

Self-administration of Medicines (SAM) UHL Policy

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CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope – Who the Policy applies to and any specific exemptions	3
3	Definitions and Abbreviations	6
4	Roles- Who Does What	6
5	Policy Implementation and Associated Documents-What needs to be done.	9
6	Education and Training	12
7	Process for Monitoring Compliance	12
8	Equality Impact Assessment	13
9	Supporting References, Evidence Base and Related Policies	13
10	Process for Version Control, Document Archiving and Review	14

Appendices		Page
1	Printing a drug chart from Nervecentre	15
2	Patient Information leaflet for Self-administration of Medicines including insulin	17
3	Assessing patients own medicines (PODs) for suitability for inpatient use	18

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

December 2018: Updating policy with revised paperwork for roll out of self-administration

January 2020: Changes to storage of insulin for Level 3 SAM patients, use of renal medicines card database, change to policy to cover patients over the age of 18 years old only (with the exception of those aged 18 years or under in Maternity areas only). Removal of reference to Medicines Card Database and SOP.

June 2022: Updating of policy to include assessment on Nervecentre. Changes to ages of patients who can self-administer. Inclusion of Medicines Management Technicians (MMT) as SAM assessors. Inclusion of ad-hoc assessments. Insulin self-administration to patients under 16years old excluded until further review. Changes to Schedule 3 controlled drugs.

March 2023: Action for patient non-adherence to SAM policy, removal of s2.7 (nursing associates not being able to undertake initial or daily assessments) and s2 then re-numbered, reference to safeguarding, no requirement for SAM assessment for those on insulin pumps who are able to manage these themselves, SAM re-assessment not required when patient transfers wards, link to Children's Patient Information Leaflet

KEY WORDS

Self-administration of medicines (SAM), self-administration, medicines, insulin

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the self-administration of medicines for patients (over the age of 16), parents/ carers administering medicines to patients, where this is usual practice at home. This policy does not cover children under the age of 16 years administering their own medication.
- 1.2 Self-administration of medicines (SAM) is a multi-disciplinary process designed to give patients/parents/carers the opportunity to retain autonomy for taking their own medication as they do at home whilst in hospital, and to provide knowledge to patients about their medicines. This policy also applies to parents/carers administering medicines where this is usual practice at home.
- 1.3 The benefits of self-administration are:
- It empowers patients/parents/carers/guardians by giving them more control and independence with the administration of their medication. It also allows those medications that are time critical e.g. Parkinson's medication to be self-administered in accordance with a patient's usual regime.
 - It allows true patient-centered care leading to improved patient satisfaction.
 - It increases knowledge and awareness regarding the medication through individual education, training and assessment.
 - It aids compliance with the self-administration of medicines by addressing problem areas through individual assessment and care planning.
 - It improves drug compliance on discharge from hospital.
 - It promotes responsibility for medicines.
 - It reduces medication wastage, dispensing and costs.
- 1.4 UHL assessment tools are available and must be used to undertake the SAM assessment

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to all patients over the age of 16 years, admitted to University Hospitals of Leicester NHS Trust (UHL) who have been assessed as competent and appropriate to self-administer their medication. Maintaining patient safety is paramount to the policy.
- 2.2 This policy also applies to parents/carers/guardians administering medicines (excluding insulin in patients under the age of 16 years), where this is usual practice at home. This policy does not cover children under the age of 16 years administering their own medication.
- 2.3 This policy does not apply to those patients/parents/carers/guardians wanting to self-administer medication who will not adhere to the requirements within this policy e.g. refusal to lock away medication.

Non-adherence to the SAM policy may be a significant risk to both the patient and the Trust and on occasion to the public, including other patients. Patients are under no obligation to follow medical advice but it is crucial that they understand the implications of a decision to self-administer against policy and whether they have the capacity.

In these situations, the requirement of the SAM policy must be explained to the patient and the rationale for this. Where a patient continues to refuse to adhere, this must be escalated to the Ward Manager/Matron and Consultant who should further discuss the risks with the patient. In the event of continued refusal to adhere, a multi-disciplinary

decision should be made of the next action to take, which in extreme circumstances may result in the patient being discharged.

2.4 A patients who is considered appropriate to self-administer medication can be assessed as competent to do so using the specified assessment tools.

2.5 This policy applies to all healthcare professionals who care for patients in a clinical area that offers self-administration of medicines including medical staff, registered nursing (RN) and midwifery (RM) staff, registered nursing associates (RNA), pharmacy staff, and other allied healthcare professionals. This includes bank, agency and locum staff.

