

MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

Medicines Management Services aim to ensure that

(i) Service users receive their medicines at times that they need them and in a safe way.

(ii) Information on medicines is available to staff, service users and their carers

How Medications may be Self Administered in the trust. (SELF-ADMINISTRATION OF MEDICINES (SAM) PROCEDURE)MM01

Key Issues

- **This procedure provides guidance on all aspects of self-administration of medicines (SAM) procedures applicable to service users, including implementation, ordering, storage and administration.**
- **It should be read by all members of Mersey Care NHS Trust staff involved in the self-administration of medicines by service users. This procedure complies and complies with Mersey Care Handling of Medicines Policy SD12.**

Objectives

- To help service users improve knowledge of medicines and their side-effects.
- Increase confidence in service users own ability to self administer.
- Anticipate problems with medication which would otherwise have occurred on discharge
- Allow assessment of a service user's competence and compliance whilst in hospital.
- Play a part in the rehabilitation process by providing service user involvement in their healthcare.
- Promote and maintain independence and autonomy.

Medicines Management Procedure – MM01

Approved by Drugs and Therapeutics Committee

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1 Introduction

The purpose of this procedure is to provide clear guidance on matters related to the management of service user self-administration of medication. It allows selected consenting service users to have the responsibility of administering their own medicines, under the guidance and supervision of the multidisciplinary team. The system of supervision and on going assessment by the team ensures that medication is correctly and safely taken and that the service user understands their medication regime. Although service users take responsibility for their own medicines, nurses will still have a duty of care to their service users. This procedure compliments and complies with Mersey Care Handling of Medicines Policy SD12.

1.1 Rationale (Why)

- Educate service users on the importance of compliance and reduce the possibility of a service user being re-admitted due to non-compliance.
- Increase service users' knowledge of medicines and their side-effects.
- Increase confidence of service users in their own ability to self administer.
- Allow assessment of a service user's competence and compliance whilst in hospital.
- Play a part in the rehabilitation process by providing service user involvement in their own healthcare.
- Promote and maintain independence and autonomy.

1.2 Scope (Who, Where and When)

This procedure provides guidance on all aspects of self-administration of medicines procedures, including implementation, ordering, storage and administration. It should be read by all members of Mersey Care NHS Trust staff involved in the self-administration of medicines by service users.

1.3 Principles (Beliefs)

This procedure recognises that service users require;

- Opportunities to acquire greater levels of autonomy and independence within which the self-administration of prescribed medicine is an important aspect of the care process.
- Opportunities to appropriately prepare for discharge to the community where the self-administration of prescribed medicine is considered an essential part of an agreed programme of care towards achieving independent living.
- Opportunities for those service users who are already self-administering in the community to continue (after assessment) on admission to hospital.

2 Procedure

2.1 Preparation Phase

Self-administration of medicines (SAM) should only occur in an in-service user setting where it is anticipated that the service user will be staying for a reasonable length of time.

It can only be started once all following steps have been completed:-

1. Obtain approval from the service users' consultant, clinical team or MDT.
2. Agree suitability for starting self-administration of medicines with a qualified nurse. When initiating a service user onto the scheme it is essential that a qualified nurse carries out an assessment. The assessment form is included in appendix 1. Service user assessment should only be carried out by qualified nurses who have been signed off as competent by their ward manager to assess a service user's suitability for the scheme. If a service user is deemed appropriate for self medication a starting level must be discussed and agreed.
3. The service user should be given a 'SAM' leaflet, which gives a brief explanation on how the scheme operates.
4. The nurse should discuss the self-administration of medicines scheme with the service user and obtain written consent from the service user to enter into the self-administration of medicines scheme (consent form Appendix 4). The original consent form should be kept with the service users' notes.
5. The nurse should then annotate the medication chart with the words Self-administration Scheme. This will then be faxed to pharmacy where supplies will be suitably labelled and distributed on a regular basis. This medication can be used for both ward administration and home leave. A TTO must be written for leave/discharge. Alternatively the ward may write a local procedure allowing service users leave medication to be taken from the ward supply without a TTO **(this procedure must be approved by The Drugs and Therapeutic Committee)**. Service users must be reminded to bring medication back with them after leave.
6. An understanding of the medication being taken, what it is for, and potential side-effects is important for a service user. The education of the service user and completion of the Medicine Information Card (Appendix 2) is a joint responsibility for pharmacy and nursing staff. The nursing team will assess the service user using the SAM assessment form to identify if compliance aids may be required.
7. A copy of the medication chart should be faxed to pharmacy if any amendments are made to the medication chart. The new item will be dispensed and the quantity kept in sequence with existing supplies.

8. Service users' medication must be stored in a locked service users' medication locker (locked by service user). Any remaining supplies should be securely stored in a locked medicines cabinet in the treatment room. It is the responsibility of nursing staff and pharmacy to ensure medication is ordered, discontinued medication removed and returned to pharmacy and new medication placed in the service user's cupboard.
9. Ensure Medicine information cards (Appendix 2), tick charts (Appendix 3), and other support materials are available to the service users.
10. Service users will need to be assessed for continued eligibility for their current level in the SAM program. The monitoring forms can be found in Appendix 5.

3 General Procedures

3.1 Obtaining Service User's Consent

Information leaflets are available to explain the self-administration scheme. The nurse or member of the pharmacy team will supplement this with a verbal explanation about the scheme before obtaining consent. It is important that service users are given time to think about whether they would like to self-medicate. Service users must be informed, that they may withdraw consent to participate in self-medication at anytime during their stay. Any service user who is going to become involved in self-medication should read and sign the consent form (see appendix 4) this should be filed in the service user's notes.

