



***Please Note: This policy is currently under review and is still fit for purpose.***

# Self-Administration of Medicines Policy

This procedural document supersedes: PAT/MM 9 v.3 - Self Administration of Medicines Policy.



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Executive Sponsor(s):	Moira Hardy, Director of Nursing, Midwifery & Allied Health Professionals
Author/reviewer: (this version)	John Bane, Deputy Chief Pharmacist
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Target audience:	Trust Clinical Staff
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## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
4	18 July 2019	<ul style="list-style-type: none"> <li>• Section 18 - replaced care group with divisional governance group</li> <li>• Patients Lacking Capacity statement inserted within section 7.</li> <li>• Inclusion of a Data Protection section.</li> </ul>	John Bane
3	28 Sept 2016	<ul style="list-style-type: none"> <li>• Appendix 3 - Correction to the self-assessment</li> <li>• Section 18 – replaced CSU with care group governance group</li> <li>• Included Equality Impact Assessment form at Appendix 5.</li> </ul>	John Bane
2	31 July 2013	<ul style="list-style-type: none"> <li>• Training sections removed and replaced by roles and responsibilities.</li> <li>• The three levels of self-administration supervision have been removed. The patient either will participate or not participate in the scheme.</li> <li>• The assessment is undertaken by the patient’s nurse who is a level 2 Professional Decision Maker with respect to the policy PAT/PA19 - Mental Capacity Act 2005 Policy and Guidance.</li> <li>• Specific inclusion and exclusion criteria have been removed and there is a presumption that patient are eligible unless it can be shown otherwise.</li> <li>• The use of monitored dosage systems prepared by the patient’s pharmacist is now permitted.</li> <li>• Controlled Drugs have been removed from the scheme.</li> <li>• The patient information sheet has been edited to reflect the changes.</li> <li>• The assessment form has been edited to reflect the changes.</li> <li>• An additional appendix describing the process on JAC has been added.</li> </ul>	Roger Hancocks Victoria Bagshaw
1	December 2010	<ul style="list-style-type: none"> <li>• Published as a separate policy. Previously contained within PAT MM 1 - Policy for the Safe and Secure Handling of Medicines.</li> <li>• Updated to reflect CSUs rather than directorates.</li> </ul>	Medicines Risk Management Group

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## 1 INTRODUCTION

The aim of the policy is to provide a safe mechanism for inpatients of the Trust to administer their own medicines. In doing so the patient will become familiar with their medication regime before they are discharged which it should improve concordance.

In addition, because the patient is in control of their medicines it is expected that they will be able to take them in a more timely manner appropriate to the time of day or in relation to meals.

## 2 AIM

The aim of this policy is to provide a safe mechanism for in-patients of the Trust to administer medicines to themselves.

The policy defines:

- The roles and responsibilities of the staff
- The consent and assessment process
- The supervision and monitoring requirement
- The medicines supply and security requirement

## 3 SCOPE

This policy applies to all patients admitted to wards of the Trust. It does not cover patients who are attending outpatients, the emergency department or day cases.

## 4 DIVISIONAL RESPONSIBILITY

The authorisation to implement, and monitor compliance of this policy on a ward is delegated to by the Divisional Management Team.

## 5 ROLES AND RESPONSIBILITIES

### 5.1 Nursing Staff

The Nurse in Charge is responsible for the safe and secure handling of medicines on their ward. The Nurse in Charge therefore is responsible for the operational application of this policy on their ward.

## 5.2 Pharmacy Staff

Pharmacists and Pharmacy Technicians are responsible for supporting the Nurse in Charge in implementing the policy. They will arrange for the timely supply of labelled medicines, the assessment of medicines brought in by patients including monitored dosage systems, and supplying Medicines Information Cards, where necessary to support self-administration.

## 5.3 Prescribers

Prescribers are responsible for supporting the Nurse in Charge in implementing the policy. They will inform the patient and the Nurse in Charge of any changes in medication so that the medicines in the individual patient locker and the Medicines Information card can be updated

## 5.4 Other Ward Staff

Other ward staff are responsible for supporting the Nurse in Charge in applying the policy. This will include notifying the Nurse in Charge if they observe a breach in the safe and secure storage of medicines.