2.6 As a pre-requisite all nursing/ midwifery staff and nursing associates must be registered with the NMC. All pharmacists, medicines management technicians (MMT) and medicines administration pharmacy technicians (MAPT) must be registered with the GPhC.

2.7 Exemptions and special considerations:

1) Injectable Medications

This must be considered on an individual basis. Advice can be sought from the Medicines Management team or individual clinical teams if you are unsure if the patient, parent/carer is suitable.

2) Subcutaneous Medications

Where possible, diabetic patients (excluding children) on insulin should be encouraged and assessed to SAM their insulin. Subcutaneous medication can be included provided training for administration is given to the patient, parent/carer. For children, these should be assessed on an individual basis with support from the multi-disciplinary team (excluding insulin).

3) Once only/ Stat doses

These are generally prescribed due to the patient needs at the time and as such administered by the registered professional . These medications are excluded from SAM.

4) Medication Titrations

Titrated medications are those in which the medication dose is progressively increased or decreased in response to the patient and usually require a clinical judgement to be made based on results of additional information. Complex medication titrations should be excluded however, dependent upon patients understanding and compliance, some medication can be included, for example, Novorapid insulin, prednisolone and amiodarone. Where a patient is self-administering a titrating dose, they must be provided with clear written instructions (e.g. in the form of a guideline, documented on the Nervecentre eMeds chart, or elsewhere) and their understanding checked.

5) Warfarin

Patients on Warfarin may be eligible to self-administer. This should be assessed on an individual basis.

6) Controlled Drugs (CD)

Due to legislative requirements and in line with the Misuse of Drugs Act 1971 which

covers the safe custody of controlled drugs (CD), these should be excluded from SAM as they require storage in a ward CD cupboard and cannot be stored in the patient bedside locker.

Schedule 3 CDs e.g. pregabalin, oral tramadol, oral morphine solution and gabapentin can be self administered **only** if the patient has sufficient quantities of their own, labelled with the correct administration instructions. UHL stock cannot be used for the purposes of self-administration. They need to be locked away but there is no requirement for these to be stored in a CD cupboard.

Any patient's own CDs (excluding Schedule 3 as listed above) that are brought into hospital must be recorded in the patient's own register as per agreed policy (refer to UHL Policy and Procedures for the Management of Controlled Drugs (CDs) on Wards, Departments and Theatres B16/2009) and kept in the ward's CD Cupboard.

In the exceptional cases where a patient requests to self-administer controlled drugs (other than those Schedule 3 listed above), advice must be sought from the Medicines Management team and Chief Pharmacist as the CD Accountable Officer for the Trust.

7) Monitored dosage systems (MDS)

A nurse or midwife, RNA, MAPT, because of the difficulty in accurate identification, must not administer medicines from a monitored dosage system that is brought into hospital by a patient without prior approval by pharmacy (LMC Chapter 5)

8) Enteral feed tubes

Where a patient, including a child, is admitted into hospital with an established, existing enteral feeding tube e.g. PEG (percutaneous endoscopic gastrostomy), RIG (radiologically inserted gastrostomy), an assessment to self-administer medication via this route can be undertaken. Patients with NG (nasogastric) tubes or newly sited (i.e. sited during admission) feeding tubes are excluded from this policy.

Within Children's areas, where a new enteral feeding tube is inserted during admission, following a competency assessment, parents/carer may be considered as suitable to self-administer. This need to be considered on an individual basis.

If there are any concerns regarding the administration of medication via the feeding tubes, SAM should be discontinued and advice sought from the Nutrition Team.

9) When required (PRN) medications

This must be considered on an individual basis as some patients may be eligible to self-administer. Exclusions include: controlled drugs (see point 6 above), oxygen, and points 1-8 above. This is not an exhaustive list and advice can be sought from the Medicines Management team if you are unsure if the patient, parent/carer is suitable.

Where a PRN medication has been administered by the patient/parent/carer/guardian, they must notify the nurse so that this can be recorded on the medication chart/electronic prescribing system.

10) Insulin pumps

Inpatients using insulin pumps should self manage if well enough to do so. A SAM assessment in these circumstances is not required. All patients admitted to hospital using an insulin pump should be referred to the Diabetes Specialist team.

