Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

All Wales self-administration of medicines framework

March 2026

This document has been prepared by the All Wales self-administration of medicines framework working group and the All Wales Therapeutics and Toxicology Centre (AWTTC) with support from the All Wales Prescribing Advisory Group (AWPAG). It has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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All Wales self-administration of medicines framework. March 2026.

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Glossary

ADR	Adverse drug reaction, also known as an unwanted or harmful reaction which occurs after administration of a drug or drugs.
CD	Controlled drugs
Clinical area	A designated ward or clinical area within a hospital or medical building.
DATIX	A web-based incident reporting and risk management software system used in the NHS in Wales.
ePMA	Electronic prescribing and medicines administration (ePMA is currently being rolled out in the NHS in Wales during the development of this document).
Estates	The team responsible for land or buildings managed by the NHS in Wales which includes hospitals, health centres and other facilities.
HCP	Healthcare professional, examples include but not limited to: pharmacist, pharmacy technician, occupational therapist, medical staff, nurse, physiotherapist.
IMAR	Inpatient medication administration record
Locker	Also referred to a cabinet, locked cabinet, lockable drawer definition for the purposes of this doc. Lockable/compliance PSN55 ref. This cabinet should have an individual code/key to open it and there should also be a master code/key to open the cabinet. If this is not possible then organisations should ensure local risk assessments have been undertaken and agreements in place to ensure medicines are managed in a safe and secure manner[2].
MCCA	A multi-compartment compliance aid (MCCA) as a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from manufacturers' original packaging and repackaged into the MCCA
MDT	Multi-disciplinary team – a group of health and social care professionals from different disciplines who collaborate to plan and deliver care for patients or service users.
NBM	Nil by mouth
NICE	National Institute for Health and Care Excellence
Nursing documentation	A formal record of nursing care, including but not limited to WNCR, EMPA.
Original pack or original packaging	The medicine is dispensed in the original manufacturers' packaging ensuring that patients receive the necessary safety information, such as leaflets and warnings, that are included in original packs.
PODs	Patient's own drugs
Patient	This term is used throughout the document but may also apply to parents and carers where relevant.

Pharmacovigilance	Activities concerned with the detection, assessment, understanding, and prevention of adverse effects from medicines and other medicine-related problems.
PRN	When required medicines
SAM	Self-administration of medicines is when an individual takes responsibility for administrating their own medicine as they would at home, even while in a care setting such as a hospital ward or clinical area.
WNCR	Welsh Nursing Care Record

1.0 Introduction

The implementation of a self-administration of medicines (SAM) framework in Wales aligns with the strategic vision of "Pharmacy: Delivering a Healthier Wales"[3], which advocates for empowering patients to take an active role in their healthcare. SAM refers to a scheme that enables patients, when clinically appropriate, to manage their own medicines while in hospital and could also support other care settings such as care homes and residential settings. Evidence suggests that involving patients in medicine management improves adherence, safety, and health literacy[4]. Moreover, the National Institute for Health and Care Excellence (NICE) supports shared decision-making and person-centred care, both of which are enhanced by SAM initiatives. It also supports the Once for Wales "People's Experience Framework"[5], where listening to, involving, and empowering patients are essential components of high-quality care. Patients consistently report feeling more respected and involved when trusted to manage elements of their care, including medicines.

Patients who are encouraged to self-administer demonstrate greater understanding and confidence in managing their treatment post-discharge. This is particularly impactful for those with long-term conditions, who benefit from consistent medicine routines across care settings. Significant evidence supports the positive impact of implementing SAM. A 2025 study published in the International Journal for Quality in Health Care found that SAM significantly reduces medication errors and supports continuity of care[6]. Manias et al. (2004)[7] demonstrated that SAM improves patients' understanding of their medicines, enhancing adherence following discharge. Research by Richardson et al. (2014)[8] showed that patients involved in SAM initiatives reported higher levels of satisfaction, confidence, and readiness for discharge, reducing medication-related errors. Moreover, a study by Dilles et al. (2011)[9] found that SAM can improve early detection of medication errors, enhancing overall patient safety.

