
Subject:	SELF-MEDICATION PROGRAM	Number: CLIN-PP-95
Section:	Policies and Procedures	Page 1 of 6
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POLICY

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Purpose:

To describe the Self-Medication Program and associated Interprofessional Care Team member responsibilities at Providence Care Hospital for the self-administration of medication by clients.

For those clients who it is determined should have medication available for self-administration at the bedside, e.g. inhalers, lozenges, Nitrospray, refer to nursing policy V-M-10 'Medication Administration'.

Keywords: medication compliance

Policy Statement:

Providence Care is committed to the following principles:

- The responsibility for safe and correct administration of medication remains with Nurses and Developmental Service Workers (DSW).
- To promote client independence in self-administration of medication.
- To improve client knowledge and skills through medication education and management to ensure proper administration, safe handling and storage of medications.

- The environment must provide and have in place secure medication storage compartments for each client.
- Competence in self-administration will be measured by the client's capacity to demonstrate knowledge and understanding.
- Criteria (inclusion, exclusion and caution) will guide client selection.

Inclusion Criteria For Consideration	Exclusion Criteria For Consideration	Caution Criteria
<ul style="list-style-type: none"> ▪ Stable mental health status ▪ Capable of understanding the purpose of the medication, remembering the directions for use and agreeing to take the prescribed medication ▪ Stable medication regimen ▪ Within three (3) weeks prior to the client's discharge. 	<ul style="list-style-type: none"> ▪ At imminent risk of self-harm ▪ Cognitive Impairment (confusion, memory impairment, etc.) ▪ Deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005) ▪ History of alcohol/substance abuse ▪ Previous history of overdose ▪ Clients who will not be independently managing medications at home ▪ Unstable medication regimen 	<ul style="list-style-type: none"> ▪ Physical disabilities that prevent self-administration of medication ▪ Reduced cognitive capacity

- At each level of the Self-Medication Program, the client will be assessed by the Nurse/DSW, in consultation with other team members, for their ability to continue with the program. Medication will be dispensed by pharmacy in the form of blister-packs.
- All medications that are included in the self-medication program must be labelled in accordance with pharmacy practice standard.
- The following medication will be excluded from the program:
 - once only doses
 - narcotic, controlled drugs and targeted substances
 - hazardous medications
 - short-course drugs such as antibiotics
 - variable-dose drugs such as Warfarin
 - parenteral medications EXCEPT Insulin and Dalteparin

PRN medication will be included at the discretion of the clinical team.

A Self-Medication Administration Record will be provided for each client.

Definitions:

Client

Client means client and patient.

PROCEDURE

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Step	Action	Responsibility
INITIATION OF SELF-MEDICATION PROGRAM		
1.	Assess the client’s eligibility/capacity to participate in Self-Medication Program with the involvement of the clinical team as appropriate.	Interprofessional Care Team
2.	Provide order to initiate Self-Medication Program.	Prescriber
3.	Complete the ‘Self-Medication Program Assessment Form’ #400968 located in the clinical pharmacy section of the client’s personal health information (PHI) record. (Form #400968 used in the event of downtime)	Pharmacist
4.	Explain to the client/family about the program and provide client information sheet ‘Information for Clients about the Self-Medication Program’ (see Appendix 1 ‘Information for Clients about the Self-Medication Program’).	Nurse/ DSW/ Pharmacist

Step	Action	Responsibility
5.	<p>Obtain consent from the client to take part in the self-administration of medication using 'Consent for Self-Medication' form #400796. Inform the client that participation is voluntary and their consent may be withdrawn at any time.</p> <p>Depending upon the outcome of the client assessment, clients may start the program at any level.</p> <p>The level of supervision is determined and discussed with the client/family.</p>	Nurse/ DSW/ Pharmacist
6.	<p>Modify the order as a written order in ePR to identify the medication as a self-medication order.</p>	Pharmacist
EDUCATION		
7.	<p>Ensure the client has knowledge and understanding of their illness. Explain verbally the importance of taking medications regularly, expected benefits, common side effects and available alternative treatments. Provide verbal or written information for the client about their medications using drug information from Lexicomp or eTherapeutics found on ePR weblinks.</p>	Nurse/ DSW
8.	<p>Provide the client with a Medication Calendar (see Appendix 2 'Medication Calendar').</p>	Pharmacist
9.	<p>Implement the Self-Medication Program gradually, giving the client more responsibility as they demonstrate the ability to take medications correctly.</p> <p>Ensure the level of support provided will be based on a full needs and risk assessment of the client's abilities and aligned with their level of independence.</p> <p>Note: The provision of medications in blister packs is preferred in all cases unless the client is unable to use a blister pack or will not consent to use a blister pack.</p> <p>For clients physically unable to open child-resistant vials, the client's signature will be required to provide snap-cap vials. (Refer to Disclaimer To Use Snap Caps on 'Self-Medication Program Assessment Form' #400968.)</p>	Interprofessional Care Team
10.	<p>Dispense scheduled medications in a seven (7) day supply in accordance with pharmacy procedures.</p>	Pharmacy

LEVELS OF INDEPENDENCE

Level 1: The Nurse/DSW Explains and Administers Medication

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| 11. | Administer medications to the client providing a full explanation of the use of all prescribed medications: the name, purpose, dosage, any common side effects and how and when to take the medication. | Nurse/DSW/
Pharmacist |
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Initiate follow up with client and Interprofessional Care Team as needed. When the client is assessed as competent to self-administer medications at Level 1, they may advance to Level 2.

