 References

- Nursing and Midwifery Council
- Leeds and York Partnership Foundation Trust – Self Administration of Medicines Practice Guidelines

## 7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

### 7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing	Nursing staff to read and be familiar with the procedure within induction period	1 hour	On induction to clinical area
Medical	Medicine management induction training	Face to face 1 hour	At induction
Pharmacy (including dispensary staff)	Induction training	Adhoc during induction period	During induction period

## 8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1 Adherence and Compliance with self-medication procedure	Audit will be added to audit forward planner and Pharmacy Team to facilitate	Pharmacy audit Group and Pharmacy Leadership team for further dissemination as identified

- Compliance with this procedure will be carried out by pharmacy, either by annual audit or as part of a regular trustwide Medicines Optimisation Assessment dashboard.

## 9 Document control

Date of approval:	26 <sup>th</sup> September 2019	
Next review date:	March 2021	
This document replaces:	V3	
Lead(s):	Name	Title
	Ros Prior	Deputy Chief Pharmacist – Clinical Services
	Linda Johnstone	Lead Medicines Management Nurse
Members of working party:	Name	Title
	Peter Clarke	Clinical Pharmacist
	Fiona Inns	Clinical Pharmacist (Forensics)
	Angie King	Senior Pharmacy Technician
	Chloe Hopper	Senior Pharmacy Technician
	Rebecca Hammon	Clinical Lead
	Claire Bicknell	Clinical Lead
	Eman Arebi	Specialty Registrar
This document has been agreed and accepted by: (Director)	Name	Title
	Ruth Hill	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutics Committee	22/3/18
This document was ratified by:	Name of committee/group	Date
	N/A	
An equality analysis was completed on this document on:	See Pharmacy generic Equality Screening Assessment.	

### Change record

Version	Date	Amendment details	Status
V2	March 2012		Superseded
V3	March 2018	Total revision of stages of self-medication	Superseded
V3.1	September 2019	Lloyds references removed	Approved

## 10 Appendices

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Appendix 1 – Summary of self-medication

Appendix 2a Self-Medication Process Flow Chart for wards WITH medication lockers in patients bedrooms.

Appendix 2b Description of Self-medication Levels for wards with medication lockers in patients bedrooms.

Appendix 3a – Self-Medication Process Flow Chart for wards WITHOUT medication lockers in patients bedrooms.

Appendix 3b Description of Self-medication Levels for wards WITHOUT medication lockers in patients bedrooms.

Appendix 4a - Patient Risk Assessment Form for Self-Administration of Medicines

Appendix 4b - History of drug and/or alcohol misuse – patient self-assessment

Appendix 5a – FOR WARDS WITH MEDICATION LOCKERS IN PATIENT BEDROOMS

Patient Information and Agreement form for Self-Administration of Medication

Appendix 5b - FOR WARDS WITHOUT MEDICATION LOCKERS IN PATIENT BEDROOMS

Appendix 6 - Ordering and supply of leave medication for a patient on self-medication scheme.

Appendix 7: Compliance Aids in self-medication

Appendix 8: Patient Progress Report for Self-Administration of Medication

Appendix 9 – Self-medication ordering procedure for York and Selby

**Appendix 1 – Summary of Self-Medication**

<b>Level of self-medication</b>	<b>Patient is prompted to take medication?</b>	<b>Who stores medication?</b>	<b>Quantity supplied</b>	<b>Nurse observes medication being taken</b>	<b>Frequency of compliance checks</b>
<b>0</b>	YES	NURSE	7-28 days*	YES	At each medicines administration
<b>1</b>	NO can be supported to prevent missed doses	NURSE	7-28 days*	YES	At each medicines administration
<b>2</b>	NO	PATIENT	1 day	NO	Random daily checks and each time medication issued.
<b>3</b>	NO	PATIENT	2-7 days	NO	Random daily checks and each time medication issued.

\*supply length can vary if using compliance aids, original packs or patients own drugs



**Appendix 2a Self-Medication Scheme Flowchart - For Forensics (at Ridgeway) and AMH Rehabilitation Services**

Patient being considered for self-medication scheme.

