

Self-administration of medicines (SAM)

Care home name:	
Signature of care home manager:	
Date policy authorised:	
Date of review:	

Pre-requisites for SAM

- Each resident self-administering medicines must have a lockable bedside cabinet or locker in which to store their medicines.
- The care home manager/clinical lead must have a set of master keys to open all bedside cabinets used for storing medicine.
- All appropriate staff must understand the processes detailed in this guidance.

Considerations for SAM

It is important for residents living in care homes to maintain their independence, and that they have as much involvement in taking their medicines as they wish and are safely able to. Temporary care home residents in interim care beds should be encouraged to maintain their independence where possible as this will help with the transition to their own homes. It should be assumed that residents can take and look after their medicines themselves, unless a risk assessment has indicated otherwise.

If a resident wishes to self-administer their medicine, consider whether the resident:

- was responsible for administering their own medicine at home, if not, SAM is not suitable
- is considered to have chronic confusion or otherwise considered not competent (lack capacity), if so, SAM is not suitable
- has a history of drug abuse, if so, SAM may not be suitable depending on the individual circumstances.

Discussion with the resident

If a resident expresses an interest in self-administration:

- give the resident a [SAM information leaflet](#)
- a member of staff with knowledge and understanding of SAM should discuss with the resident how the system works, the process of consent, and the conditions attached.

If the resident wishes to self-administer, an assessment of their suitability should be undertaken by a registered nurse, GP, pharmacist, pharmacy technician, senior carer or other suitability qualified care support worker, or discussed and agreed by the resident's multidisciplinary team (MDT).

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 individual undertaking the [self-administration of medicine assessment](#) must recognise and take personal responsibility for the assessment and subsequent recommendation.
- The outcome of the assessment (i.e. the resident suitable or unsuitable for self-administration) should be clearly annotated on the assessment form.
- The assessor must sign and date the assessment form.
- The completed form must be filed in the resident's notes.

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If deemed suitable for self-administration:

- the resident must sign the [self-administration of medicines resident consent](#) form, which must be filed in the resident's notes.
- the [resident's medication administration record](#) (MAR) chart must clearly state that the resident is self-administering.
- assessment of ongoing suitability should be undertaken monthly using the [monthly assessment of self-administration of medicines](#) form.

Medicines reconciliation

Before self-administration can commence, a qualified member of staff must undertake medicines reconciliation to confirm that the prescribed medicine on the medication administration record MAR chart matches the medicine that the resident was taking prior to starting self-administration. In addition, it is suggested that regular (i.e. weekly) medicines reconciliation is undertaken to identify any compliance issues.

Storage

All medicines must be stored in the resident's lockable bedside cabinet or locker. Exceptions to this include medicines likely to be needed urgently (e.g. GTN (glyceryl trinitrate) spray, "when required" inhalers), nicotine patches and large containers of creams. A thermometer and temperature record chart should be stored within the cabinet/cupboard, with the temperature regularly checked and recorded as per the care home's policy. Where oxygen is used within the room, a warning sign must be used on the door.

Keys

- The resident must be reminded that the key should not be left unattended at any time.
- The care home staff must ensure that the resident returns the key 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 medicine bedside cabinet.
- Every effort should be made to find the key. If the key is not found then the resident's lockable medicine bedside cabinet should be emptied with the master key. These medicines should be placed in the locked cupboard in the medicine room.
- If after 24 hours the key is still not found, then a replacement key will need to be obtained, or the lock changed.

Medicine not suitable for self-administration

Some medicines may not be suitable for self-administration under this policy if they cannot be stored safely and easily accessible to the resident. For example, items requiring special storage - such as fridge items (please note, 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 SAM scheme).

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

Administration of time critical medication

Where a resident is prescribed time critical medicines, the resident may require additional support from care home staff to ensure that self-administration can be supported appropriately.

Medicine changes

Suitably qualified care home staff must:

- 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 medicine is placed into the lockable medicine bedside cabinet in a timely manner
- remove any medicine that has been stopped from the lockable medicine bedside cabinet.

Daily administration

On a daily basis, it is the responsibility of a suitably qualified member of staff to:

- Assess those residents participating in the SAM scheme, to ensure their ability to continue.
 - This should be recorded on the [monthly assessment of self-administration of medicines](#) form. This must be kept with the residents MAR chart.
 - 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 chart with "SELF" in each appropriate box to denote the resident is self-administering.
- Check for any prescription changes, and if there are any:
 - discuss with the resident to confirm their understanding,
 - inform the pharmacy if the medicine has not been supplied or amended.
- Check that the resident still holds the key securely for the lockable medicine bedside cabinet.

Errors in administration

If an administration error is found to have occurred (or a near-miss observed), action must 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 must be informed.
- The resident must be re-assessed to determine whether they are suitable to continue self-administration.