# 6 PATIENT CONSENT

All patients undertaking self-administration must give their informed consent to participate, and where appropriate to the use of their own medicines. This involves satisfying the following criteria:

- Patients have the opportunity to read the 'Information for Patients' leaflet and ask any questions they may have about the scheme.
- Patients are informed that participation is entirely voluntary and that refusal to do so will not affect their care in any manner.
- Patients are informed that use of their own medicines is entirely voluntary and that refusal to do so will not affect their care in any manner.
- Patients read and sign the 'Self-Administration of Medicines Consent Form' which is retained in the patients' record.

# 7 PATIENT ASSESSMENT

All patients agreeing to participate in self-administration are assessed by their nurse for their suitability to enter the scheme. This assessment will be ongoing to take into account any changes in the patient's condition or capability during their stay.

All patients are considered eligible to participate provided they can understand, and subsequently demonstrate the requirement to maintain the secure storage of their medicine, except:

1. Those without the mental capacity to manage within the program.
2. Those without the physical ability to manage their medicines themselves.

3. Those where the patient's condition precludes their participation, for example where their condition is unstable or their therapy is changing.

The assessment is recorded on the 'Self-Administration Assessment Form.

### **PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest .
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

• **There is no single definition of Best Interest.** Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

#### **7.1 Assessment**

The nurse undertaking the assessment shall be a Level 2 Professional Decision Maker as defined by the Trust policy Pat/PA 19 - Mental Capacity Act 2005 Policy and Guidance.

In making the assessment, the presumption must be that the patient is capable of self administering unless demonstrated otherwise.

The following questions, which are not exhaustive, may be used determine whether the patient can undertake self-administration of their medicines. The nurse making the assessment decides the appropriate course of action in each individual circumstance.

- Can the patient open the cabinet?
- Can the patient manipulate containers etc. to allow self-administration?
- Can the patient read and understand the medicine labels?
- Does the patient understand the purpose of the medicines, the dosage, special instructions?
- Does possession by the patient of the medicines constitute a risk to either the patient or those around them?
- Does the patient's condition impair their ability to manage their medicines?

Once assessed the patient may undertake self-administration or not.

All patients returning from surgical procedures, or any other procedure requiring the administration of anaesthetic agents will be temporarily suspended from the scheme until the nurse has re-assessed them and they are considered able to self-administer.

## 8 PATIENT INFORMATION

In accordance with normal dispensing procedures both within the Trust and in Community Pharmacies it is expected that patients will receive the manufacturers patient information leaflet to inform them why they are taking their medicines and how to take their medicines. In most cases, this is assumed sufficient for their needs.

Where a prescriber, nurse, pharmacist or pharmacy technician considers it useful to aid compliance and understanding, the patient may be offered a Medicine information Card which carries the following information:

- The name and strength of the medicine.
- The reason for taking the medicine.
- The time and dose of the medicine.
- Any special directions relating to the medicine.
- Possible significant common side-effects of the medicine.

The Medicine Information Card is completed by a prescriber, nurse, pharmacist, or pharmacy technician using the in-patient prescription as a guide. This information is checked by another nurse, pharmacist, or pharmacy technician to ensure it is transcribed accurately.

The information given to the patient is reinforced verbally at the point the Medicine Information Card is handed over, and is checked and further reinforced on a continual basis.

It is the responsibility of all staff involved with a patient medicines (prescriber, nurse, pharmacist, pharmacy technician) to ensure the card is kept up to date where they recognise a change has taken place.

## 9 MEDICINES SECURITY

Each patient entered into the self-administration scheme is provided with an Individual Patient Cabinet.

A key allowing access to the cabinet is given to all patients in the self-administration scheme. This key is specific to the patient's individual locker. Patients are responsible for the safe and secure storage of their medicines and their key.

The Nurse in Charge of the ward holds one master key to all cabinets. They are responsible for its secure storage and for accounting for its presence at least once every 24 hours.



The Nurse in Charge of the ward is responsible for the safe and secure storage of all medicines on the ward except those of patients assigned to the scheme.

It is the responsibility of the Nurse in Charge of the ward to monitor the safe and secure handling of medicines in the possession of patients assigned to the scheme and recommend appropriate remedial action if patients do not properly discharge their responsibilities.

On discharge or transfer the nurse discharging or transferring the patient is responsible for retrieving the key from the patient.

When a locker is not in use for self-administration the individual key should be store inside the patient locker.