3 DEFINITIONS AND ABBREVIATIONS

Adherence: in relation to this policy, focuses on a shared approach between healthcare professional and patient, parent/carer/guardian for self-administration of medicines.

Self-administration of medicines (SAM): suitable assessed patients, parent/carers/guardians are able to self-administer medications whilst in hospital.

Trained SAM assessor: is any nurse, midwife, registered nurse associate, pharmacist, Medicines Management Technician (MMT) or Medicines Administration Pharmacy Technician (MAPT) who has completed the SAM e-learning on HELM

Registered professional: nurse, midwife, pharmacist, registered nurse associate, MAPT, MMT

Carer: for example parent/parents/guardian(s), relative who has been SAM assessed as being competent to administer medication

4 ROLES – WHO DOES WHAT

4.1 Responsibilities within the Organisation

The executive lead for this policy is the Medical Director who is responsible for oversight of the policy.

4.1.1 Lead for Self-Administration responsibility

- a) The lead for Self-administration is the Senior Nurse Medicines Management.
- b) The Medicines Management team will provide training and support for the healthcare professionals who work within the clinical areas that undertake SAM.
- c) To ensure that the 'Go live' checklist is completed and signed off by the Medicines Management team and ward manager for the clinical area before a clinical area commences SAM.
- d) To support, along with the Medicines Management team, areas who are not live with SAM but have individual patients requesting to self-administer.
- e) Undertake post implementation audits within clinical areas undertaking SAM.
- f) Maintain training records on HELM of all staff who are SAM trained.
- g) To roll-out the SAM policy trust-wide.

4.1.2 Prescribers' responsibility

- a) Prescribers must ensure that any changes or alterations in patients' medication are accurately recorded on the patients' prescription chart (as per Leicestershire Medicines Code).
- b) The registered healthcare professional looking after the patient must be informed of any changes made to a patient's medication.
- c) The patient, parent/carer must be informed of any changes in prescription.
- d) For children's area, whilst using paper drug charts, will ensure that the patient/parent/carer/guardian has access to this chart at any time. The nurse however, will still annotate the chart to indicate when the parent/carer/guardian has administered the medication

4.1.3 Heads of Nursing/ Womens & Childrens/ Midwifery and Matrons roles and responsibilities

- a) To read and understand the SAM policy. Support wards undertaking SAM.
- b) Support the regular review of SAM within their clinical area, monitoring medication incidents and acting on identified issues through the root cause analysis process.
- c) Feedback to relevant Clinical Management Group Quality & Safety Board, Nursing & Midwifery Board and Medicines Optimisation Committee respectively.

4.1.4 Ward Manager roles and responsibilities

- a) Assess ward for suitability to undertake SAM in partnership with Medicines Management team and the 'Go live' checklist completed with the Medicines Management team.
- b) Ensure all registered nurses/ midwives, registered nursing associates, MAPT undertake elearning on HELM and complete the assessment, including any new staff members as detailed in Section 6. Training records are available on HELM.
- c) Ensure all ward team members are aware of roles and responsibilities of caring for patients who self-administer medicines (including pharmacy and medical teams).
- d) Undertake a regular review of SAM within their clinical area, monitoring medication incidents and acting on identified issues through the root cause analysis process.
- e) Ensure that staff that undertake SAM adhere to the UHL Sharps Management Policy B8/2013.

4.1.5 Registered Professionals competent to assess patients

- a) Fulfil the education criteria as detailed in Section 6 and maintain competence discussing any concerns with Ward Manager.
- b) Assess patient suitability using the criteria/processes on Nervecentre and/or paper assessment tools. It will be necessary to use the paper assessment tool if assessing more than one parent/carer/guardian.
- c) Provide education to the patient regarding their role in SAM. This would include obtaining a general understanding of their medication. For diabetic patients on insulin, obtain an understanding of their management of diabetes including measuring own capillary blood glucose (CBG) levels, recognising the changes with their CBG levels, aware of the target glucose range (aim 6-12 mmol/ 4-7.8 mmol in maternity), can recognise and respond to hypoglycaemia/hyperglycaemia and is aware of the necessity for immediate safe sharps disposal.
- d) Where patients are using their own non-safety needles for insulin administration, they must take responsibility for safe removal from the device and disposal into the sharps bin.
- e) Ensure the initial SAM assessment includes the assessment of mental capacity. Reassess patient/parent/carer/guardian suitability for SAM at least daily (e.g. during drug round) and/or if patient/parent/carer/guardian condition, abilities or mental capacity for SAM change acting upon concerns which may affect patient safety.
- f) If a parent/carer/guardian is involved in the administration of medicines for the patient at home you must ensure that the patient/carer/guardian is assessed as competent to SAM. If more than one parent/carer/guardian is involved in the administration, an assessment must be completed for each parent/carer/guardian.
- g) For patients on wards using eMeds, a drug chart must be printed and the medication the patient/ parent/carer is administering clearly highlighted.