A systematic review[8] identified that improved medication management through initiatives like SAM reduces unplanned hospital readmissions.
Non-adherence to medicines is a well-established contributor to hospital admissions and readmissions. Zullig et al 2018[10], reported that non-adherence contributes to at least 10% of hospitalisations and significantly increases the risk of readmission especially among patients with chronic conditions. SAM enables a way to prevent this and improve patient adherence and concordance.

Introducing a standardised SAM policy across Wales would enhance patient autonomy, reduce dependency on healthcare professionals, and promote safe transitions between hospital and home. It also supports the broader NHS Wales agenda to improve outcomes, empower individuals and delivers more sustainable healthcare services.

There are many key benefits from a SAM scheme:

For patients:

- Person-centred care leading to increased patient empowerment, autonomy and independence.
- Improved assurance that patients can take their own medicines at the right time reducing non-adherence, including critical and time critical medicines.
- Improvement in patient education and concordance.
- Demonstrates trust which has psychological benefits for patients.
- Improves patient experience.
- Ensures patient, parent or carer retain familiarity with medicine routines and can support the transition between care settings.

For the NHS:

- Aligning with the principles of prudent healthcare leading to delivering value for the patients and NHS.
- Reduction in hospital readmissions due to medicines administration errors.
- Enhances patient safety by ensuring continued familiarity with personal medicine regimens.
- Aligns with wider NHS strategies on person-centred care and preventing deconditioning.

2.0 Scope

This document applies to all healthcare professionals involved in the care of inpatients within secondary care settings in NHS Wales. Engagement and support from key stakeholders, including patients, their families and carers, healthcare professionals, service and clinical leads, health boards, trusts and multi-disciplinary teams (MDTs) will be essential for successful implementation. This document will be reviewed following ePMA implementation across Wales.

