

From St Christophers Hospice In-Patient Unit Drug Policy 2004

1.11 Self-administration of drugs.

For selected patients supervised self-drug promotes and supports patient control and confidence. It may be considered:

- a) Prior to discharge in an attempt to highlight any problems that the patient may have with managing their drugs
- b) To maintain independence

Procedure

- The multi-professional team identifies a patient who would benefit from self-administration or the patient requests that they self-administer
- The doctor in the team must be included in the decision-making process
- The patient should be assessed by a member of the team using the assessment sheet (green sheet 3)
- The procedure should be explained to the patient, who will be given a patient information sheet to read and refer to (green sheet 4)
- The patient's drug must be packaged and labelled appropriately with full instructions. Patients are encouraged to bring in their own drugs, which should be screened before use. Screening for self-administration will be carried out by the pharmacist when on duty and by doctors or nurses when the pharmacist is not available (green sheet 5). *Also see section 4.3 – use of patients' own meds*
- If the drugs are correctly labelled, then they can continue to use them whilst they are an in-patient. If they do not have their own supply of any drug, it must be ordered from pharmacy, requesting "Self Administration". It will then be supplied in the same format as discharge drugs.
- All the self-administration items should be stored in the patient's individual drug cupboard (This can include their own Controlled Drugs). The patient must then be provided with a key.
- A note should be made in the ongoing assessment section of the patient's notes by the doctor and also on the prescription chart to indicate that the patient is self-administering
- A nurse should check that the patient has taken their drug at the appropriate time. The letter 'p' should be used for recording administrations on the drug chart.

Regular checks should be made to ensure that the patient is managing their drugs. If there is doubt that they are not managing, this should be reported to the team and a decision made on whether to revert to nurse administration.

GREEN SHEET 3 ASSESSMENT OF PATIENTS FOR SELF-ADMINISTRATION OF MEDICINES

Patient Name.....Hospice Number.....

Ward.....Team.....Assessed by.....Date.....

	question	Yes/no
1.	Is the patient responsible for administering his/her own medication at home?	(Y)
2.	Does the patient have a history of drug or alcohol dependency to your knowledge?	(N)
3.	Does the patient understand a) the purpose of the medicine? b) the dosage and special instructions? c) The commonest side effects?	(Y) (Y) (Y)
4.	Can the patient open the containers unaided?	(Y)
5.	Does the patient have a watch/clock that they can see easily?	(Y)
6.	Can the patient read the labels?	(Y)
7.	Can the patient open the drugs cabinet?	(Y)
8.	Has the patient read and understood the Patient Information leaflet on self-administration?	(Y)
9.	Is the patient confused at any time?	(N)
10.	Has the patient signed the consent form?	(Y)

If the patient has given the answers in brackets they should be suitable for commencing or continuing to self-administer.

Note any special requirements or areas of concern

GREEN SHEET 5

ASSESSING SUITABILITY OF PATIENTS' OWN MEDICINES FOR USE WHILST ON THE IN-PATIENT UNIT

The pharmacist, a doctor or a nurse may complete this checklist

N.B. Patients' own medicines can only be used for the patient for whom they were prescribed

Medicines UNSUITABLE for use except in an emergency (to be checked with doctor)	Medicines SUITABLE for re-use (once screened as below)
<ul style="list-style-type: none"> • Loose tablets or capsules with no identification • Opened bottles of liquid medicines • Medicines in dosette boxes – unless patient is self-administering 	<ul style="list-style-type: none"> • Tablets or capsules in foil strips • Injections • Transdermal patches • Unopened bottles of liquid medicine • TTO's from another hospital, when patient has been directly transferred – (these do not need to be screened before use but quantities need to be recorded)

Notes – see also flow charts in treatment rooms and in IPU drug policy in ward file

1. Any items NOT being used for the patient should either be returned to the patient's family for return to their local pharmacy or may be sent straight back to Beckenham pharmacy for destruction in a plastic bag. NO DOCUMENTATION IS REQUIRED.
2. Any items being used for the patient should be recorded on the other side of this sheet and kept with their prescription whilst on the ward and filed in their notes subsequently.
3. Please mark on the sheet the quantity of tablets etc being returned to the patient on discharge, if applicable
4. For CD's, please record quantities in the Patients' own CD register (see section 4.3b in the IPU Drug Policy)
5. Any items no longer required should be recorded in the "PATIENTS' OWN DRUGS FOR RETURN/DESTRUCTION" book and stored in the "Patients' own drugs" returns basket in the ward drug cupboards. These items will be either destroyed or returned to pharmacy by the pharmacist once a week.
6. Filled or partly-filled dosette boxes may be returned to directly to pharmacy, there is no need to record each item.
7. For CD's please also enter into patients' own CD register

Assessed

by.....Date.....

Patient's Name.....

Ward.....Date.....

I GIVE PERMISSION FOR MY MEDICINES TO BE USED FOR ME WHILST IN THE HOSPICE AND IF NOT SUITABLE FOR USE, FOR THEM TO BE SAFELY DISPOSED OF IN THE PHARMACY

SIGNED.....(PATIENT OR REPRESENTATIVE)

FILE WITH PRESCRIPTION CHART DURING ADMISSION AND IN NOTES SUBSEQUENTLY
CHECKLIST FOR EACH MEDICATION **BEING USED.**

Drug + dose	Quantity	Labelled for this patient? (tick)	Expiry OK (tick)	Clean + Identifiable ? (tick)	Quantity returned to pharmacy/ patient <i>at end of stay</i>

- If you are in doubt about the suitability of any medicine, please check with the pharmacist
- If a medicine does not fit the criteria above but the item is not otherwise available, a doctor should be asked whether it is preferable to administer the drug or wait until fresh supplies can be obtained from pharmacy.