For areas using paper drug charts, will ensure that the patient/parent/carer/guardian has access to this chart at any time. The nurse however, will still annotate the chart to indicate when the parent/ carer has administered the medication.

Renal areas only: a medicines card must be completed on the renal database or a drug chart printed from Nervecentre.

The Registered Professional will ensure that patient/parent/carer/guardian is aware that their responsibilities are as follows:

1. As part of the assessment, the assessor must indicate on the Nervecentre assessment that the patient/parent/carer/guardian has agreed to partake in SAM and follow the requirements of the policy i.e. safe storage of medication. If using a paper assessment tool, the patient/parent/carer/guardian must sign the consent section on the assessment form for Level 2 & 3 self-administration.
2. Level 3 SAM insulin patients will be required to sign (for those areas using paper assessment tools) to indicate that they will store their insulin/needles safely, out of sight of other patients on the ward and will take responsibility for this safe storage. For Level 3 SAM patients, insulin does not necessarily need to be in a locked cupboard. On the Nervecentre assessment, the SAM assessor will be prompted to indicate that this has been explained and agreed to by the patient/parent/carer/guardian.
3. Patients can monitor their capillary blood glucose using their own machine but are responsible for ensuring they have enough strips as the Trust do not stock these. If a patient has a continuous glucose monitor in place (e.g. Freestyle LIBRE), the nursing staff will continue to monitor using hospital meters. Patient must inform the nurse/midwife of their CBG levels.
4. The patient/parent/carer/guardian must notify staff, where able, of any changes in their condition that may impact on their ability to self-administer. If patient/parent/carer/guardian misses/ takes/gives an incorrect dose, they must inform nursing/midwifery staff immediately. A re-assessment may be necessary or further education should be provided by an appropriate healthcare professional.
5. The patient/parent/carer/guardian must notify the nurse/midwife in charge when they leave the ward areas and ensure that the medicine locker keys/fob (if applicable) are given to the nursing staff for retention.
6. In some instances patients' own medication may be used for SAM. Patients who have brought their own medication into hospital must give verbal consent for their use. Medication that has been dispensed to the patient must have a dispensing label with the correct drug name, strength and dose. Loose strips must not be used unless they have been reboxed and labelled by pharmacy. Medication boxes must be intact, clean and only contain one type of drug. Medication must not be out of expiration and additionally within its specified time of use (See Appendix 3)

4.1.6 Pharmacy Staff

- a) Fulfil the education criteria as detailed in Section 6 and maintain competence.
- b) Support assessment of patient/parent/carer/guardian suitability using the criteria/processes on the assessment form/Nervecentre.
- c) To support education and training of patients/parent/carer by providing counselling on medication and by provision of drug charts.
- d) To assess the need for a compliance aid and assist in the supply of an appropriate aid (please refer to section 2.7.7 for information re MDS boxes).
- e) To provide, where necessary, a medication review to assist in the simplification of medication regimes prior to starting self-administration.
- f) To arrange that medication for self-administration is dispensed and labelled correctly for the individual patient in appropriate quantities.

- g) To liaise with nursing/midwifery and medical staff if they have any concerns regarding a patient's ability to continue self-administration of medicines.
- h) To participate in discharge planning to help coordinate safe communication of medication details to community staff or colleagues (e.g. GP, community pharmacist, district nurse etc) and ensure that a continued supply of medication and support is available to the patient.
- i) To ensure an adequate supply of medicines is available for each patient.
- j) Pharmacy should confirm the assessment of patients' own drugs for re-use.

4.1.7 Carer responsibility

A parent/carer/guardian may accompany the patient into hospital and remain responsible for the patients' care during their stay, including the administration and safe storage of medication and/or insulin. In these circumstances the carer must be made aware of the responsibilities documented on the assessment forms.

A daily assessment must be carried out on the parent/carer/guardian to assess suitability for SAM.