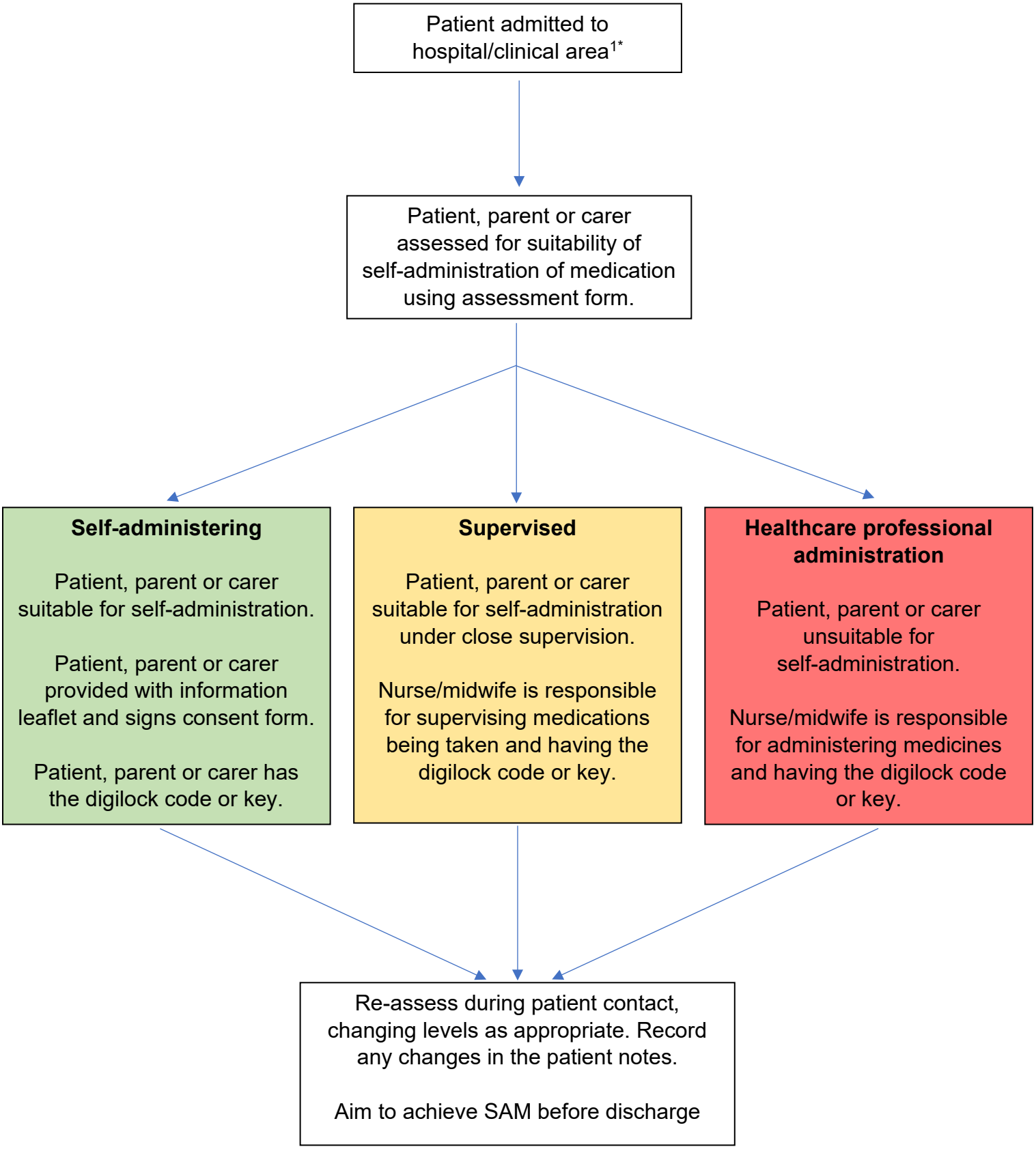
3.0 Aim

The SAM framework aims to provide clear, standardised guidance to ensure that patients who self-administer their medicines at home can do so safely during hospital admissions and aligns with efforts to reduce hospital-acquired deconditioning and enhance patient autonomy as part of the Safe Care Collaborative.

4.0 Self-administration of medicines pathway

Figure 1 details a proposed pathway for self-administration of medicines for patients admitted to hospitals/clinical area. It is acknowledged that local policy development and implementation with be dependent on varied clinical settings.

Figure 1. Self-administration of medicines (SAM) pathway



5.0 General principles for self-administration

5.1 Person-centred

All decisions related to self-administration should be taken in the best interests of each individual patient. In terms of patient experience the ability to self-administer their medications or for parents and carers to continue administering medications will support patient independence and earlier discharge. It should also provide confidence in taking medications to control symptoms to prevent readmission.

5.2 Multi-disciplinary working

The multi-disciplinary team should work collaboratively to ensure patients are supported to self-administer their medication whilst in hospital. There is a need to share clinical information and ensure that all patient care records are updated regularly to optimise patient care and safety. Communication should be clear and encompass all relevant information. To support this, all staff should make full use of the Welsh Nursing Care Record (WNCR) and any other relevant local electronic systems. Any concerns should be highlighted and advice or guidance provided when needed.

5.3 Continuity of care

The patient should experience smooth transitions between different environments within the secondary care setting and be supported to continue to undertake self-administration throughout the patient journey until discharge. Where needed, the rehabilitation of patients to undertake self-administration should be supported.

5.4 Clinical governance and safety

The organisation, such as the NHS Wales health boards or trusts, accept responsibility for implementation and managing the risk involved in the provision of SAM for patients and the liability where the relevant organisational procedure or policy is followed.

Each NHS Wales health board or trust should appoint a lead professional for SAM to ensure the following has been undertaken:

- Risks are assessed at an organisational level, considering the clinical setting and patient factors.
- Standardised training and education are available to support appropriate SAM in Wales with the aim of supporting healthcare professionals to safely and effectively implement SAM (including the maintenance of training records).
- Quality improvement processes to determine audit requirements and compliance are in place for SAM, including inclusion and exclusion of individuals from SAM.

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* Royal College of Emergency Medicine (RCEM) have produced advice for patients presenting to the emergency department

An executive lead will be nominated to have responsibility for the oversight of the organisational procedure or policy.

The organisation should also consider the risks involved with not implementing SAM:

- Medication errors – missed doses, incorrect doses or incorrect timing of doses can result in reduced effectiveness of treatment and deconditioning.
- Reduced adherence – patients who understand their medication, have been part of a shared-decision making approach and are actively involved in their medication regimen are more likely to continue following their regimen and optimise treatment and prevent readmission.
- Loss of confidence and independence – when patients are unable to self-administer their medication in hospital it can have a negative impact on their ability and confidence to manage their medicines on discharge which can increase the risk of medicine-related harm and non-optimised treatment.
- Increased cost – medicines errors and reduced adherence can lead to increased admissions/readmissions to hospital and prolonged inpatient stay[11].