3.2 The Medication Information Card

The medication a service user is currently taking should be clearly recorded on the medication information card. (Appendix 2). A completed sample chart is included in appendix 2.

Any additions to the service users' medication must also be recorded on this document. Amendments or deletions must also be recorded correctly and kept updated.

3.3 Levels of Self-Administration (SAM)

The levels of SAM will range from 0 to 3 as follows:-

Level 0 No Self-administration activity. Service user not suitable to self-administer or taking no medication on admission.

Level 1 The service user requests their medication and nurse administers giving full explanation. Nurse signs the medication chart as per Trust policy.

The service user does not have access to medication at this level.

Level 2 The service user requests medication and self administers their medication under close nurse supervision. Nurse signs chart as per Trust policy.

The service user does not have access to medication at this level.

Level 3 Full Self-administration. The service user has full access to their personal medication Locker. Responsibility for the key to their medication locker and allowed to administer their own medication without supervision.

Level 3 a) Service user self administering daily

Level 3 b) Service user self administering for 3 days/4days

Level 3 c) Service user self administering for 7 days

Level 3 d) Service user self administering for 14 days

All service users will be included on the SAM programme at **Level 0** on admission, until assessment is completed and the appropriate level chosen and agreed by the clinical team. Progression through the various levels should be fully supported by the clinical team.

Times of medication administration should be as close as possible to the service users' home routine, unless their routine is deemed unsafe. If it is not possible to adapt to the service users routine a full explanation should be given.

Once on Level 1-3d the named nurse should meet with the service user at least once a week to assess progress and provide education and support.

The nurse will also make daily checks to ensure that the medication is being taken regularly. This can be done in the form of an informal chat with the service user and depending on level of SAM a tablet count should be taken DAILY (level 3a) or at least TWICE a WEEK (level 3b-3d). For twice weekly checks the days and times of this count should be varied. Daily checks the times should be varied.

Ward staff should be aware of signs that may indicate non-compliance with the programme or possible over-dosage of prescribed medication, a tick chart is provided which may be used to assist in the assessment of compliance of the service user. (Appendix 3). In this case the nurse in charge should re-grade the service user to stage 0 and contact a doctor for urgent review.

If any changes are observed in the service user's ability to manage the SAM programme, the nurse in charge should downgrade the service user to level 0 and discuss with the MDT as soon as possible.

Movement from one stage to another must be discussed by the MDT.

On discharge the GP should be informed of the service users involvement in the programme and requested that the medication be prescribed in the same way e.g. Same times of day or in the same packaging e.g. venalink (blister pack).

LEVEL 0

All medication is given out by the nurse from the medicine trolley/cabinet in the treatment room or from the service users' medication locker. The medication chart will be signed by the nurse administering the medication.

LEVEL 1

The service user requests their medication at the agreed time.

The nurse will administer the medication from the medicine trolley/cabinet in the treatment room or from the service users' medication locker, showing the service user each individual item and explaining what it is for.

The nurse will sign the medication chart and monitoring form for SAM, Level 1 (Appendix 5a), indicating whether or not the service user requested the medication at or near to the agreed time. If the service user has not requested their medication an hour after the agreed time, the nurse will verbally prompt them and annotate the chart accordingly.

LEVEL 2

The service user requests their medication at an agreed time.

The service user will select the appropriate medication under the nurse's supervision.

The nurse can check informally whether the service user understands what the medication is for.

The nurse will sign the medication chart and the monitoring form for SAM, Level 2 (Appendix 5b) indicating whether or not the service user requested the medication at or near to the agreed time and if any other problems with self administration have been identified.

The service user will be given a medicines information card (Appendix 2) and will tick off when they have taken their medication on a tick chart kept in their bedroom (Appendix 3). If the service user has not requested their medication an hour after the agreed time, the nurse will verbally prompt them and annotate the chart accordingly.

Further information regarding the service users competence to self administer should be recorded on the monitoring form for SAM Level 2 (Appendix 5b), this information will be used before a decision is made to move the service user onto level 3 of SAM.

At **LEVEL 3** the service user takes on full responsibility for taking their medication.

At level 3 the divisional lead should be informed and agree to the ward & MDTs intention to participate in the full 'self administration' procedure for service users'.

The medication chart should be annotated with the number '7' '**self administration**' in the boxes for recording administration by the nursing staff when performing their daily check.

LEVEL 3a (1 day)

Pharmacy will supply medication weekly as a **7x 1 day** supply. 1 day should be placed in the service users medication locker, the remaining supplies of medication should be placed in the medicines cabinet in the treatment room.

The nurse will sign & date the appropriate box of the monitoring form (appendix 5c) to indicate that a day's supply has been given.

The nurse will ensure that the service user understands the importance of keeping the medication locked in the medication locker and the key safe (not kept in locker) when not in use.

The service user will tick off when they have taken their medication on a tick chart kept in their bedroom (Appendix 3) show that they have taken their medication.

During the day the nurse will check with the service user once during every shift to ensure medication is being taken correctly and the monitoring form for SAM Level 3 (appendix 5c) should be filled in ONCE a DAY by the qualified nurse.

When each morning's medication is placed in the service users' medication locker the nurse will record the return of any unused medication from the previous day.

If this raises any concerns the service user should be reviewed and the level of SAM reduced accordingly and the MDT informed.

LEVEL 3b (3 day/4day)

Pharmacy will supply medication weekly as a **3 & 4 day** supply (total 7 days). The relevant number of days supply should be placed in the service users' medication locker, the remaining supplies of medication should be placed in the medicines cabinet in the treatment room.

The nurse will place the appropriate number of days supply in the service users' medication locker i.e. **Three days** supply **first**.

The nurse will sign the & date the appropriate box of the monitoring form (appendix 5c) to indicate that three or four days supply has been given.