Where a parent/carer/guardian is not going to be present to administer medication, they must inform the nurse so that the nurse can ensure the medication is given.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 Process for Patient Assessment

- a) All patients, parents/carers/guardians if wishing to SAM need to be assessed by a trained SAM assessor using the Assessment tool. For patients with diabetes on insulin it is necessary to assess understanding of management of diabetes including measuring own capillary blood glucose (CBG) levels, recognising the changes with their CBG levels, aware of the target glucose range in hospital (which can differ from that at home) (aim 6-12mmols/ 4-7.8 mmol in maternity), can recognise and respond to hypoglycaemia/hyperglycaemia and is aware of the necessity for immediate safe disposal of sharps.
- b) For those patients, parents/carers/guardians who are self-administering and are on Level 2 and 3, give a patient information leaflet for SAM (Appendix 2) and ensure any necessary equipment is available (e.g. access to a sharps bin etc.). Patient information leaflets can be accessed via YourHealth and are also available in large print. (see Appendix 2 for links)
- c) For eMeds wards print a Drug Chart (Appendix 1). Staff must ensure the Drug Chart chart is reprinted/medicines card updated if changes are made to the eMeds.

For areas using paper drug charts, nursing staff will ensure that the patient/parent/carer/guardian has access to the chart at any time. The nurse however, will still annotate the chart to indicate the parent/ carer has administered the medication.

Renal areas only: a medicines card must be completed on the renal database or a drug chart printed from Nervecentre.

- d) Daily assessments must be performed with the patient at least once every 24 hours, or if the condition of the patient changes, using the daily assessment tool and include mental capacity assessment.
- e) It is important that patient safety is maintained at all times and the patients' best interests are considered. It is important that the trained SAM assessor recognises the limitations of assessment as the patient condition can alter during their hospital stay.

- f) Ensure that patients/parents/carers/guardians are provided with the key/fob to bedside locker or digilock code. Digilock codes should be changed for those Level 3 patients, so that only the patient/parent/carer/guardian and the registered nurses/midwives/pharmacists/MAPT/MMT know the code to this locker. The digilock code should be recorded on Nervecentre. Refer to Section 5.3 Assessment Levels.
- g) If a patient is assessed as Level 1 on admission and their condition is unlikely to change and they are not suitable for SAM, there is no requirement to complete a daily assessment. They should be maintained on Level 1. Should the condition of the patient change, a re-assessment can be undertaken at any point during admission.
- h) If a patient who has been assessed as suitable to SAM is transferred to another area, a new assessment is not required however, the transferring ward must handover the SAM status. The daily assessment must then continue on the new ward. Contact with the Medicines Management team should be made with any questions.
- i) MATERNITY AREAS ONLY

Pregnant patients, who are diabetic and are on insulin, will be assessed in the Ante Natal clinic by the Diabetes Specialist Midwives at the same time that their labour plan is discussed. Please refer to Gestational Diabetes Mellitus guideline (C14/2022) and Type 1 and Type 2 Diabetes in Pregnancy (B33/2008).

5.2 Mental Capacity/Safeguarding

It will be identified as part of the initial assessment, if the patient/parent/carer/guardian has any medical history, conditions, including conditions which may affect mental capacity or safeguarding concerns that would preclude them from being able to SAM (see below examples on paper assessment/ Nervecentre).

Paper assessment

Start Here

SECTION A

Consider the following questions with the patient, parent/carer if possible?

Please confirm yes or no to all statements:

	Yes	No
1) Is responsible for administering their own medications at home and understands what each medication is for	<input type="checkbox"/>	<input type="checkbox"/>
2) Is willing to take part in scheme	<input type="checkbox"/>	<input type="checkbox"/>
3) From your assessment the patient, parent/carer has capacity to self-administer medications	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>Does not</u> have any of the following risk factors: unresolved drug abuse, risk of self harm, alcoholism, suspected non adherence to medicines, acute illness, sepsis, confusion or any other condition affecting ability to SAM	<input type="checkbox"/>	<input type="checkbox"/>
5) <u>Is not</u> under a section of the Mental Health Act	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to all of the statements above please continue to SECTION B.

Self-Administration of Medicines

SAM - Initial Assessment

Who is being assessed for SAM?