**Multi-Disciplinary Team** assesses suitability before completing risk assessment.  
Inclusion / Exclusion Criteria (see section 3.4)

**Named nurse** to discuss self-medication scheme with patient and complete self-medication risk assessment. Provide patient information leaflets as appropriate and obtain patient consent.  
Patient Information & Consent (appendix 5a)      Risk Assessment (appendix 4)      Choice & Medication

**MDT** reviews self-medication risk assessment and approves as appropriate.  
**Document on PARIS as part of MDT/Report Out minutes.**

**Trust Pharmacy Team** identifies any support needed regarding understanding and administration of medication. Agrees how best to dispense the medication e.g. boxes, compliance aid. **Discussion documented on PARIS.**  
Compliance Aid Assessment if necessary (Appendix 7)      Medication Reminder Chart if necessary

- Forensic & Rehab (Tees)**
- Yellow prescription for initial supply
  - Purple 6 monthly self-medication prescription for ongoing supplies & copy on PARIS.
  - Medication supplied by dispensing pharmacy on a set day.
  - New supply of self-medication to start on a set day for all patients e.g. Friday
- Rehab (Durham + Darlington, North Yorkshire)**
- Yellow prescription for all supplies
- Rehab (York +Selby)**
- See appendix 9

**Prescription written** for all suitable regular medication. Annotate 'FOR SELF-MEDICATION' and/or tick 'Label with instructions'. Indicate how medication is to be dispensed e.g. daily boxes, weekly compliance aid.

**NOTE TO PRESCRIBERS**

It is not always possible or necessary to make changes to self-medication straight away. Please consider if change needs to be made urgently or can be planned to occur with a new self-medication supply. Please highlight changes to nursing staff and contact the Trust Pharmacy Team.

**Nurse** checks supply against in-patient chart before giving to the patient to self-medicate. This may be done with the patient. The check involves ensuring the medication label matches the in-patient chart (check drug, strength, dose & frequency – do not open the boxes).

- Changes in medication noted:**
- Medication stopped – remove from self-medication supply if in boxes
  - New medication prescribed – administer new medication from ward stock/named-patient supply (not to self-medicate from this supply).
  - Dose change – remove old dose from self-medication supply if in boxes and administer new dose from ward stock/named-patient supply (not to self-medicate from this supply).
  - Changes involving compliance aids – contact pharmacy for advice
  - **FOR ALL CHANGES – contact pharmacy to make arrangements to add to self-medication**

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At point of discharge consideration must be given to GP discharge letter and information around self-medication and compliance aid, including adherence.



Patient should return empty boxes before receiving new supply to allow confidential disposal.



For each medication due for administration mark in-patient drug chart with code '7' to signify the patient is self-medicating.



Complete patient progress report on a daily basis (or as agreed – see below). Record any problems with compliance or medication/key security and any prompts or interventions required to ensure medication is taken as prescribed.  
[Patient Progress Report \(appendix 8\)](#)



For patients who hold a supply of medication in their room, a random check is expected each day. MDT may agree less frequent checks.  
**Document on PARIS as part of MDT/Report Out minutes.**



Review patient progress report regularly at MDT meeting/Report Out and when considering a move between self-medication levels.  
**Document on PARIS as part of MDT/Report Out minutes.**



**Changes to Levels of Self-Medication to be agreed by MDT**

Level 1	Medication held in trolley. Nursing staff supervise and prompt as necessary. Patient is expected to be taking medication without prompts before moving to Level 2
Level 2	1 day supply held by patient (requires lockable medication cupboard in room).
Level 3	Agreed amount held by patient - more than 1 day but no more than 7 days.



**Inform Trust Pharmacy Team with any changes to level of self-medication**

**As required medication for use on ward**

- As required medication is not part of the self-medication scheme.
- Any as required medication considered suitable to be held by the patient e.g. GTN spray, salbutamol inhaler should be agreed by the Multidisciplinary Team and supported by a separate Intervention Plan. The self-medication risk assessment may be considered as evidence of suitability.

**Appendix 2b Description of Self-medication Levels for wards with medication lockers in patients' bedrooms.**

<p><b>Level 0 (supported self-medication)</b> - Security for medication is retained by nursing staff who prompt and support the patient to take their medication.</p>
<p><b>Level 1</b> – The patient is responsible for taking their medication as prescribed unprompted by nursing staff. Security for medication is retained by nursing staff who observe the medication being taken and support the patient if needed.</p>
<p><b>Level 2</b> – The patient is responsible for taking their medication as prescribed unprompted by nursing staff. Security for a small amount of medication (i.e. 1 day) is devolved to the patient. Nursing staff are responsible for checking compliance daily</p>
<p><b>Level 3</b> – Patient is responsible for both security of medication and taking as prescribed, with nursing staff completing compliance checks at agreed intervals.</p>

**Level 0 – supported self-medication**

An agreed supply of medicines will be stored in the appropriate compartment of the medicine trolley/cupboard in the ward treatment room.