Duplicate keys to each individual cabinet are held by the Management Team of the Division.

## 10 MEDICINES SUPPLY

All medicines self-administered by patients must be presented and labelled in a form that provides all the information necessary for the patient to self-administer without risk of error.

The nurse will ensure that the patient has a complete supply of medicines that are correctly labelled in accordance with the patient's current prescription before self-administration is commenced.

This is achieved in one of three ways:

### 10.1 Re-use of patient's own medicines

Patients' own medicine may be used for self-administration provided they meet the requirements of the Policy for Safe and Secure Handling of Medicines. In particular medicines in loose strips must not be used.

### 10.2 Individually dispensed items from the pharmacy

Individually dispensed items will be supplied from the pharmacy department fully labelled for use by the patient and will include the manufacturer's Patient Information Leaflet.

Any dosage alteration to a self-administered medicine by a prescriber must be brought to the attention of a nurse and pharmacist at the earliest opportunity to allow re-labelling or re-supply, and if necessary alteration of the Medicine Information Card to occur.

Any discontinuation of a self-administered medicine must be brought to the attention of a nurse and pharmacist at the earliest opportunity to allow the medicine to be removed from the cabinet.

### 10.3 Monitored Dosage Systems

Where a monitored dosage system (MDS) tray has been prepared by a community pharmacist for a patient this may be used as part of the self-administration scheme provided:

1. The patient normally self-administers at home with the tray as a concordance aid.
2. The tray is labelled with the contents and direction for use.
3. The contents of the tray and their directions for use agree with the patient current prescription.
4. The future days supplies are all intact.
5. The past days supplies have been removed.

Where a medicine which is in the tray is changed or discontinued the tray must not be used. The patients continued participation will need to be re-assessed in the absence of an MDS tray.

On commencing self-administration consideration needs to be taken of the likely duration of the patients stay and the availability of the MDS tray.

Other device prepared outside of a pharmacy must not be used.

## 11 SUPERVISION

Where a patient undertakes self-administration:

- The patient is wholly responsible for administration.
- The patient holds the key to their individual patient cabinet.
- The nurse supports and encourages discussion with the patient with regard to their medicine.
- The nurse checks the in-patient prescription chart for any changes at each medicine round. As changes occur the nurse arranges for new supplies to be made and removes any medicines no longer prescribed.
- The nurse checks with the patient on each medicine administration round where a medicine is due. This is to ask the patient whether the due medicines have been taken, or if not, provide a reminder. They mark the medicine chart or electronic administration system to indicate that either the patient has taken the medicine or that they have been reminded to take the medicine.
- The patient is responsible for ensuring medicines are stored in their locked medicine cabinet. The nurse is responsible for ensuring the patient undertakes this satisfactorily by observation, intervening where necessary, and determining whether any breaches in secure storage compromise safety warranting suspension from the scheme.

## 12 MONITORING AND RECORDING INFORMATION

Routine monitoring of patient concordance in the form of tablet counts will not occur. However, nurses will routinely question the patients with regards to the effectiveness of therapy, symptom control, side-effects and will encourage communication regarding medicines.

Any concerns that patient concordance may be poor will be investigated, and may include tablet counts performed at the professional discretion of a nurse.

Any intervention made with respect to self-administration will be recorded on the assessment form by a nurse including, if necessary the reasons for withdrawal.

### 12.1 Regular Medicines

Recording of drug administration on the patient's in-patient prescription chart will vary depending on whether a paper or electronic prescription is used. For recording on the electronic record see Appendix 4.

Where a paper record is used the chart shall be marked in the appropriate section with 'SA' and signed.

### 12.2 As Required Medicines

The nurse shall, on each medicine administration round enquire of the patient whether any 'as required medicines have been taken, and these shall be recorded as described above.

### 12.3 Controlled Drugs

Self-administration of Controlled Drug that requires storage in the Controlled Drug Cupboard is not permitted under this policy.

## 13 PATIENT DISCHARGE

It must be noted that medicines dispensed during a patients stay dispensed either for self-administration or not must prescribed at discharge before they can be legally supplied to the patient

Medicines will be supplied to patients on discharge in accordance with Policy for Safe and Secure Handling of Medicines.

