

Self-Administration of Medicines (SAM) In Care Homes - Example Policy



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Pre-requisites for the SAM scheme

Each bedroom must have access to an individual medication bedside cabinet which:

- Is lockable.
- Have individual keys that open individual cabinets.
- Manager/clinical lead has a master key that opens all the appropriate cabinets in the home.
- Qualified staff must understand the processes detailed in this policy.

Option to self-administer

Self-administration will not be allowed if the resident:

- Was not responsible for administering their own medication at home.
- Is considered to be confused or otherwise considered not competent.
- Has a history of drug abuse.

Discussion with the resident

If a resident expresses an interest in self-administration:

- The resident should be given a SAM Information Leaflet for their perusal (Appendix 1).
- A member of staff should discuss with the resident how the system works, the process of consent and the conditions attached.

If the resident wishes to self-administer, then an assessment of their suitability should be undertaken by a registered nurse.

Assessment of resident suitability and consent

- Once a request for self-administration has been received, the assessment of suitability to participate should be undertaken promptly.
- The registered nurse undertaking the assessment should recognise and take personal responsibility for assessment and recommendation.
- The registered nurse must complete a "Self-administration of medicines assessment form" (Appendix 2) for each resident who wishes to be considered for the scheme.
- The outcome of the assessment (i.e. resident suitable or unsuitable for self-medication) should be clearly annotated on the assessment form.
- The assessor should **sign and date** the assessment form.
- The completed form must be filed in the residents notes.

If deemed suitable for self-administration:

- The resident must sign the "Self-administration of Medicines Resident Consent Form" (Appendix 3). This form must be filed in the residents' notes.
- The resident Medication Administration Record (MAR) must state on it that the resident is self-administering.

Medicines Reconciliation

Before self-administration can commence, a qualified member of staff must complete a medicines reconciliation to check that the prescribed medication on the MAR matches the medication that the resident was taking prior to starting the scheme

Storage

- All medicines must be stored in the resident's lockable medication bedside cabinet. Exceptions to this include medicines likely to be needed urgently (e.g. GTN spray, "when required" inhalers), nicotine patches and large containers of creams.
- Each lockable medication bedside cabinet is supplied with its own key which will be kept locked inside the cabinet until the time the resident is self-administering
- Staff will access the lockable medication bedside cabinet using a master key.

Medication NOT Suitable for Self-Administration

Some medications may not be suitable for self-administration under this policy, if they cannot be stored safely and easily accessible to the resident, some examples may be:

- Warfarin
- Controlled drugs
- Items requiring special storage - for example fridge items (NB: insulin may be used for up to a month after it has been taken out of the fridge and therefore may be used in a self-medication scheme)

Any medications that are not suitable for self-administration or the resident may be unable to self-administer should be administered by the registered nurse or medicines administration qualified staff member.

Medication Changes

The care home qualified staff shall

- Inform the resident that their MAR chart has been amended (signed and countersigned if a new MAR is not provided) if a medicine is newly prescribed, stopped or the dose changed,
- Ensure that any dispensed medication is placed into the lockable medication bedside cabinet in a timely manner.
- Remove any medication that has been stopped from the lockable medication bedside cabinet

Important Note: Residents should not be allowed to routinely self-administer with incorrectly labelled medicines

Daily Administration

On a daily basis, it is the responsibility of the nurse to:

- Assess those residents participating in the SAM scheme, to ensure their ability to continue.
 - This should be recorded on the "Ongoing Assessment record for SAM" form (Appendix 4) which should be kept with the residents MAR.
 - If it is considered that the resident's condition has changed so that self-administration is no longer appropriate, the scheme must be discontinued immediately for that resident.
- Check with the resident that they have taken their medicines. This should be at each drug round.
- Mark the MAR record with "SELF" in each appropriate box to denote the resident is self-administering.
- Check that the resident is capable of self-administering all medications required. Any medication that they may be unable to self-administer e.g. s/c injections, should be administered and signed on the MAR by the nurse in the usual way.
- Check for any prescription changes, and if there are any:
 - discuss with the resident to confirm their understanding
 - inform the pharmacy if the medication has not been supplied or amended
- Check that the resident still holds the key securely for the lockable medication bedside cabinet

Errors in Administration

If an administration error is found to have occurred (or a near-miss observed), action should be taken to prevent any harm (or further harm) to the resident.