At the required times it will be the responsibility of the registered nurse to remind the patient to self-administer, the registered nurse will unlock the trolley compartment or cupboard giving patient access to their medication only.

The registered nurse will then support and supervise the patient administering their medicines and any interventions that need to be made by staff must be recorded on the self-medication progress record.

Staff will also provide information in respect of the medicines where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

**Level 1**

An agreed supply of medicines will be stored in the appropriate compartment of the medicine trolley/cupboard and the key will be held by staff.

It is the responsibility of the patient to request access to their medicines for self-administration at the appropriate times; the registered nurse will unlock the trolley compartment or cupboard giving patient access to their medication only.

The registered nurse will then observe the patient administering their medicines and any interventions that need to be made by staff must be recorded on the self-medication progress record.

Staff will also provide information in respect of the medicines where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

**Level 2**

A one day supply of medicines, will be stored in the patient's individual medicine locker and the key will be held by the patient

At the required times it will be the responsibility of the patient to self-administer their medication.

It is important at this level that the security of the key (and subsequent access to medication) is reiterated to the patient. Staff should ensure that the patient is not interrupted during the time they are taking their medicines. A random daily check should be made to ensure compliance is achieved.

If there are any issues in respect of compliance or security of the medicines the patient should be counselled with the option of dropping back to Level 1 where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

### **Level 3**

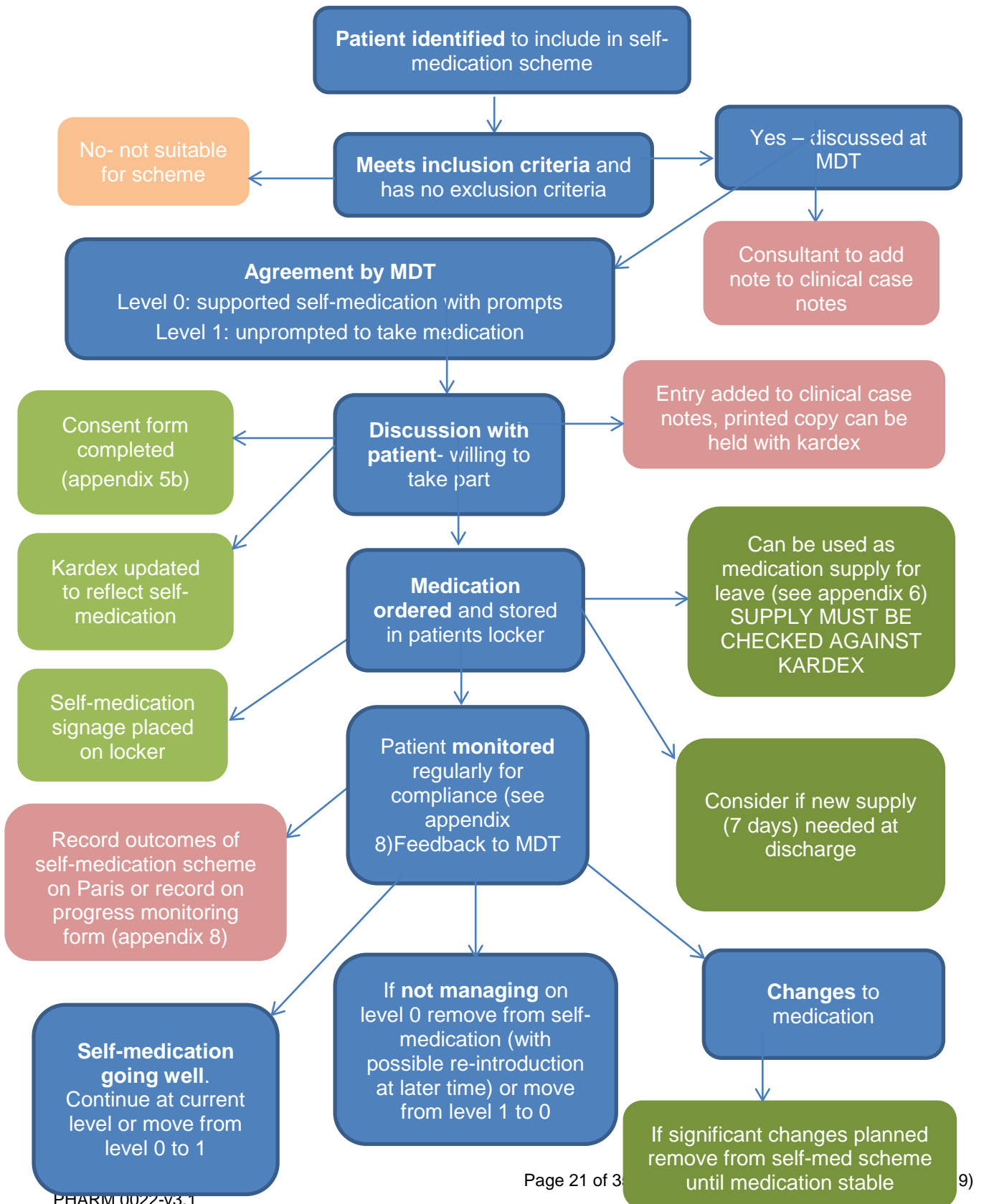
An agreed supply of medicines will be stored either in the patient's individual medicine locker or in the patient's electronic safe and the key will be held by the patient. The quantity of medicine supplied will be agreed in MDT (usually between 2 and 7 days) and documented on self-administration if medicines progress form (appendix 8)