## 14 PROCEDURE

1. A patient may be assessed for self-administration at any point in their stay.
2. The nurse in charge will explain the scheme to the patient, provide them with the patient information leaflet and answer any questions.
3. The nurse will explain to the patient their responsibilities with respect to the safe and secure handling of medicines within the scheme.
4. The nurse will assess the patient and record the assessment to participate in the scheme.
5. If the patient is able to participate, the nurse will obtain consent from the patient to commence in the scheme.
6. The nurse will ensure that the patient has a complete supply of medicines, that are correctly labelled in accordance with the patient's current prescription.
7. The prescriber, pharmacist or pharmacy technician will mark the medicines within JAC for Self Administration.
8. The nurse will give the patient the key to their individual patient locker.
9. The patient will now take responsibility for the administration of their medicines.

10. At each medicine round the nurse will check with and/or remind the patient to take their medicines, and record on the inpatient chart or electronic prescription as appropriate.
11. Where changes in medication have occurred the nurse will add or remove the medicines from the locker where necessary. They will ensure the patient continues to have a supply labelled in accordance with their current prescription.
12. Where a patient is unable to self-administer the nurse will re-assess the patient and record the withdrawal or suspension on the assessment form.
13. Where a patient withdraws from the scheme the prescriber, pharmacist or pharmacy technician will modify JAC to uncheck the medicines for self-administration.

## 15 THE ADMINISTRATION OF MEDICINES BEFORE ADMISSION

Before a patient is admitted, the patient is responsible for the safe custody of their medicines. Patient should be advised to store their medicine out of sight and with their personal belonging. If this is not possible the Nurse in Charge should request that the medicines be stored securely on the ward.

The patient has the right to self-administer any of their medicines without them being prescribed by a Trust doctor. However, they should be advised where this is not advisable.

## 16 THE ADMINISTRATION OF MEDICINES AFTER DISCHARGE

After a patient has been discharged the patient is responsible for the safe custody of their medicines. Patient should be advised to store their medicine out of sight and with their personal belonging. If this is not possible and there is a delay in the patient leaving the ward, the Nurse in Charge should request that the medicines be stored securely on the ward before the patient leaves.

The patient has the right to self-administer any of their medicines without them being further prescribed by a Trust doctor. However, they should be advised where this is not advisable.

## 17 TRAINING/ SUPPORT

It is the responsibility of each nurse to ensure they maintain an up to date knowledge of medicines administration.

It is the responsibility of each nurse to ensure they understand the contents of this policy and how it is related to other Trust medicine policies and the professional guidance on the safe and secure handling of medicines and administration of medicines in healthcare settings. (Royal College of Nursing & the Royal Pharmaceutical Society 2018/2019).

The ward manager is responsible for ensuring that where self-administration is authorised that their staff are appropriately trained in the content and application of this policy.

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

## 18 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Reported incidents with respect to self-administration	Ward Manager	Annual	Reported through Divisional Clinical Governance group
The completion of the Consent and the Assessment Forms	Ward Manager	Annual	Reported through Divisional Clinical Governance group
The accurate completion of the Medicines Information card by comparison to the current prescription	Ward Manager	Annual	Reported through Divisional Clinical Governance group
The areas authorised by the division to undertake Self administration	Matron	Annual	Reported to Drug and Therapeutics Committee as a summary of the above activity

## 19 DEFINITIONS

**Monitored Dosage System** – A device that is used as a compliance aid by a patient that is prepared under the supervision of the patient’s Pharmacist. The device is typically divided by days of the week and time of day. All stable medicines for a particular time and day being held in a single tamper evident compartment. The device is labelled with its contents and direction.

## 20 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 5).

## 21 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/MM 1 - Safe and Secure Handling of Medicines Policy

PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance  
CORP/EMP 4 – Fair Treatment for All Policy  
CORP/EMP 27 – Equality Analysis Policy

## 22 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

## 23 REFERENCES

Professional guidance on the safe and secure handling of medicines RPS 2018

<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>

Professional Guidance on the Administration of Medicines in Healthcare Settings RPS and RCN 2019

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>

Department of Constitutional Affairs

Mental Capacity Act (2005): Code of Practice, 2007

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

## APPENDIX 1 – INFORMATION FOR PATIENTS

### **Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Information for Patients for the Self Administration of Medicines**

This ward wishes to encourage patients to take charge of their own medicines. However, if you do not wish to be responsible for your medicines at any time please tell your nurse. This decision will not affect the care given to you in any way.

