

Appendix 4. Self-administration checklist – SAM patients only

To be completed by registered practitioner or pharmacy staff

Patient name	
Hospital number	
Date of birth	
Clinical area	
Date of admission	

Self-administration checklist	Yes	No
Has the patient, parent or carer read and understood the information explaining self-administration (patient / parent or carer)?		
Has the patient, parent or carer signed the self-administration consent form (patient / parent or carer)?		
Has the multi-disciplinary team been informed that the: <ul style="list-style-type: none"> • patient is suitable for self-administration? • parent or carer is suitable for parent or carer administration? 		
If using medicine brought in from home – has it been assessed as suitable for use? By whom: (Name) Role:		(If no, then ensure assessed)
Has the patient, parent or carer been instructed on care of the medicines cabinet digilock combination or drawer key?		
Has the patient, parent or carer been instructed to return the medicines cabinet drawer key on discharge?		
Has the patient, parent or carer been informed: <ul style="list-style-type: none"> • to talk to their healthcare professional if they get any side effects. This includes any possible side effects not listed in the patient information leaflet. • to seek medical advice in the event of a severe adverse reaction. • to read the patient information leaflet included with medicine before taking the medication. 		

Name	
Signature	
Designation	
Date	