Staff should ensure that the patient is not interrupted during the time they are taking their medicines. Checks should be made to ensure compliance is achieved, this should occur at random times to ensure that the patient is administering their medicines at the correct time.

If there are any issues in respect of compliance or security of the medicines the patient should be counselled with the option of dropping back to a previous level where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

**Appendix 3a – Self-Medication Process Flow Chart for wards WITHOUT medication lockers in patients bedrooms.**



**Appendix 3b Description of Self-medication Levels for wards WITHOUT medication lockers in patients bedrooms.**

Wards without patient lockers can still undertake self-medication for their patients however they can only work to the following 2 levels

**Level 0 (Supported self-medication)** -Security for medication is retained by nursing staff and the patient is prompted to take their medication by nursing staff, who observe the medication being taken.

**Level 1** – The patient is responsible for taking their medication as prescribed unprompted by nursing staff. Nursing staff will observe the medication being taken and maintain medication security in treatment room.

**Level 0 – supported self-medication**

An agreed supply of medicines will be stored in the appropriate compartment of the medicine trolley/cupboard in the ward treatment room.

At the required times it will be the responsibility of the registered nurse to remind the patient to self-administer, the registered nurse will unlock the trolley compartment or cupboard giving patient access to their medication only.

The registered nurse will then support and supervise the patient administering their medicines and any interventions that need to be made by staff must be recorded on the self-medication progress record.

Staff will also provide information in respect of the medicines where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

**Level 1**

An agreed supply of medicines will be stored in the appropriate compartment of the medicine trolley/cupboard in the ward treatment room.

It is the responsibility of the patient to request access to their medicines for self-administration at the appropriate times, the registered nurse will unlock the trolley compartment or cupboard giving patient access to their medication only.

The registered nurse will then observe the patient administering their medicines and any interventions that need to be made by staff must be recorded on the self-medication progress record.

If there are any issues in respect of compliance the patient should be counselled with the option of dropping back to Level 0 where appropriate.

Staff will also provide information in respect of the medicines where appropriate.

The patient's in-patient prescription chart should be annotated with code 7 – 'self-medicating'.

**Appendix 4a - Patient Risk Assessment Form for Self-Administration of Medicines**

Patient name:	Patient NHS number:
Current Mental Health Status: <i>(document any potential issues that would increase the risk of non-compliance, overdose or lack of key security if the patient self-medicates)</i>	
	<i>Circle as appropriate</i>
Is there any evidence that the patient is confused and/or unable to understand both compliance and security of their medicines?	Yes/No Comments:
Does the patient manage their own medicines at home with or without the support of others? <b>(If no self-meds not suitable)</b>	Yes/No Comments:
Has the self-medication scheme been discussed with the patient and are they motivated to take part in the scheme?	Yes/No Comments:
Is the patient capable of other tasks that would indicate they are capable of administering their own medicines?	Yes/No Comments (List tasks):
Does the patient have a history of drug/alcohol abuse?	Yes/No Comments:
Does the patient have a history of overdose, accidental or intentional?	Yes/No Comments:
Can the patient open child resistant closures?	Yes/No Comments:
Can the patient read standard size printed labels?	Yes/No Comments:
Questions only applicable on wards with secure medication storage in patient bedrooms	
Is the patient responsible and able to maintain the security of medicines?	Yes/No Comments:
Is the patient likely to be manipulated by fellow	Yes/No

patients to supply their medication to them?	Comments:
--	-----------

**Assessment of the patients understanding about their medicines**

	<i>Circle as appropriate</i>
Does the patient have insight into their illness and understand their need of medication?	Yes/No Comments:
Does the patient know how to administer their medication correctly?	Yes/No Comments:
Does the patient know the potential side effects of their prescribed medication and how to manage them if they occur?	Yes/No Comments:
Has any necessary monitoring that is required when taking the medication been explained to the patient?	Yes/No Comments:
Is the patient aware of potential problems with their medication in relation to buying and taking over-the-counter medicines?	Yes/No Comments:
Written information leaflets supplied to the patient in respect of their medicines:	