A nurse will discuss with you whether it is appropriate for you to participate in the scheme

If you participate you will be given a key to your bedside medicine cabinet where your medicines will be stored. Your medicines will be labelled with directions. You will be expected to take your medicines at the correct time of day without direct supervision. A nurse will check your prescription to look for any changes in treatment. The nurse will order any new treatment and remove any that has been discontinued.

If you hold the key to your medicines cabinet you must take care to keep it safe to prevent other people from gaining access to your medicines.

Medicines we dispense are supplied with Patient information Leaflets to help you understand your medicines better, if it will help you understand how to take your medicines you can give you Medicines Information Card that show all your medicines and when to take them

Occasionally it may be necessary for the nurses to start giving you your medicines again, e.g. you may be drowsy after a procedure. The nurse will explain this to you at the time and may remove your key.

Some medicines are considered unsuitable for storage in the bedside locker. This may be because the medicines required cool storage or we may need to make additional records of administration. The nurse will explain this to you

If suitable we would wish you to use the medicine you have brought in with you. We will discuss with you whether we think it is safe for you to use them whilst you are in the hospital. On discharge you will be given at least enough medicines to last 14 days and this may include the medicines you brought in with you.





**APPENDIX 3 – ASSESSMENT FORM**

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust  <p style="text-align: center;"><b>Assessment Form</b> <b>To Participate in the Self Administration of Medicines Scheme</b></p>	Patient Details    Ward
Hospital:                      Doncaster                      Montagu                      Bassetlaw	

<ul style="list-style-type: none"> <li>• Does the patient wish to undertake self-administration of their medicines?</li> </ul>	Yes / No		
<b>Assessment</b>		<b>Assessed by</b>	<b>Date</b>
<ul style="list-style-type: none"> <li>• Can the patient open the cabinet?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>• Can the patient manipulate containers etc. to allow self-administration?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>• Can the patient read and understand the medicine labels?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>• Does the patient understand the purpose of the medicines, the dosage, special instructions</li> </ul>	Yes / No		

<ul style="list-style-type: none"> <li>• Does possession by the patient of the medicines constitute a risk to the patient?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>• Does possession or access by the patient constitute a risk to those around them?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>• Does the patient’s condition impair their ability to manage their medicines?</li> </ul>	Yes / No		

**Any other relevant comments**

<ul style="list-style-type: none"> <li>• Is the patient appropriate for Self Administration at this time?</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• The patient has a complete supply of medicines, that are correctly labelled in accordance with the patient’s current prescription?</li> </ul>	Yes / No

Signature.....Date...../...../.....

Name.....Designation .....

**Withdrawal or suspension**

This patient has been temporarily suspended from the self-administration scheme  
Please give reasons

Signature.....Date...../...../.....

Name.....Designation .....

This patient has withdrawn from the self-administration scheme;  
Please give reasons

Signature.....Date...../...../.....

Name.....Designation .....

## APPENDIX 4 – SELF ADMINISTRATION AND JAC

### ***Enabling Self Administration***

To enable a medicine to be recorded as 'Self Administration' the self-administration box needs to be checked off the prescribing screen. This needs to be changed by a prescriber.

### ***Recording Self Administration***

Where a medicine has been checked for self-administration and it is due for administration the Chart screen will indicate this by populating the 'Non Administration' with the words Self Administration which is written on a green background. If this reason is accepted then the medicine is recorded as being self-administered. Alternatively the nurse may over ride this by double clicking the date and time box to show they have administered the medicine themselves.

## APPENDIX 5 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Self-Administration of Medicines Policy	Diagnostics and Pharmacy	John Bane	Existing Policy	06 January 2019
<b>1) Who is responsible for this policy?</b> Name of Division/Directorate: Diagnostics and Pharmacy Care Group				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> To ensure the safe self-administration of medicines				
<b>3) Are there any associated objectives?</b> Ensure compliance with national legislation, CQC standards, and national best practice guidelines.				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> Non-compliance with policy				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation]</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken]				
<b>7) Are any of the following groups adversely affected by the policy?</b> NA				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
<b>Date for next review:</b>		<b>March 2022</b>		
<b>Checked by:</b> Rachel Wilson		<b>Date:</b> March 2019		