The nurse reminds the service user of the importance of keeping their medication locked in the medication locker and the key safe (not kept in locker) when not in use.

The service user will tick off when they have taken their medication on a tick chart kept in their bedroom (Appendix 3) show that they have taken their medication

The nurse will make daily checks to see if the medication is being taken correctly. This can be done in the form of an informal chat with the service user and an unannounced check of the cabinet.

The monitoring form for SAM Level 3 (appendix 5c) should be filled in TWICE a WEEK by the qualified nurse.

When the next **four day** supply is placed in the service users' medication locker the nurse will record the return of any unused medication from the previous three days if this raises any concerns the service user should be reviewed and the level of SAM reduced accordingly and the MDT informed.

Level 3c (7 day)

Pharmacy will supply medication weekly as a **7 day** supply. The supply should be placed in the service users' medication locker. (Subsequent supplies sent by pharmacy should be placed in the medicine cabinet in the treatment room until the next supply is due to be placed in the service users' medication locker).

The nurse will sign & date the appropriate box of the monitoring form (appendix 5c) to indicate a 7 day supply has been given.

The nurse reminds the service user of the importance of keeping their medication locked in the medication locker and the key safe (not kept in locker) when not in use.

The service user will tick off when they have taken their medication on a tick chart kept in their bedroom (Appendix 3) show that they have taken their medication

The nurse will make daily checks to ensure the medication is being taken regularly. This can be done in the form of an informal chat with the service user and also on at least two occasions during the week a tablet count should be taken. The days and times of the count should be varied.

The monitoring form for SAM Level 3 (appendix 5c) should be filled in TWICE a WEEK by the qualified nurse

When the next weekly supply is placed in the service users' medication locker the nurse will record the return of any unused medication from the previous week.

If this raises any concerns the service user should be reviewed and the level of SAM reduced accordingly and the MDT informed.

LEVEL 3d (14day)

Pharmacy will supply medication every two weeks as a **14 day** supply. The supply should be placed in the service users' medication locker. (Subsequent supplies sent by pharmacy should be placed in the medicine cabinet in the treatment room until the next supply is due to be placed in the service users' medication locker).

The nurse will sign & date the appropriate box of the monitoring form (appendix 5c) to indicate a 14 day supply has been given.

The nurse reminds the service user of the importance of keeping the medication locked in the cabinet when not in use.

The service user will tick off when they have taken their medication on a tick chart kept in their bedroom (Appendix 3) show that they have taken their medication

The nurse will make daily checks to see if the medication is being taken regularly. This can be done in the form of an informal chat with the service user and also on at least FOUR occasions (two occasions each week) during the 14 days a tablet count should be taken. The days and times of the count should be varied.

The monitoring form for SAM Level 3 (appendix 5c) should be filled in TWICE a WEEK by the qualified nurse

When the next 14 day supply is placed in the service users' medication locker the nurse will record the return of any unused medication from the previous fortnight.

If this raises any concerns the service user should be reviewed and the level of SAM reduced accordingly and the MDT informed.

3.4 Daily administration of the scheme

During the daily check the nurse must:

- Check the medication chart for changes and update medicine information card.
- Inform the ward pharmacist/technician or contact pharmacy with any newly prescribed medicines or changes to label directions.
- Assess if the service user's ability to self-administer has changed.
- Discuss the drug regime with the service user to confirm their understanding.
- Complete the medication chart as described for service users on level 3.

Nursing staff are responsible for acting upon changes in a service user's condition which may require moving the service user from one level to another. Any change to the level of SAM must be clearly documented on the assessment form (Appendix 1) and in the nursing notes. Pharmacy and the clinical team must be informed at the earliest opportunity.

4 Supply and Storage of medicines

The supply of medication will follow the normal procedures for supply of non-stock items to the ward and will be carried out during the regular visit of the Pharmacy team. In case of new admissions or modifications to the medication regime, Pharmacy should be notified immediately.

All medication must be stored in a suitable individual locked service users' medication locker in the service user's room or medicine cabinet/ medication trolley in the treatment room.

Clozapine medication will be dispensed according to service user's SAM level but taking into consideration frequency of supply. e.g. new starters on Clozapine will be only dispensed weekly by pharmacy – depending on the level of SAM this will be supplied as daily boxes, 3/4 day boxes or a 7 day box.

Medication not to be stored in the locker includes controlled drugs, parenteral medication, fridge items and emergency medication.

Each of the service users' medication lockers will have its own key to avoid the potential problem of access by other service users. If a service user reaches **level 3** the key for the locker will be kept by them. However, if a service user is at **level 2** or below the key will be kept in the ward key cupboard in the ward office.

Ward staff are responsible for checking and putting the medication away when it arrives from pharmacy. To minimise the risk of a self-administration error, only medication that has been labelled for that individual service user and are currently prescribed should be kept in the locker. Ward stock medication should never be stored in the locker. If medicines are no longer required they should be immediately removed from the locker.

4.1 Safety of the service users medication locker key

- 1) The nurse in charge will explain to the service user on level 3 the importance of keeping their medication locker key safe.
- 2) The service user will sign a consent form (appendix 4) stating that they understand the importance of the above and also agreeing to their room being searched if the key is mislaid.
- 3) If the key is mislaid the following procedure should be implemented:
 - a) A search of the service user's room should be carried out by the service user and the nurse in charge. If the key is not found the wider ward area should be searched.
 - b) If the key is still missing the Nurse in charge and ward/senior manager should be informed. For out of hours the bronze/silver on call should also be informed.
 - c) The lock on the medication locker will need to be changed if the key is not recovered and this would be the ward's responsibility.
 - d) While awaiting a replacement lock the service user will return to level 2.
 - e) The service users' medication locker should be checked to ensure medication is still in the locker and a tablet count carried out.
 - f) Pharmacy should be notified as soon as possible of the outcome.
 - g) The MDT should be notified at the first possible opportunity.
 - h) An incident should be reported on datix by the nurse in charge.
- 4) If the service user mislays the key on two or more occasions, an assessment should be done by the MDT to look at possible causes of losing the key and strategies that may be used to prevent further loss. The MDT should also review whether the service user should continue participation in the programme.