Date	Level of Self Medication	RMO & Registered Nurse agree progression to the next Level (date)	Named Nurse's Signature

**Risk assessment completed by:**

Name:	Date:
-------	-------

**Risk assessment outcome:**

<i>Please tick</i>			
Suitable	<input type="checkbox"/>	Not suitable	<input type="checkbox"/>



**Discussed at MDT meeting:**

Date:	Time:
-------	-------

**Staff present at MDT meeting** (*include designation*):

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Consultant name:	Consultant signature:	Date:
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**Appendix 4b - History of drug and/or alcohol misuse – patient self-assessment**

**1. 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	

**2. If you felt it likely that you were going to take drugs or alcohol what would you do?**

**3. Who would you talk to and how quickly would you tell them?**

**4. If you were under the influence of drugs or alcohol would you**

Still take your medication	
Tell a member of staff	
Stop taking your medication	
Stop taking your medication and discuss with staff	

**5. Are you aware of any problems that may occur by taking drugs or alcohol with prescribed medication?**

**6. What would you do if you missed a dose of your prescribed medication and remembered several hours later?**

Take the missed dose straight away	
Take the next dose at the right time	
Throw the missed medication away	
Talk to a member of staff about it	

**7. What would you do if you missed a dose of your prescribed medication and remembered a day later?**

Take the missed dose straight away	
Take the next dose at the right time	
Throw the missed medication away	
Talk to a member of staff about it	

**8. What would you do if you took too much of your medication?**

Tell a member of staff	
Stop taking your medication	
All of the above	

**9. Do you understand why you are taking the medication prescribed for you?**

Yes		No	
-----	--	----	--

**10. Do you know the possible side effects that you may experience from your prescribed medication and what you should do if they occur?**

Yes		No	
-----	--	----	--

**11. What would you do if you lost your medication/compliance aid?**

--

**12. What would you do if you lost the key to your medicine locker?**

--

**13. What would you do if another patient asked you for your medication?**

--

Patient signature:	Date:

Staff signature:	Date:
Designation:	

**Suitability for self-medication:**

Suitable		Not Suitable	
----------	--	--------------	--

**If not suitable please summarise decision below:**

Consultant name:	Consultant signature:	Date:

**Appendix 5a – FOR WARDS WITH MEDICATION LOCKERS IN PATIENT BEDROOMS**

**Patient Information and Agreement form for Self-Administration of Medication**

**What does the self-medication scheme involve?**

- ❖ The self-medication scheme is used to encourage a sense of independence and personal responsibility. It can also help you to understand the purpose of your medication and how to take them safely.
- ❖ Before you start the scheme, your care team will talk with you about what the self-medication scheme involves and together you will decide if this is the best option for you. We will also talk with you about:
  - ❖ Why you have been prescribed your medication
  - ❖ How to take your medication so you get the most out of it
  - ❖ What to do if you have side effects
  - ❖ What to do if you forget to take a dose or take too much medication
  - ❖ If other medicines or food affect your medication
  - ❖ How to store your medicines safely and getting rid of unused medication.
  - ❖ How best to dispense your medication – for example boxes or compliance aid

**What are the different self-medication levels?**

There are 4 levels to the self-medication scheme:

Level 0	Medication is held in the trolley and staff support you to take your medication
Level 1	Medication is still held in the trolley but you will take responsibility for requesting access to your medication. Staff will observe you taking your medication and will help if needed.
Level 2	You keep one day supply medication in your locked medication cupboard. Staff will check daily that you are taking your medication.
Level 3	You may keep up to 7 day supply in your locked medication cupboard. Staff will randomly check that you are taking your medication.

At each level, staff will check how you are getting on at regular intervals.

**What will be expected of me?**

I will be expected to take my medication as prescribed but I will let nursing staff know:

- ❖ If I am having difficulty in taking my medication
- ❖ If I have forgotten to take my medication on time
- ❖ If I have not taken my medication as it is prescribed

If I reach a level where I take responsibility of my own supply of medication, I also agree that I will:

- ❖ Keep my medication safe and secure in my locked medication cupboard and NOT give my medication to anyone else
- ❖ Keep my medication cupboard key in a safe and secure place
- ❖ Tell staff straightaway if I lose my key or if anyone tries to take it from me.