Does the patient/parent/carer have any relevant medical history or other condition that may affect their ability to self-administer medication? See list below (Note: This list is not exhaustive)

- Sectioned under the Mental Health Act 1983
- Conditions which may affect mental capacity to self-administer (e.g. dementia, cognitive impairment following brain injury)
- Unresolved drug abuse
- Risk of self-harm
- Alcoholism
- Suspected non-adherence to medicines
- Acute illness (does this affect the patient's physical/mental capacity?)
- Sepsis

5.3 Assessment Levels

All appropriate patients are assessed as per the following levels: Level 1, 2 and 3. The level of self-administration will be set in response to the patient's current condition and capabilities. Further information on each level is below:

Level 1 – Nurse/ Midwife/ MAPT/Nurse Associate to administer all medication

- Nurse/MAPT/Midwife/Nurse Associate to administer all medication to the patient.
- If patient's condition is unlikely to change, there is no need to undertake a daily assessment.

Level 2 - Nurse/ Midwife/ MAPT/Nurse Associate to observe patient, parent/carer/guardian administering medication

- The patient/parent/carer/guardian can administer their own medication with supervision from nurses/ midwives/ nurse associates/ MAPT
- The digilock code/key/fob for the medication locker will be kept by the nurse/MAPT/Midwife/Nurse Associate.
- A daily assessment must be undertaken (or if the condition of the patient/parent/carer/guardian changes).
- Print a drug chart from Nervecentre which provides details of the medication the patient is taking. For those areas with paper drug charts, ensure these are available for the patient/parent/carer/guardian.
- For those patients self-administering insulin, nursing staff need to continue to monitor the patient's blood glucose levels and record on the green insulin prescription chart / Nervecentre (eObs).
- Nurse/Midwife/Nursing Associate/MAPT staff sign the medication chart/Nervecentre. In Children's areas, two signatures are still required.

Level 3 - Patient, parent/carer/guardian can self-administer medication

- The patient/parent/carer/guardian can administer their medication.
- The patient/parent/carer/guardian must be reviewed at least daily, or if the condition of the patient/parent/carer/guardian changes.
- The patient/parent/carer/guardian can hold the key/fob or digilock code for the medicines locker.
- Print a drug chart/ensure access to paper drug chart which provides medicine details of what medication the patient is taking.
- It is the responsibility of Nurse/Midwife/MAPT/Nursing Associate to check with the patient/parent/carer/guardian that they are still self-administering their medication and

document this on the prescription chart (Nervecentre or paper) using the self-administration code.

- Explain that if the patient leaves the ward area they should hand the key/fob back to nursing staff.
- Level 3 SAM insulin patients, as part of the assessment, will be asked that they agree to store their insulin/ needles safely and away from other patients on the ward.
- For those patients self-administering insulin, nursing staff need to continue to monitor the patient's blood glucose levels and record on the green insulin chart / Nervecentre (eObs).

This policy is supported by the following processes/procedures/standards found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
How to print a drug chart on Nervecentre	1
Patient Information leaflet for Self-administration of Medicines including insulin use	2
Assessing patients own medication (PODs) for suitability for inpatient use	3

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 It is the ward manager's responsibility to ensure that all training for SAM is organised prior to the implementation of the scheme with support from the Medicines Management team.
- 6.2 Before being able to assess the patient for suitability to self-administer medicines the nurse, midwife, pharmacist, MMT and MAPT must have:
- a) Completed the training and assessment successfully on HELM.
 - b) Read and understood the SAM policy.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 Any SAM related incidents must be reported on DATIX to monitor compliance to the policy. This will be monitored by the Medicines Safety Lead Pharmacist and the Senior Nurse Medicines Management.
- 7.2 SAM patient satisfaction surveys to be carried out to monitor patient outcomes by Medicines Management team and/or the ward.
- 7.3 Audit data to be monitored with appropriate evidenced action plans put in place.
- 7.4 SAM wards to be audited 12 monthly by the Medicines Management team.
- 7.5 For further detail refer to Policy Monitoring Table.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Number of wards providing SAM	Leads for Self-administration	Records kept by Leads for Self-administration	At least once every 3 months	Medicines Optimisation Committee (MedOC), CMG Leads, Heads of Nursing
SAM incident reporting	Medicines Safety Lead Pharmacist	DATIX- incident reporting SUI reporting process	Quarterly	MedOC
Patient Satisfaction Surveys	Leads for Self-administration	Patient Satisfaction Surveys	12 monthly	Nursing & Midwifery Board
Adherence to SAM Policy	Leads for Self-administration	Audit Tool	12 monthly	MedOC, CMG Leads, Heads of Nursing
Number of staff completing HELM elearning	Leads for Self-administration	Report from HELM	12 monthly	MedOC, Heads of Nursing, CMG Lead Pharmacists

8 EQUALITY IMPACT ASSESSMENT

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.1 Patients who are Unable to Read labels

Patients with visual problems must not be automatically excluded from SAM as Pharmacy has the ability to produce labels in large print format.