4.2 Duplicate Keys

Each ward will have master keys to ensure the nurse in charge has access to all the service users medication lockers. A check for all master keys is required once in 24 hours, preferably at the start of each shift changeover.

5 Response to Drug Administration Error (Accidental or Deliberate)

- 1) Check service user immediately i.e. temperature, pulse, respiration, blood pressure and level of consciousness. If any problems with breathing or reduced level of consciousness dial 9-999 or appropriate number for ambulance.
If there are no obvious signs of overdose contact the medical officer or on-call doctor to assess the service user.
- 2) If service user is conscious try to find out what they have taken and how much. Nurse in charge will do a tablet count to verify this. (Checks to other service users' medication lockers may also be required to ensure medication has not been taken from their locker).
- 3) Unit Manager or on-call manager to be notified
- 4) Incident form to be completed by the nurse in charge
- 5) Pharmacy to be notified of medication error
- 6) MDT to be informed at earliest opportunity
- 7) Nurse in charge to re-grade service user to level 0.
- 8) MDT to re-assess service user's suitability to self-administer medication in the future.

6 Response to Poor Compliance with Self-Administration

If a service user consistently has medication left over or staff find discrepancies in the tablet count then the following should be implemented;

- 1) Ask the service user if there is a reason why they are not taking the medication i.e. unpleasant side effects, difficulty swallowing tablets, forgetfulness etc.
- 2) Liaise with pharmacy to try ways of resolving any problems i.e. taking with food, liquids in place of tablets, methods that might aid memory such as a Venalink (blister pack).
- 3) Arrange a review by the medical officer to assess any problems caused by reduced compliance with medication.
- 4) Nurse in charge to re-grade service user to level 1 or 2 until MDT review where the suitability to continue on the programme can be discussed.
- 5) Inform pharmacy of the decision to re-grade the service user and level of SAM.
- 6) Incident form to be completed.

7 Development and Consultation Process

This procedure has been developed:

- 7.1 With the current and previous procedures that have been in place for Mersey Care NHS Trust and its predecessors,
- 7.2 In association with the Brain Injuries Unit team and Pharmacy Department
- 7.3 Consultation in the final drafting of this procedure has included Service Managers and Risk Management Leads of Service Governance Forums and Members of the Risk Management Committee, Service Users and Carers.

8. Bibliography

Procedure for the Introduction to Self Administration of Medicines (SAM) – Lancashire Teaching Hospital NHS Trust January 2010

Self Administration Practice guidelines. November 2003. Leeds Mental Health Teaching NHS Trust

Self Medication in Mental Health. UKPPG Conference October 2005 by Jane Riley. Leeds Mental Health Trust

Self-Medication Policy – East Cheshire NHS Trust June 2010.

Self –Medication Procedure- South Tees Hospital, July 2007

Self Administration of Medicines Policy version 2- Barnet, Enfield & Haringey Mental Health Trust, December 2011

Toolkit for the Self-Administration of Medicines (SAM) in Hospital. NHS Education for Scotland.

10 Appendices :-

Self Administration of Medicines (SAM) Assessment form		Assessed Level <input type="text"/>	
Service User Name _____		D.O.B ____/____/____	
Ward _____		Unit Number _____	
Date ____/____/____		Circle YES/NO below	
	Yes	No	Comments
Is the Service User responsible for administering their own medicines at home? (If NO the service user is NOT suitable for inclusion in the scheme).	Yes	No	If NO consider carer support/education
Is the Service User willing to take part in SAM?	Yes	No	If NO <i>Review</i>
Is the Medication Regime reasonably stable?	Yes	No	Level 0 until stable
Does the Service User understand what their medication is for and understand the significance of any side effects of their medication?	Yes	No	offer support / education <i>Review</i>
Can the Service User open child resistant caps/ Blister strips/ containers?	Yes	No	If not Refer to Pharmacy for aids / adaptations <i>Review</i>
Does the Service User normally have their medicines in a compliance aid? e.g. Blister pack / Dossett box	Yes	No	Indicate on EPEX and on medicine chart e.g. 'venalink'
Can the Service User read medication labels?	Yes	No	Identify problem e.g. glasses / translation etc? <i>Review</i>

Self Administration of Medicines (SAM) Assessment form Service User Name _____ D.O.B ____ / ____ / ____		Assessed Level <input type="checkbox"/>		
Ward _____ Date ____ / ____ / ____		Unit Number _____		
		Circle YES/NO below		Comments
Does the Service User require guidance / help with administering their medicines? e.g. difficulty swallowing / Inhaler technique etc.	Yes	No	Refer to Pharmacy for advice / education <i>Review</i>	
Can the Service User access the bedside locker using the key?	Yes	No	Consider support <i>Review</i>	
Can the Service User understand the medication information card?	Yes	No	Offer support / education <i>Review</i>	
Is the Service User confused / have any memory problems?	Yes	No	Offer support / education if appropriate <i>Review</i>	
Does the Service User have a history of drug or alcohol abuse or overdose / current suicidal thoughts?	Yes	No	Refer to MDT for further assessment <i>Review</i> (Exclude from SAM if appropriate)	
Has the self administration scheme been fully explained to the service user?	Yes	No	If NO Explanation to be given / SAM leaflet / consent form	
Has the Service User signed the consent form for SAM?	Yes	No	If No Ask if the service user is willing to take part in SAM – update	

Self Administration of Medicines (SAM) Assessment form	Assessed Level <input style="width: 50px; height: 30px;" type="text"/>
Service User Name _____	D.O.B ____/____/____
Ward _____	Date ____/____/____
Unit Number _____	

After assessment the service user will usually start SAM on the **LOWEST** level as indicated in the table, moving to the next level/s after achieving agreed levels of success at each stage of SAM. (Service Users may start SAM on a higher level if assessment indicates this would be appropriate.)