- **I understand that if I have any questions about my medication or the self-medication scheme, I can ask at any time.**
- **I understand that my care team can remove me from the self-medication scheme at any point if it is felt to be in my best interest.**
- **I have read and understand this information and wish to take part in the self-medication scheme.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 NAME (PRINT) \_\_\_\_\_

Copy to be kept with drug chart and / or progress form and copy to be kept by service user

**Appendix 5b - FOR WARDS WITHOUT MEDICATION LOCKERS IN PATIENT BEDROOMS**

**Patient Information and Agreement form for Self-Administration of Medication**

**What does the self-medication scheme involve?**

The self-medication scheme is used to encourage a sense of independence and personal responsibility. The aims of self-administration are:

- ❖ to help you understand the purpose of your medicines.
- ❖ to help you understand how to take your medicines safely.
- ❖ to increase your confidence with your medicines in preparation for when you will have to take your medicines when not in hospital.

Before you start the scheme, your care team will talk with you about what the self-medication scheme involves and together you will decide if this is the best option for you. Self-administration is not compulsory and you do not have to take part if you do not want to.

We will also talk with you about:

- ❖ Why you have been prescribed your medication
- ❖ How to take your medication so you get the most out of it
- ❖ What to do if you have side effects
- ❖ What to do if you forget to take a dose or take too much medication
- ❖ If other medicines or food affect your medication
- ❖ How to store your medicines safely and getting rid of unused medication.
- ❖ How best to dispense your medication – for example boxes or compliance aid

**What are the different self-medication levels?**

There are 2 levels to the self-medication scheme:

Level 0	Medication is held in the trolley and staff support you to take your medication
Level 1	Medication is held in the trolley but you will take responsibility for requesting access to your medication. Staff will observe you taking your medication and will help if needed.

At each level, staff will check how you are getting on at regular intervals.

**What will be expected of me?**

- ❖ I will attend the clinic at the appropriate times to self-administer my medication
  - ❖ I will not give my tablets to any person other than the nurse/pharmacist or doctor.
  - ❖ I will not exceed the stated dose.
  - ❖ If I forget to take my tablets/medicines or if at any time I have any queries, I will talk to a nurse or pharmacist
- I understand that if I have any questions about my medication or the self-medication scheme, I can ask at any time.
  - I understand that my care team can remove me from the self-medication scheme at any point if it is felt to be in my best interest.
  - I understand I can opt out of the self-medication scheme at any time by informing one of the nursing staff or ward pharmacist.
  - I have read and understand this information and wish to take part in the self-medication scheme.

