

POLICY & PROCEDURE: Med 22 TITLE: SELF MEDICATION

THE POLICY

The self medication policy allows patients to take an active part in their medication with a view to maintaining or improving self-reliance and independence. It is the aim of Barnsley Hospice to allow patients on the In Patient Unit to self medicate, if they wish to do so, and are assessed as able to carry out the procedure.

THE PROCEDURE

1 Selection Of Patients

- 1.1 Patients who express a desire to take charge of their own medication are assessed by the medical and nursing staff as suitable.
- 1.2 The scheme should be explained in detail to the patient.
- 1.3 An assessment of the patient's regime will be undertaken by medical, pharmacy and nursing staff to ensure the programme encourages compliance and is simple for the patient to operate. The form "Assessment of Patients for self-Administration of Medicines" will be completed.
- 1.4 A consent form will be signed by the patient, senior nurse and doctor.

2 **Assessment of Medication**

- 2.1 An assessment of any medication brought into the Hospice by the patient is made (see Policy No 20 "Reuse of Patient's Own Medication).
- 2.2 A drug order card will be completed for any medications which will be issued by Pharmacy on a named patient basis and supplied in individually labelled packaging.

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3 Supply of Medication

- 3.1 The medication will normally be supplied for 7 days and issued with a completed sheet to remind the patient when each dose should be taken (as supplied on the discharge of patients to home).
- 3.2 The medication will be kept in the patient's locked bedside drawer.
- 3.3 At the end of a week the empty containers will be returned to the nurse in charge and a new supply of medication provided.
- 3.4 Each day the patient will be given the opportunity to discuss with their named nurse any problems they are experiencing with their medication. At any time they may opt to immediately have their medicines dispensed for them by the ward nurses. Details of all conversations or problems relating to self medication should be entered in the multi-disciplinary records.
- 3.5 If there are any concerns about the capability of a patient to self medicate, all staff should be made aware of these should immediately be raised with the senior nurse, doctor or pharmacist. Discussion will then take place with the patient and, if necessary, the consent to self-medicate will be withdrawn.

Date of policy: March 2001

Lead Professional: Medical Director

Date of Review: October 2003

Appendix 1: "Assessment of Patients for Self-Administration of Medicines" form

Appendix 2 : Consent form for Self Medication

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ASSESSMENT OF PATIENTS FOR SELF-ADMINISTRATION OF MEDICINES

Patient Details

1.	Is the patient responsible for administering his own medicine in the community?	YES	NO
2.	Has the patient read and understood the card explaining self-administration?	YES	NO
3.	Has the patient signed a consent form?	YES	NO
4.	Is the patient confused?	YES	NO
5.	Does the patient have a history of drug abuse NO or alcoholism to your knowledge?		YES
6.	Can the patient open bottles/foil packs?	YES	NO
7.	Can the patient read the label?	YES	NO
8.	Can the patient open the cabinet?	YES	NO
9.	Have you given him a medicines information card?	YES	NO
10.	Does the patient understand:-		
	the purpose of the tablets?the dosage and special instructions?some of the possible side-effects?	YES YES YES	NO NO NO
PATIENT ASSESSED BY: 1.			
2			

Appendix 1

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BARNSLEY HOSPICE

CONSENT FORM SELF MEDICATION

A.	I,, understand the nature of and
	agree to participate in the self medication programme explained to me by
	()
Signe	ed: Signed:
	Date:
В.	I, being the responsible Medical Officer for ()
	do consent to his/her participation in the self-medication programme under
	the supervision of a qualified nurse.
Signa	ed:Date:
Signe	
Appe	ndix 2

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