SHPA Guidelines for Self-Administration of Medication in Hospitals and Residential Care Facilities

The Society of Hospital Pharmacists of Australia
Committee of Specialty Practice in Rehabilitation and Aged Care*

These are standards of professional practice and not standards prepared or endorsed by Standards Australia. They are not legally binding.

INTRODUCTION

Self-administration of medication is part of the discharge planning process in rehabilitation wards. While it occurs predominantly in rehabilitation wards, medication self-administration is a strategy that can be undertaken on selected patients in other types of ward environment.

Assessment of self-medication competency or successful completion of the training program will determine the need for support after discharge. By identifying and addressing problems as part of the discharge planning process, the risk of problems arising in the future is minimised.

Capable residents of residential care facilities maintain a degree of independence when they accept responsibility for their medication management.

OBJECTIVES

These guidelines are intended for use in hospitals where self-administration of medication is part of a patient education and assessment program. Self-administration of medication is used in residential care facilities to encourage residents to maintain independence. The guidelines cover:

- Selection of suitable people;
- Choice and provision of medication; and
- Legal and procedural documentation.

Protocols and procedural documents should be developed by individual facilities to suit their specific requirements (Appendix 1).

The term 'self-medication' is used as an abbreviated form of 'self-administration of medication' for the purposes of these guidelines. It in no way suggests that the medical officer is not the sole prescriber.

EXTENT AND OPERATION OF THE SERVICE

Suitable people for a self-administration program are those who are medically stable and whose medications are reasonably constant. Individual need for particular dose forms should be assessed. Prior to commencement of self-medication, a formal assessment is conducted to determine the patient's competence to manage the tasks involved. The person must be able to read and understand the directions on the label, to open and close containers, or administer topical preparations such as eye drops.

Ideally, medical, nursing, pharmacy and occupational therapy personnel should be involved in this process. Physical or mental disabilities should be taken into account. The acutely ill patient who is having frequent changes in medication is unsuitable.

Prior to initiation of self-medication, the number of daily doses required should be minimised. Appropriate times for the administration of medication with regard to food and other drugs should be taken into account.

Special consideration should be given to the management of controlled drugs, variable dosage drugs (e.g. warfarin, insulin), clinical trial drugs and 'as required' medication.

The patient must be involved in the decision to self-medicate and give informed consent before taking responsibility for managing their medication. How this is done should be determined by the facility. It may take the form of a signed agreement that will be part of the patient's medical history.

POLICIES AND PROCEDURES [1]

Storage of medication in the ward must comply with hospital and state regulations. Medication must be secure from access by other patients in the ward. Suggestions are a lockable bedside drawer or cash box. The patient is responsible for one key, nursing staff holds a second key and a third key is held by the pharmacist servicing that ward. Another method is to have the patient request medication from the drug trolley when it is required.

The doctor must record in the patient's medical record that approval has been granted for the patient to enter the self-administration program. The medication chart should be endorsed that the patient is self-administering their medication. Legal responsibility remains with the hospital for the correct administration of medication.

A pharmacist must counsel the patient about the medication, including indication, dosage, and storage requirements. Medication must be dispensed in containers labelled with full directions and advisory labels. A written medication list should be provided. The system of assessment and supervision must be explained. A dose administration aid (DAA) should be used when it is judged to be the only method of supply appropriate for

The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Rehabilitation and Aged Care*: **Annette Davis** (Chair), **Paul Muir** (Convenor), **Jo-anne Allardice, Karen Clark, Janet Groves, Maryanne Molenaar, Gill Robson**
Address for correspondence: Annette Davis, Pharmacist-in-Charge, Broadmeadows Health Service, 35 Johnstone Street, Broadmeadows Vic. 3047
E-mail: annette.davis@nh.org.au

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the patient or if they have used one prior to admission. Assessment of the patient's ability to manage the aid will need to be made. Suitability of medication placement into a DAA must be considered prior to agreeing to utilise this type of aid. Ongoing arrangements to fill the DAA after discharge will have to be made.

Assessments should be documented in the patient history. Discrepancies or difficulties must be immediately brought to the attention of the treating team and documented. The situation should then be reassessed after discussion with staff and the patient. Adjustments to the medication program or further education may be indicated.

If, on assessment, the patient is deemed unsuitable for self-medication, they may recommence at a later date if circumstances have changed. Patients who are unable to manage their medication will need to have alternative arrangements made for after discharge. This could mean another person taking responsibility for their medication administration.

QUALITY AND DOCUMENTATION

Patients involved in medication self-administration should gradually be given increasing responsibility for taking their medication. Initially there should be full supervision of these patients, moving gradually to independent medication self-administration over time. Enough medication for one week should be issued initially. During this time, the patient must be closely supervised at each dose time and an evaluation made by nursing staff on the patient's competence. As the patient demonstrates competence and reliability, they can be allowed more independence. Tablet counts may be conducted periodically to verify correct administration.

Medication charts should be endorsed in some way to indicate that the patient is self-medicating. A specific code such as 'S' or 'SM' may be written beside each dose. Explanation of the code may be added to the key printed on the drug chart. Alternatively, a separate sheet could be kept for the patient to record doses self-administered. The code used will be determined by the protocol adopted by the particular facility

An education and training program should be developed for all healthcare professionals involved in medication self-administration. This should include medical staff, nursing staff, pharmacists and other allied health professionals (e.g. occupational therapists and physiotherapists).

Appendix 1. Self-Medication protocols

Hospitals with written protocols for self-medication include:

- Anne Caudle Campus, Bendigo Health Care Group, Victoria
- Austin and Repatriation Medical Centre, Melbourne, Victoria
- Grace McKellar Centre, Barwon Health, Geelong, Victoria
- Flinders Medical Centre, Adelaide, South Australia
- Neringah Hospital, Sydney, New South Wales

This training program should be documented, and those participating in the program should have their names recorded in a departmental registry.

RESOURCES

Medication self-administration should only proceed if there are adequate resources—pharmacists to assess and supervise the medication self-administration process, and lockable bedside lockers or drawers—to render such a program viable.

CONCLUSION

Providing the opportunity to self-medicate in a supervised setting with education and support promotes confidence and competence. It can contribute to a return to independent living. It may also demonstrate the need to plan for ongoing supervision of medication after discharge.

The web site <ww2.audit-commission.gov.uk/itc/medman.shtml> would be of value to pharmacists considering implementation of a medication self-administration program.

Reference

1. The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Clinical Pharmacy. SHPA standards of practice in clinical pharmacy. In: Johnstone JM, Vienet MD. Practice standards and definitions. Melbourne: SHPA; 1996.

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