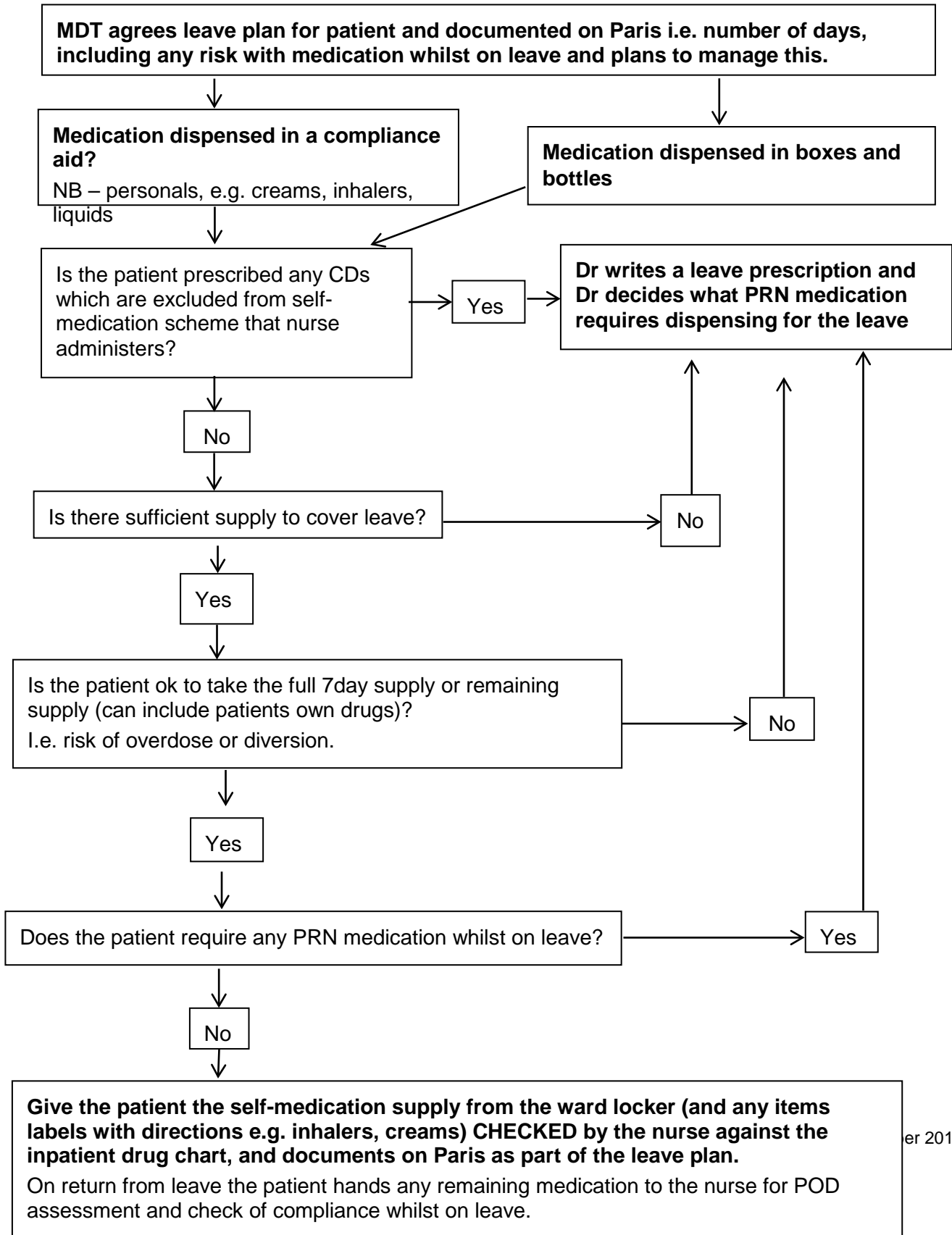
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

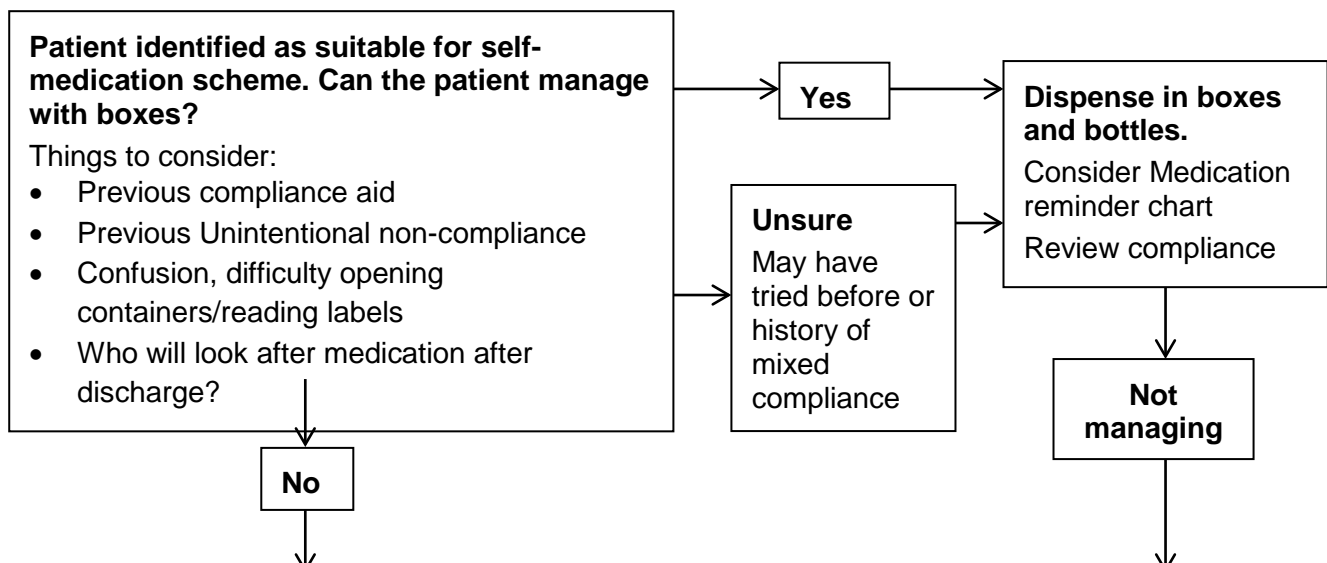
Copy to be kept with drug chart and / or progress form and copy to be kept by service user

**Appendix 6 - Ordering and supply of leave medication for a patient on self-medication scheme.**

NB all medication for self-medication scheme for use on the ward is ordered on a named patient basis. If there have been any changes to medication then a new prescription must be written and a new supply obtained (before leave) the self-medication supply MUST be thoroughly checked before it is given to the patient.