Level 2: Client Self-Administers under Nurse/DSW Supervision

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| 12. | Ensure the client keeps dispensed medications in their individual secure medication drawer. Give the client possession of the key and instructions on safe keeping. | Nurse/
DSW |
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Advise the client that they are responsible for unlocking the drawer and obtaining and preparing the medications for self-administration under the supervision of their assigned staff member. Check that the client has taken the medications and ensure the client has signed off each dose on the '[Client/Patient Self-Medication Administration Record \(SMAR\)](#)' form #400973.

Instruct the client to report a lost medication drawer key to their assigned staff member immediately.

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| 13. | Initiate follow up with client and Interprofessional Care Team as needed. When the client is assessed as competent to self-administer medications at Level 2, they may advance to Level 3. | Nurse/DSW/
Pharmacist |
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Level 3: Client Self-Administers Independently

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| 14. | Monitor compliance once a shift by checking the blister pack and the 'Client/Patient Self-Medication Administration Record (SMAR)' form #400973 for accuracy. Initiate follow up with client and Interprofessional Care Team as needed. | Nurse/
DSW |
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DOCUMENTATION

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| 15. | Document an assessment of the client's progress with the Self-Medication Program in the client's PHI record, as appropriate. | Nurse/
DSW |
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LEAVE OF ABSENCE (LOA)/DAY PASS

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| 16. | Instruct the client to utilize the existing blister pack/vial or dossette to continue the Self-Medication Program while on leave of absence (LOA). | Nurse/
DSW |
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TRANSFER OF CLIENT

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| 17. | Send any medications in the individual secure medication drawer or client specific bin with the client when they are transferred to another unit. | Nurse/
DSW |
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Ensure a reassessment by the Interprofessional Care Team on the receiving unit is completed before the client can continue on the program.

Cross-References:

Providence Care Nursing Policy and Procedure #V-M-10
'Medication Administration'

Related Policies:

Providence Care Clinical Practice Manual Policy and Procedure #CLIN-PP-43 'Leave of Absence/Day Pass – Orders and Medications'

Providence Care Clinical Practice Manual Policy and Procedure #CLIN-PP-82 'Consent to Treatment'

Self-Medication Program #CLIN-PP-95

INFORMATION FOR CLIENTS ABOUT THE SELF-MEDICATION PROGRAM

This is a program that allows clients to take their medicines by themselves while they are in hospital.

This can help you feel more independent and comfortable during your stay. It can also help you know more about your medicines and this will help you manage more easily with your medicines once you go home.

If you are part of this program while in hospital, it gives you the chance to take your medicines on your own with someone to help. Please do not feel worried about making mistakes or getting mixed up. Your assigned staff and pharmacist will give you as much information, help and support, as you need.

Through the Self-Medication Program we want to help you to:

- Know why you are taking each medicine and how to take them safely
- Know more about your health conditions and general health
- Give you any extra help or information to make it easier for you to continue taking your medicines once you get home

Before you take part in the program, you will have the chance to talk about it with your pharmacist and assigned staff and know exactly what self-administration means, and what the benefits will be for you.

Participating in the self-medication program is your choice. You should not feel that you have to take part, even if asked.

If you agree to participate, one of the clinical team will:

- Explain the self-medication program in more detail
- Ask you some questions about how you took your medicines before coming into hospital, to see if you could use some extra help when you go home
- Ask you to sign a consent form to participate in the program
- Explain which medicines you will be taking by yourself and why you need them
- Explain how much medicine to take and how often
- Explain important side effects of your medicines
- Give you a chart which will remind you which medicines you are taking and a chart to record the medicines you have taken

Your medicines will be labelled for you and stored in a safe location in your room. At the beginning of the program, the staff will check to make sure you are managing okay. Once you are managing okay, you may be given more responsibility, so that by the time you leave hospital, you will be able to take all your medicines correctly and safely on your own. Your clinical team will decide with you how much help you need and when to change the level of help. Sometimes it may be necessary to provide more help or take you off the Self-Medication Program (for example, if you are unwell), but this may only be temporary. Some of your medicines (e.g. painkillers, injections) may still have to be given by a staff member. This will be explained to you.

If you have any questions about your medicines or the program, please ask your assigned staff or pharmacy staff. We are here to help you.

PLEASE REMEMBER:

- Keep all your medicines safe and out of sight. They should be locked in a safe storage area when not being used.
- If you are given a key to a storage locker, keep the key to your locker in a safe place. If you lose the key tell a staff member at once.
- Only take your medicine as instructed on the labels.
- Medicines can be dangerous if not used properly.
- If you are unsure about which medicines you should be taking, how much to take, or how often, please ask one of the staff.
- If any visitor or another client tries to take your medicines, please tell the nursing staff at once.
- Any time you decide you no longer wish to participate in the Self-Medication Program while in hospital, you may stop doing so. Just let one of the staff know what you wish to do.
- Remember to give your medicine key back to your assigned staff member before going home.

REMEMBER – THESE MEDICINES ARE ORDERED JUST FOR YOU – DO NOT GIVE THEM TO ANYONE ELSE.