8.2 Patients who have Communication Difficulties or Language Barriers

Patients with communication difficulties must not be automatically excluded from SAM. It may be advised that this group of patients are placed on Level 2 and supported in line with their specific needs. Drug Charts cannot be produced in different languages therefore these patients may need to be excluded. Patient Information Leaflets are also available in large print.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

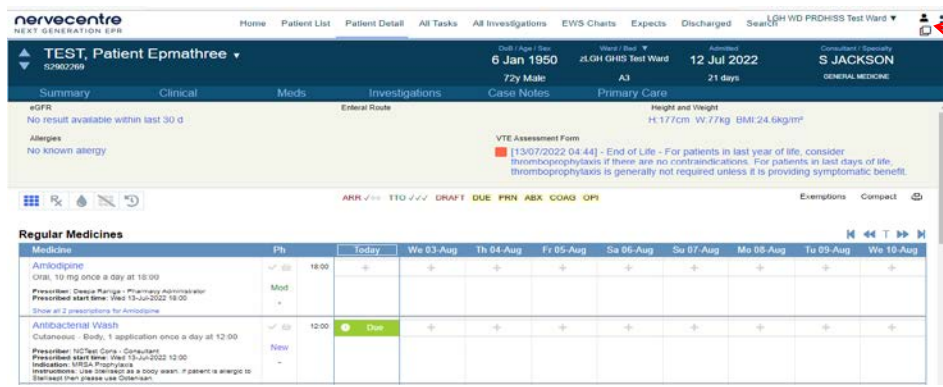
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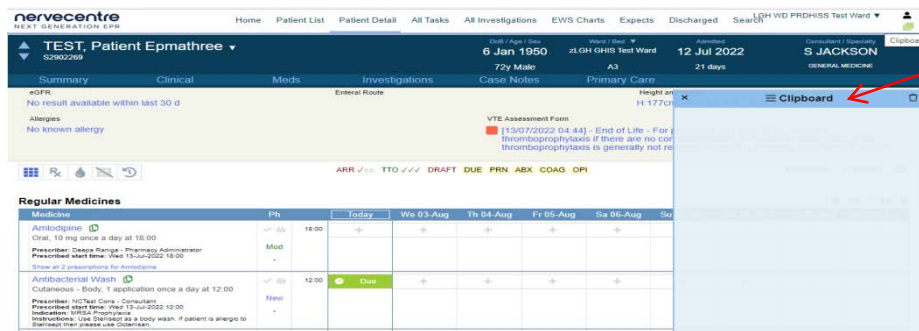
10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be uploaded onto SharePoint and available to staff to access through Insite. It will be stored and archived through this system.
- 10.2 This policy will be reviewed every 3 years by the Senior Nurse Medicines Management.

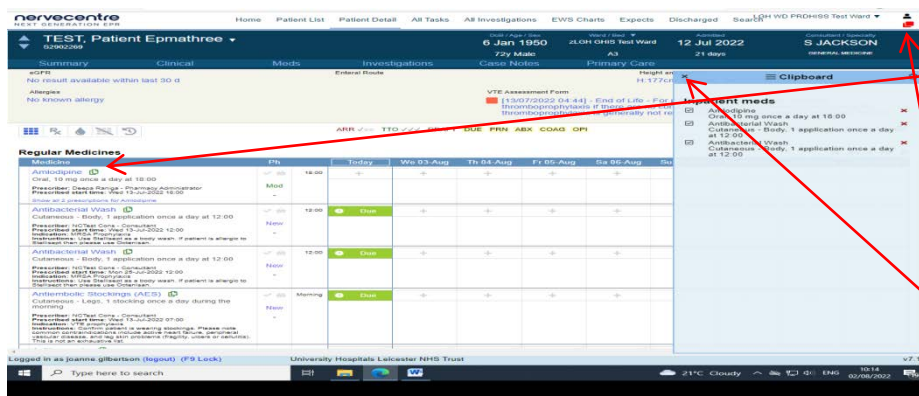
Appendix 1- How to print a SAM medication chart from Nervecentre (only from desktop)