**Appendix 7 - Decision aid to support the appropriate use of Medication Compliance Aids (MCA) in self-medication schemes**



**Consider following points to decide if an MCA is the right option before dispensing in a compliance aid:**

- How many medication are prescribed and how often. E.g. 1 medication at night is MCA the right option?
- Can all the prescribed medication go in a compliance aid? (If the patient has multiple medications which can't be dispensed in MCA, are they going to still benefit from a MCA?)
  - **Solid dose formulations which have specific administration requirements** e.g. oro-dispersible, dispersible tablets, chewable, need to be swallowed whole, take before food. Can the patient identify the medication to take as instructed or can it be prescribed at different time of day e.g. bisphosphonates
  - **Solid dose form which degrades in compliance aid** e.g. aripiprazole, sodium valproate. If on the balance of benefit of taking the medication vs the risk of the medication being less effective then it can be added to MCA. See below\*
  - **Warfarin** or other medication requiring a variable dose – exclude unless compelling reason to add (document on Paris)
  - **Non-solid dose formulations which not suitable for MCA** e.g. sachets, liquids, creams, inhalers
  - Oral cytotoxic e.g. weekly methotrexate
  - Fridge item – exclude from MCA
  - Controlled drug cannot be dispensed in MCA on ward as part of self-medication MUST be in separate boxes in CD cupboard which nurse administers
  - Interactions e.g. bisphosphonates and calcium ensure prescribed at separate times of day

\* add a case note to Paris detailing the rationale for needing to dispense a medication which is likely to degrade in a compliance aid. Inform the dispensing pharmacy. At discharge this needs to be considered in arrangements for ongoing dispensing.



**Appendix 8: Patient Progress Report for Self-Administration of Medication**

<b>Patient Name</b>		<b>DOB</b>			
<b>Self-medication Level</b>	<b>Number of days to be issued</b>	<b>Frequency of checks</b>		<b>Date agreed by Multi-Disciplinary Team</b>	
<b>MONTH:</b>					
<b>Date</b>	<b>Any concerns about compliance or security of medication</b>	<b>Medication checked against prescription chart</b>	<b>Number of days issued</b>	<b>Prompts and interventions made by staff</b>	<b>Checks made by:</b>
1st					
2nd					
3rd					
4th					
5th					
6th					
7th					
8th					
9th					
10th					
11th					
12th					
13th					
14th					

<b>MONTH continued:</b>					
<b>Date</b>	<b>Any concerns about compliance or security of medication</b>	<b>Medication checked against prescription chart</b>	<b>Number of days issued</b>	<b>Prompts and interventions made by staff</b>	<b>Checks made by:</b>
15th					
16th					
17th					
18th					
19th					
20th					
21st					
22nd					
23rd					
24th					
25th					
26th					
27th					
28th					
29th					
30th					
31st					

## **Appendix 9 – Self-medication ordering procedure for York and Selby**

- 1) New patients - Once a patient has been identified as suitable to self-medicate the pharmacy medicine management technician (MMT) will produce a dispensing record profile for that patient. All the medication that the patient will be self- medicating on will be on this document transcribed from the prescription chart. On the initial order or any new items of medication subsequently prescribed a transcription check must be carried out by a Senior Pharmacy MMT or Pharmacist.
- 2) MMT's will order 1 weeks supply for each self-medicating patient after checking the prescription chart against the corresponding patients profile.
- 3) The profiles are signed and dated by the ordering MMT's and returned to pharmacy via transport, scanning or brought back by the MMT's for dispensing.
- 4) If a compliance aid is required a compliance aid assessment must be done and the patients profile clearly annotated indicating what type of aid is required. A pharmacist must assess the medicines to be held in the compliance aid and annotate the profile with an appropriate expiry date.
- 5) Each self-medicating patient's medication is dispensed with the appropriate instructions and put into a clear plastic pharmacy bag with the patients name on.
- 6) The dispensed medication for each patient is returned to the appropriate unit via transport.
- 7) If a self-medicating patient is prescribed a new medication in between the MMT'S/Pharmacist's visit it is the responsibility of the nursing staff to alert pharmacy and arrange a supply of the new medication.