Level 0	The Service User is not suitable for Self Administration / or is not prescribed medication on admission				
Level 1	The Service User requests medication at appropriate times – Nurse will administer medication				
Level 2	The Service User requests medication at appropriate times – Service User will self administer under the supervision of nurse				
Level 3	The Service User will fully Self Administer	A 1 day supply	B 3 & 4 days supply	C 7 days supply	D 14 days supply

The Service User will commence SAM on the appropriate assessed level. Where 'Review' is indicated the Service User should be reviewed for inclusion in the SAM scheme at agreed intervals or after any identified issues have been resolved.

Level 0 – The Service User will not be included in SAM, but may be re-assessed and included in SAM at a future date

Level 1 – The Service User will be given a Medication Information Card and should ask for medication to be administered at appropriate times

Level 2 – Using the Medication information Card & Tick Chart the Service User will ask for the bedside locker to be unlocked & will Self Administer their medication under supervision from the nurse

Level 3 - The Service User will have responsibility for the key to their bedside locker. They will Self Administer their medication using the Medication Information Card for guidance & Tick Chart to record when they have taken their medication.

Medication will be initially supplied weekly from Pharmacy: - **A** – 7 x 1 day, **B** – 3 & 4 days, **C** – 7 days. The appropriate amount of medication should be placed in the Service Users bedside locker. (Extra supplies should be placed in medicines cabinet in clinic room). *Any unused medication remaining in the locker should be investigated.* The Service User may be moved to a lower level if required. Service users will move onto the next level when they have been assessed as suitable.

Please enter date and circle below to indicate present level of SAM

Enter Date of commencement for Each Level of SAM	1 Date __/__/__	2 Date __/__/__	3 A Date __/__/__	3 B Date __/__/__	3 C Date __/__/__	3 D Date __/__/__
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REGULAR MEDICATION

Appendix 2

Medication Information Card for Self Administration of Medicines (SAM) <u>Mr A Service user</u> Ward							Level of SAM	3 a
DOB <u>02 / 10 / 1978</u>			Unit Number <u>X012345</u>					
Date	Name, strength and form of medicine	What they are used for	Number and when to take					Special Instructions & (Extra Information)
			Morning	Early Afternoon	Early Evening	Night	Other	
1/11/2011	Furosemide 40mg Tablet	High blood pressure	One Tablet					
1/11/2011	Fluoxetine 20mg Capsule	Depression	One Capsule					

Card ____ of ____

WHEN REQUIRED MEDICATION

REGULAR MEDICATION

Tick Chart for Self Administration of Medicines (SAM)		Mr A Service user		Ward _____				
DOB <u>02 / 10 / 1978</u>		Unit Number <u>X012345</u>						
Name, strength, form of medicine and Directions	Time	Date	Date	Date	Date	Date	Date	Date
		Furosemide 40mg Tablets Take ONE tablet every MORNING	Morning	✓	✓			
	Early Afternoon							
	Early evening							
	Night							
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							

WHEN REQUIRED MEDICATION

Tick Chart for Self Administration of Medicines (SAM)		<u>Mr A Service user</u>			Ward _____			
DOB <u>02 / 10 / 1978</u>		Unit Number <u>X012345</u>						
Name, strength and form of medicine	Time	Date	Date	Date	Date	Date	Date	Date
Paracetamol 500mg Tablets Take TWO tablets up to FOUR times a day when necessary for pain	Morning	✓	✓					
	Early Afternoon	✓						
	Early evening	✓	✓					
	Night		✓					
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							
	Morning							
	Early Afternoon							
	Early evening							
	Night							
	Other							

Consent Form For Self Administration of Medicines (SAM)

Please fix Service Users
addressograph
here

Please Read the following and Tick the boxes if you agree

- I have read and understood the Self Administration of Medicines information leaflet.
- The nursing staff have discussed Self Administration of Medicines with me and the information on my medicine card. I understand what has been explained to me.
- I am willing to take responsibility for my medication and will store it in the locker provided.
- I will keep the key safe at all times.
- I understand that I **MUST NOT** share my medicines with any other person.
- I know I must inform the nurse in charge immediately if another person tries to take my medication, the key to my locker or if I lose my key and I agree for my room to be searched in my presence if these events occur.
- I know to inform a member of the nursing staff immediately, if I am having any problems with self administering my medication.

- I agree to participate in the self administration of medicines (SAM) scheme, I understand that I can withdraw my consent to self administer my medicines at any time.**
- I agree to accept responsibility for the safe keeping of my medicines.**

Signed (Service User) _____ Print _____

Signed (Member of staff) _____ Print _____

Date _____

Withdrawal of Consent

I do not wish to continue self administering my medication and withdraw my consent.