Failure to implement SAM may adversely affect patient outcomes, continuity of care and may contribute to deconditioning.

Patients should be supported to self-administer their medicines, particularly when they will need to manage their medicines independently at home. The associated risks can be minimised by:

- careful selection of patients to identify and possibly exclude those who may endanger themselves or others.
- appropriate review and clear communication within the multi-disciplinary team.
- ensuring policies and procedures are adhered to and all relevant documentation is completed accurately and filed correctly.*
- ensuring patients are provided with accurate information to make an informed decision.

5.5 Responsibility and accountability

The multi-disciplinary team (MDT) is responsible for ensuring patient safety as part of the SAM scheme. Organisational medicines management code of practices should be followed alongside best practice. Patients, parents or carers should be involved in shared decision making and regular reviews should be undertaken to ensure appropriateness. If concerns are raised by the patient, parent or carer or a member of the MDT, then these should be investigated promptly and escalated appropriately to the clinical team.

* Hospitals in Wales currently use a variety of documentation processes and tools. How local policies adapt this framework with respect to documentation will depend on availability and rollout of ePMA and WNCR. However, the principles of accurate and secure documentation and recording should apply to all systems.

5.6 Training

All Wales training and education resources are in development to support SAM and serve as a resource for planning and delivering effective SAM training to help ensure the safe and effective use of medicines within hospital settings.

The SAM working group, are working in collaboration with stakeholders such as Health Education and Improvement Wales (HEIW), the All Wales Therapeutics and Toxicology Centre (AWTTC) and other stakeholders including patient groups to address the need for training and education to support the implementation of SAM. Please contact awttc@wales.nhs.uk for further information.

The multi-disciplinary team should have awareness and understanding of the SAM scheme to support patients/parents/carers during the inpatient stay. Staff involved with SAM, including nurses, midwifes, the pharmacy team and other healthcare professionals, should have training and education on the SAM framework and associated processes.

6.0 Roles and responsibilities

6.1 Prescribers

All prescribers should ensure that any changes to the medication regimen are communicated to and understood by the patient, parent or carer. All changes should be appropriately documented, along with reasons for the changes, in the patient's clinical notes and on the inpatient medication administration record (IMAR)/ePMA. The nursing and/or pharmacy teams should be informed of the changes where they are involved in looking after the patient. The prescriber should be aware of the patient's ability to self-administer their medicines and advise the patient that new or changed medicines will be supplied, relabelled or stopped. They should consider any adaptations that could be made to support the patient in undertaking the SAM scheme e.g. changing inhaler device.

6.2 Heads of nursing and senior nurses

Heads of nursing and senior nurses should ensure service/clinical leads and clinical area managers are aware of the SAM policy, their responsibilities within it and any barriers to implementation. They should support regular review of SAM within their clinical area, monitoring medicine incidents and acting on identified issues. They should ensure all policies and procedures are followed and feedback any concerns to the organisation's medicines governance committee or equivalent.

6.3 Ward managers, clinical area managers and service or clinical leads

Ward managers, clinical area managers and service or clinical leads should ensure all relevant team members undertake training and can identify patients who are not suitable for the SAM scheme. They should ensure safety measures are in place to maintain the safe storage of medicines and secure access to medicines. They should investigate, monitor and review any medication incidents involving SAM.

6.4 Registered practitioners

The registered practitioner (authorised by the organisation to administer medicines) is responsible for undertaking training on the SAM scheme, maintaining competence and discussing concerns with the clinical area manager/service or clinical lead. The registered practitioner is responsible for both recognising and acting upon changes in a patient's cognitive and/or physical wellbeing that may prejudice their safety in continuing with the scheme. Any concerns identified should be acted upon in a timely manner to ensure patient safety. The registered practitioner should support the patient, parent or carer with the medicines, ensuring they have appropriate access and understand any changes that have been made. They should identify that medicines are suitable to be used and labelled correctly. If medicines are changed, then this will be identified to pharmacy for review.