On the drug chart, click the 2 squares in the top right hand corner



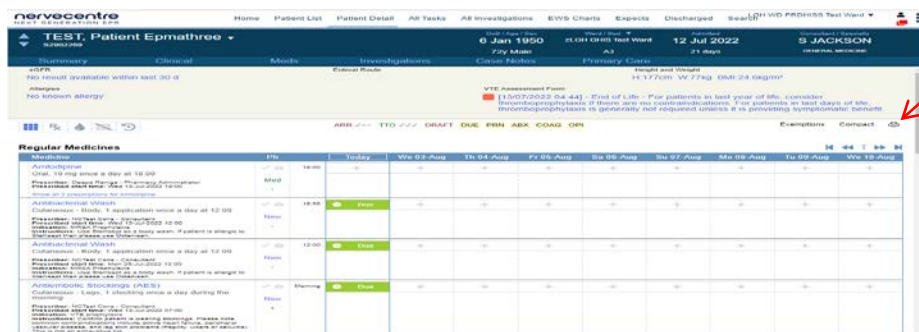
A blue Clipboard screen will appear to the right of the screen



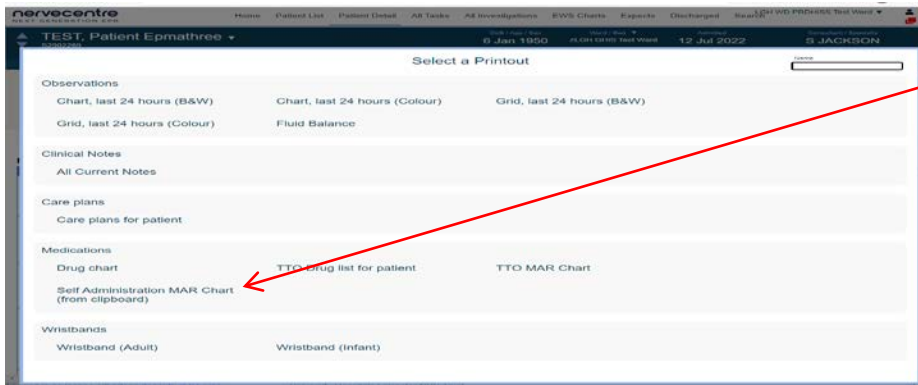
Select the medication(s) the patient is going to self-administer by clicking on the two squares at the side of each of the medications. These will then display in the Clipboard.

Close the Clipboard using the 'x' in the top left corner.

When medication has been selected, the squares in the top right hand corner will be red.



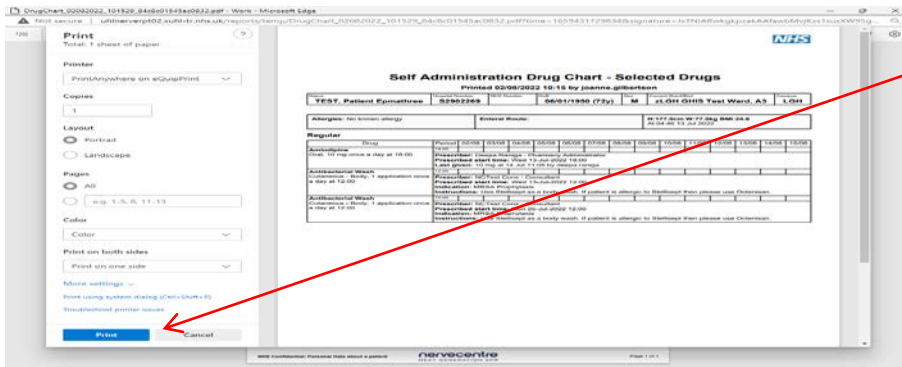
To print the medication chart, select the printer icon



Click on Self Administration MAR Chart (from clipboard)



The drug chart will be displayed. Check, and confirm that the medications your patient will be self-administering are displayed. Click on Printer icon



Print out medication chart

Appendix 2 Patient Information Leaflet

This is available on YourHealth via Insite using the links below:

<https://yourhealth.leicestershospitals.nhs.uk/library/csi/pharmacy/628-self-administration-of-your-medicines-sam-including-insulin>

<https://yourhealth.leicestershospitals.nhs.uk/library/csi/pharmacy/873-self-administration-of-your-medicines-sam-including-insulin-large-print>

[file \(leicestershospitals.nhs.uk\)](#)

ASSESSING PATIENTS OWN MEDICINES (PODs) FOR SUITABILITY FOR INPATIENT USE