Signed (Service User) _____ Print _____

Signed (Member of Staff) _____ Print _____

Date _____

Reason for withdrawal (Optional) _____

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____

D.O.B. ____/____/____

Unit Number _____

Ward _____

SAM Level 1

M= Morning, EA= Early Afternoon, EE= Early Evening, N= Night, O= Other time of Administration

KEY: Please insert number in boxes below **1= Performs task independently, 2= Needs reminding, 3= Needs assistance 4= Other, please indicate**

	Monday Date __/__/__					Tuesday Date __/__/__					Wednesday Date __/__/__					Thursday Date __/__/__					Friday Date __/__/__					Saturday Date __/__/__					Sunday Date __/__/__				
Administration Times	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O
Requests medication at correct times																																			
Any problems with administration <i>e.g. unable to use inhaler correctly</i>																																			
Nurse Initials																																			

Please use reverse of this sheet to enter further information if required

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____
 Unit Number _____

D.O.B. ____/____/____
 Ward _____

SAM Level 1

	Monday Date _/_/	Tuesday Date _/_/	Wednesday Date _/_/	Thursday Date _/_/	Friday Date _/_/	Saturday Date _/_/	Sunday Date _/_/
Further Information / comments (Please date and sign)							
	Monday Date _/_/	Tuesday Date _/_/	Wednesday Date _/_/	Thursday Date _/_/	Friday Date _/_/	Saturday Date _/_/	Sunday Date _/_/
Further Information / comments (Please date and sign)							

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____

D.O.B. ____/____/____

Unit Number _____

Ward _____

SAM Level 2

M= Morning, EA= Early Afternoon, EE= Early Evening, N= Night, O= Other time of Administration

KEY: Please insert number in boxes below **1=** Performs task independently, **2=** Needs reminding, **3=** Needs assistance **4=** Other, please indicate

	Monday Date __/__/__					Tuesday Date __/__/__					Wednesday Date __/__/__					Thursday Date __/__/__					Friday Date __/__/__					Saturday Date __/__/__					Sunday Date __/__/__									
	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O	M	E	E	N	O					
Administration Times	A	A	A			A	A	A			A	A	A			A	A	A			A	A	A			A	A	A			A	A	A			A	A	A		
Requests medication at correct times																																								
Selects correct medication																																								
Reads instructions on container																																								
Uses Medication information card & Tick chart correctly																																								
Selects correct doses																																								
Can manage packaging																																								
Nurse Initials																																								

Please use reverse of this sheet to enter further information if required

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____

D.O.B. ____/____/____

SAM Level 2

Unit Number _____

Ward _____

	Monday Date __/__/__	Tuesday Date __/__/__	Wednesday Date __/__/__	Thursday Date __/__/__	Friday Date __/__/__	Saturday Date __/__/__	Sunday Date __/__/__
Further Information / comments (Please date and sign)							

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____

D.O.B. ___/___/___

SAM Level 3

Unit Number _____

Ward _____

Service Users on level 3A, of SAM should be monitored at least **ONCE** a **DAY** using this monitoring form.
 Service Users on levels 3B, 3C and 3D of SAM should be monitored at least **TWICE** a **WEEK** using this monitoring form.
 (This does not include other regular monitoring for signs of overdose/ non compliance of medication etc. which should be continued as indicated in the Service Users notes).

Please enter **YES/ NO** or annotate box with appropriate information

	Monday Date ___/___/___	Tuesday Date ___/___/___	Wednesday Date ___/___/___	Thursday Date ___/___/___	Friday Date ___/___/___	Saturday Date ___/___/___	Sunday Date ___/___/___
Number of days supply placed in service users' medication locker (enter No. of days, date & sign)							
Locker checked. Quantities of remaining medication correct							
Tick Chart is being filled in correctly							
Service User feels confident to continue Self Administering their medication							
Key is kept securely by service User							
Nurse Signature							

Please use reverse of this sheet to enter further information if required

Monitoring Form for Self Administration of Medication (SAM)

Service User Name _____

D.O.B. ____/____/____

Unit Number _____

Ward _____

SAM Level **3**

	Monday Date ____/____/____	Tuesday Date ____/____/____	Wednesday Date ____/____/____	Thursday Date ____/____/____	Friday Date ____/____/____	Saturday Date ____/____/____	Sunday Date ____/____/____
Further Information e.g discrepancies in medication quantities.							

Procedure for self administration by service users of specified medication approved for self administration

This procedure is intended to be used for selected service users on all in-service user wards in Mersey Care NHS Trust where the SAM policy is deemed not suitable.

The purpose of this procedure is to provide clear guidance on matters related to the management of service users' self-administering specified medication approved for self administration. This procedure promotes independence and autonomy and allows immediate access to medication required in acute situations. It allows selected consenting service users to have the responsibility of administering specified approved medication (listed below), under the guidance and supervision of the multidisciplinary team. The system of supervision and on-going assessment by the team ensures that medication is correctly and safely taken and that the service user understands their medication regime. Although some service users may take responsibility for certain medication, nurses will still have a duty of care to their service users. This procedure compliments and complies with Mersey Care Handling of Medicines Policy SD12.

The Drugs and Therapeutics Committee has approved the following list of medication/categories which may be suitable for self administration listed below:-

1. Nicotine Replacement Therapy (NRT) – Nicotine Inhalator & cartridges maximum of **four** cartridges per issue, **(If restriction required after assessment this may be issued as x 1 cartridge per request.)**, Nicotine nasal spray, Nicotine Microtabs, Nicotine Lozenges, Nicotine Chewing Gum*
*chewing gum may not be suitable for use in certain wards – please refer to the wards local security policy for further information.
2. Salbutamol Inhaler or similar reliever inhaler
3. GTN spray
4. Suppositories and Pessaries. (1 suppository/pessary issued per request.)
5. Topical Skin products including creams, ointments, shampoos, facial washes, bath emollients, nail solutions, products for the removal of warts, prescribed toothpastes & mouth washes
6. Food supplements e.g. Ensure liquid feeds, Forticreme pudding etc.
7. Nicotine Oral Spray – supervised administration
8. Insulin - supervised administration
9. Venalinks (Blister packs) - supervised administration; service users on a stable medication regime.