- The resident must be assessed and immediate actions taken to ensure safety.
- The prescriber and manager/clinical lead in the home should be informed.

The resident should be re-assessed to determine whether they are suitable to continue self-administration.

Keys

- The resident must be reminded that the key should not be left unattended at any time.
- The resident must return the key to the nursing staff if they are no longer administering their own medicines.
- If the Master key is lost, a risk assessment must be performed and consideration given to changing the locks of all affected cabinets
- Residents must immediately inform staff if they have mislaid the key for their lockable medication bedside cabinet.
- Every effort should be made to find the key. If the key is not found then the resident's lockable medication bedside cabinet should be emptied with the master key. These medicines should be placed in the locked cupboard in the medication room.
- If after 24 hours the key is still not found, then a replacement key will need to be obtained, or the lock changed.

Appendix 1

Taking Your Own Medicines

In this Home a scheme is in place that will enable you to be responsible for taking your own medicines **if you express a preference to do so and it is safe.**

- This scheme is known as Self-administration of Medicines (SAM).
- Your medicines must be stored in the lockable medication bedside cabinet at all times. You will be issued with a key for the lockable medication bedside cabinet.
- This scheme is not compulsory so you do not have to take part. If you do not take part the nurse will administer your medicines.
- If you wish to self-medicate, then a nurse will perform a short assessment to ensure that you are a suitable candidate for self-administration.

Medicines Safety

1. Medicines if not properly used can be dangerous.
2. It is your responsibility to keep the medicines and key in a safe place. If you mislay the key inform a member of the nursing staff immediately.
3. If a visitor or other resident tries to take your medicines inform a nurse immediately.
4. Do not exceed the prescribed dose.
5. Never share your medicines with anyone else.
6. If you forget to take a dose of medication, tell a member of the nursing staff.

Keep All Medicines Out of the Reach of Children

Appendix 2

Self-Administration of Medicines - Assessment Form

Resident Name:		
Date of Birth:		
Assessment Criteria		Yes	No
Has the resident expressed a wish to self-medicate?			
Is the resident responsible for administering their medication at home?			
Is the resident mentally and physically able to self-medicate?			
Can the resident open child resistant lids/blister strips, use their eye drops and inhalers, etc?			
Can the resident read a label?			
Can the resident open the lockable medication bedside cabinet?			
Does the resident know:	What the medicines are for?		
	What dosage to take?		
	How to take the medication?		
Has the resident read and understood the SAM leaflet?			

If any of the questions have been answered “**No**”, the resident is probably not suitable for self-administration. The final decision lies with the nurse undertaking the assessment.

The resident is deemed (tick appropriate box):

Suitable for self-administration	
Unsuitable for Self-administration	

Assessed By	
Role	
Sign	
Date	

Self-Administration of Medication

Resident Consent Form

Resident Name:
Date of Birth:

- I have read and understood the resident information leaflet
- The self-administration of medicines scheme has been fully explained to me by a registered nurse I am willing to take responsibility for my medication and will store them in the lockable medication bedside cabinet provided.
- I will keep the key safe.
- I understand that I MUST NOT share my medication with anyone.
- I know I must inform a nurse immediately if someone else tries to take my medicines, if my key is lost or missing or I have any other problems with my medicines.
- I understand that I may withdraw from the scheme at any time without prejudice by informing the nursing staff.
- I understand that I may be withdrawn from the scheme if a member of the nursing team believes it is in my best interests.
- I agree to accept responsibility for the safe keeping of my medicines and any consequence of failing to take my medication in the prescribed way.

Resident Name	
Resident Signature	
Nurse Name	
Nurse Signature	
Date	

Appendix 4

Self-Administration of Medicines Daily Check List

[illegible]