Other medication should be administered by nursing staff as per Mersey Care NHS Foundation Trust Policy.

Obtaining Service User's Consent

Service users who have been approved by the clinical team and assessed as suitable (see next page 'Preparation phase & procedure') must sign a consent form for specified SAM after assessment. The nurse / clinician should give an explanation to the service user about self administration, the importance of keeping their medication safely in their possession (the nurse should also regularly remind the service user with regard to this). Also the importance of following the labelled directions for administration.

It is important that service users are given time to think about whether they would like to self-administer. Service users must be informed, that they may withdraw consent to participate in self-administration of medication at anytime during their stay.

Any service user who is going to become involved in self-administration of any medication should read and sign the consent form (see appendix 7) this should be filed in the service user's notes.

Preparation Phase and Procedure

- Approval from the service users' clinical team is required before the service user can self administer medication. After assessing the service user for suitability to self administer; the name, form and strength of medication intended for self administration should be clearly documented including the words 'to self administer' in the Service Users notes.
 (Guidance for assessment can be found in **appendix 8** of SAM procedure 'Self Administration of Specified Medicines (SAM) Assessment form'. This form should be used to assess suitability of the service user to be included in the scheme).
- The doctor should then annotate the prescribed medication with the words 'Self-administration' on the medication chart (In 'other instruction' box)
- Medication prescription chart
 Initial 'supervised' administration - the pale blue box 'S' should be dated by the nurse when commenced. When the service user moves to an unsupervised administration the dark blue box 'U' should be dated by the nurse when commenced.
 The medication chart should be annotated with the number '7' '*self administration*' in the boxes for recording administration by the nurse during medication administration rounds. (This will only be for medication which is self administered, all other medication administration should be recorded in the usual manner).

Medication given to the service user to be kept in their possession listed in numbers 1-3 above (Unsupervised Administration)

The quantity of medication given and strength should be entered in the 'dose given' box on the medication prescription chart, underneath the date & time;
 e.g. NRT inhalator & cartridges, enter the date, time, quantity & strength of cartridges – '**4 x 15mg**' the nurse should then sign the chart. This procedure should be done for each new supply given to the service user in order to keep a track of when medication has been issued & how often it is being used.

See next bullet point regarding daily checks & re-ordering of medication.

- All service users should initially be supervised when they begin to self-administer their medication. (exceptions include suppositories and pessaries, however the nurse must ensure that the service user understands how to administer correctly) If there are no problems with administration they may fully self administer the medication prescribed for self administration without supervision. The nurse will also make daily checks to ascertain when and how often medication is being used and if there are any problems with self-administration. During these daily checks, the nurse should also assess if the medication requires to be re-ordered from pharmacy, and to ascertain if medication is **being over / under used**. If this occurs the reason should be investigated & the service user level of self administration reduced accordingly.
 - The service user should have an understanding of the prescribed medication, what it is for, how it should be administered and any potential side-effects. This can be explained using medication information leaflets (inside original packs of medication) / ward information leaflets, doctors instructions etc.
1. When medication arrives on the ward it must be checked immediately by a qualified nurse before the medication can be used by the service user. Any discrepancies must be reported immediately to pharmacy (if a discrepancy is found do not give to service user).
 2. It is the responsibility of the nursing staff to inform pharmacy immediately if there are any changes to the directions of medication which is self administered and kept by the service user, allowing the ward pharmacist / technician to 'relabel' the service users' medication with the change of directions as soon as possible.
- Nursing staff should be aware of signs and symptoms of non-compliance or possible over-dosage of the prescribed medication. e.g. over-usage of a Salbutamol or similar reliever inhaler would require the doctor to be informed immediately for assessment of the service user. If this occurs, self-administration of the medication should be stopped and the clinical team informed.

Supply and Storage of medicines

The supply of medicines for self administration will follow the normal procedures for supply of non-stock items to the ward and will also be carried out during the regular visit by the Pharmacy team. In the case of new admissions or modifications to the medication regime, Pharmacy should be notified immediately.

Medications listed in number 1, 2 & 3 below **only** may be held in the possession of the service user.

Medications listed in 4 & 5 may be held **temporarily** in the service users' possession for administration & returned to the trolley etc., for secure storage after use. Medication listed in number 6 will be given to the service user (to be kept securely until consumed – empty container returned to the clinic room for disposal).

Before any medication is given to the service user (1, 2, 3, 4, 5 & 6) they must be given an explanation of the importance of keeping their medication safely in their possession at all times. Also, if another service user asks to take or does take their medication or if they lose it they must inform a member of the nursing staff immediately.

All other medication should be stored securely & appropriately e.g. in the medication trolley/medication cupboard etc. in the treatment room.

1, 2 & 3. NRT products (excluding Nicotine Oral Spray), Salbutamol or similar reliever inhalers & GTN sprays may be kept **securely** in the possession of service users who are self administering.

NRT

The NRT inhalator mouthpiece may be kept by the service user, the cartridges (maximum of x 4) may also be given or restricted to one cartridge issued per request depending on assessment / local ward policy, in this instance the cartridges should be stored in the medication trolley/medication cupboard in the clinic room. Empty cartridges should be returned to the clinic room for disposal.

Staff must remind service users who are self-administering; that **ALL** medication including NRT products must **NOT** be shared with other service users/carers etc. & that self administration would be discontinued if this occurred.

ALL empty medication containers kept in the possession of the service user must be returned to the clinic room for appropriate disposal

4. & 5. Medication listed in 4 & 5 (page 1); topical skin preparations, suppositories and pessaries should be stored in the medication trolley/ medication cabinet in the treatment room. Tubes/ packs of topical preparations should be given to the service user to self administer in the treatment room or in a suitable private area for self administration. After use the medication must be returned to be stored/disposed of appropriately in the clinic room

Pessaries and suppositories should be stored in the medication trolley/ medication cabinet they may be given to the service user as a single dose unit or pack (for single dose packs) to be administered by the service user in a suitable private area for self administration

Self Administration in the treatment room

*There is no need to assess service users using the medications listed in 4 & 5 or other medications which will be self administered in the treatment room e.g. nasal sprays, eye-drops, inhalers (including reliever inhalers not given to the service user) etc. as if they are used in the treatment room this will **always** be under the **supervision** of the nurse.*

6. Food supplements e.g. fortisips, drinks/puddings etc. may be consumed in a suitable area e.g. dining area (the empty container returned to the clinic room for disposal). The nurse must check with the service user to ensure that there were no problems and the full quantity of supplement has been taken.
7. Nicotine Oral Spray – Service Users may self administer under the supervision of the nurse in the clinic room
8. **Insulin** – *Nurses administering or supervising subcutaneous insulin must satisfy themselves that the type and dose of insulin prescribed is correct. Where any doubt exists, e.g. if there is no 'Insulin Passport' or record available, the prescription must be checked with the prescriber, the ward pharmacist, the patient / carer (where appropriate). Nurses should not administer insulin or supervise its self-administration unless the prescription chart has been written fully and clearly, written in full and units and **not** abbreviated (Refer to the the Trusts Handling of Medicines Policy SD12 for further information)*

Service Users' who have been assessed as suitable may self administer insulin in the clinic room **under the supervision of the nurse** – the dose may be drawn up / primed by the nurse or the service user (in this instance the dose must be checked by the nurse before self administration). Self administration of insulin during inpatient stay can play a part in improving service users' safety by empowering them as they take an active role in their treatment. It is essential that insulin therapy is given at the right time in relation to their meals. Education of the service user should include an understanding of the doses and timing of insulin injections and how to administer them safely.

Changes in the service users' circumstances, their insulin products, other drug therapy etc. would indicate a **review** of the service users' ability to self administer their insulin safely. Appropriate action **must** be taken e.g. withdrawal of self administration and re-assessment before supervised self administration is re-instated e.g. when circumstances have resolved, the service user has received education/ information regarding a new product / dose etc.

9. Venalinks (Blister packs) – Self administered under the supervision of the nurse in the clinic room.

N.B. This procedure would only be applicable before planned leave/discharge for service users who will have responsibility for their own medication at home and would be discharged with a blister pack (to aid compliance).

*Venalinks would only be supplied for inpatients on a **stable** medication regime as pharmacy is unable to make alterations to Venalinks after they have been supplied. **(If there are any changes pharmacy must be notified immediately and a new Venalink requested.)**

Appendix 9 (monitoring form for self administration of Specified SAM Venalink/Blister pack) should be used for initial administrations to identify any difficulty with self administration and also to assess whether or not the service user has requested the medication at or near to the agreed time. If the service user has not requested their medication an hour after the agreed time, the nurse will verbally prompt them and annotate the monitoring form accordingly

- After assessment of the service user the medication supply from pharmacy should be requested as a Venalink /Blister pack for inpatient use (before request refer to * above)
- The service user must receive relevant information regarding their medication; what it is for, and potential side-effects. The education of the service user is a joint responsibility for pharmacy and nursing staff. The Medicine Information Card (Appendix 2a) may be a useful aid for the service user, giving further information e.g. what the medication is for, when to take their medication, what to do if they miss a dose (at home) etc.
- The nurse should explain how the Venalink works, initially showing it to the service user, and asking the service user to read out what is stated on the medication labels i.e. name of medication (form & strength), the directions, when & how to take including any extra information e.g. to be taken after a meal also the service users' name on the bottom of the label. The nurse should explain the medication regime & how the Venalink is organised (seven days; morning, early afternoon, early evening & night time doses) the initial dosage/s should be demonstrated to the service user (the nurse should show the service user how to 'pop' the medication from the pack)

- When the nurse is satisfied that the service user understands the above points, the service user may self administer under the supervision of the nurse. (The nurse must ensure that the service user is reading the medication labels & is selecting the correct medication for that administration (the service user should point to the correct time/day before opening the foil) – The nurse must intervene if any errors are made with selection before the service user administers the medication. The monitoring form (Appendix 9) should be used to record this information.
- When the service user is ‘fully’ self –administering their medication under the supervision of the nurse, the monitoring forms should continue to be used and the number ‘7’ entered in the box for self administration

Consent Form For Self Administration of specified medicines approved for self administration

Please fix Service Users
addressograph
here

Please Read the following and Tick the boxes if you agree

- The nursing staff have discussed Self Administration of Medicines with me and the information supplied with the medication (Service user Information Leaflet). I understand what has been explained to me.
- I am willing to take responsibility for my medication when in my possession.
- I understand that I **MUST NOT** share my medication with any other person.
- I know I must inform the nurse in charge immediately if another person tries to take my medication, or if I lose my medication. I agree for my room to be searched in my presence if this event occurs.
- I know to inform a member of the nursing staff immediately, if I am having any problems with self administering my medication.

I agree to participate in the self administration of medicines, I understand that I can withdraw my consent to self administer my medicines at any time.

I agree to accept responsibility for the safe keeping of my medicines when in my possession.

Signed (Service User) _____ Print _____

Signed (Member of staff) _____ Print _____

Date _____

Withdrawal of Consent

I do not wish to continue self administering my medication and withdraw my consent.

Signed (Service User) _____ Print _____

Signed (Member of Staff) _____ Print _____

Date _____

Reason for withdrawal (Optional) _____