6.5 Non-registrant practitioners

Organisations can permit the delegation of medicines administration to suitably trained and competent healthcare support workers if a patient is assessed as unable to independently self-administer medicines. Healthcare professionals can only delegate administration where the organisation has risk-assessed appropriateness for the clinical area and staff have been suitably trained.

6.6 Pharmacy staff

Pharmacy staff are responsible for undertaking training on the SAM scheme, maintaining competence and discussing concerns with the departmental lead. When undertaking medicines reconciliation, they should consider if the patient, parent or carer manages their medicines independently at their usual place of residence and whether there is a medicine related reason for admission. It should be ensured that all patient's own medicine is correctly labelled and suitable for use. Any medicines supplied should be dispensed and labelled with the correct directions for use. Where possible, patients should be counselled on the use of their medicines.

It is acknowledged that some services may not have an embedded pharmacy team and therefore the above responsibilities may lie with other trained and competent healthcare professionals. Organisations can delegate responsibility for the assessment of medicines when pharmacy is not present to undertake this role. If this is not feasible in areas without pharmacy cover or out of pharmacy working hours, then the following advice could be followed for time critical medicines[1,12].

6.7 Patient, parent or carer

The patient, parent or carer should be aware of the SAM scheme and the conditions laid out in the policy. They should read the patient information leaflet and sign the consent section on the assessment form (Appendix 1a, Appendix 1b and Appendix 2). If there are any changes to the patient's condition that will affect their ability to undertake SAM, or if they have experienced any difficulty in following the labelled instructions, then they should notify staff immediately. They should maintain security of the medicines at all times. It is also important to acknowledge the part the patient/parent/carer can play in pharmacovigilance when they self-administer medicines and they should be encouraged to talk to their healthcare professional

about any side effects or adverse reactions they experience and to read the information in the patient information leaflet.

7.0 Ward/clinical area or department process

7.1 Considerations for implementing a SAM scheme in a clinical area or department

- All Staff working in SAM areas should be aware of the SAM scheme and associated policies/procedures. Appropriate education and training should be undertaken and documented for governance purposes.
- A robust process for handover of patients who are part of the SAM scheme should be in place to ensure continuity of care and patient safety.
- Each patient bed/chair must have access to a lockable individual medicines bedside cabinet. This cabinet must have an individual code/key to open it and there must also be a master code/key to open the cabinet. If this is not possible then organisations must ensure local risk assessments have been undertaken and agreements in place to ensure medicines are managed in a safe and secure manner[2].
- The clinical area must have access to a pharmacy service for supply purposes.

7.2 Exclusions or cautions for self-medication

Self-medication is designed for patients who are expected to be able to take their own medicines with little or no support in the home environment following discharge or those who have support from parents or carers. Patients, parents or carers should be assessed on admission to the clinical area or if they request to self-medicate.

Exclusion and cautions for self-administration include:

- Individuals who do not administer their own medicines at home and who have no support from a parent or carer whilst in hospital.
- Individuals with frequently changing dosage regimens or regimens under review or titration. This does not include patients with expected variable regimens which are part of their established regimen such as insulin or warfarin.
- Individuals with a known history of misuse of medicines, addiction issues or self-harm.
- Individuals who have the ability but are unwilling to participate in the SAM scheme.
- Individuals who are too ill or confused to self-administer.

7.3 Assessment of patient suitability and consent

On admission to the clinical area, all patients will be assessed for their ability to safely manage their medicines whilst an inpatient. The registered practitioner must complete the Welsh Nursing Care Record (WNCR) or other nursing record(s) section in relation to medicines. It should be established if the patient, parent or carer is responsible for administering the medicines at home. All patients must be given the

'Self-Administration of Medicines Patient Information Leaflet' (Appendix 1a and Appendix 1b) and opportunity for discussion to ensure informed decision making. It must be made clear to the patient that they do not have to self-administer their medicines if they do not wish to. The patient will then be asked if they consent to participate in the self-administration of their medicines and the consent form must be signed (Appendix 3a and Appendix 3b).

If there is a change to the patient's condition and it is thought they may not be suitable to continue with SAM, then they should be reassessed and the outcome documented clearly for the multi-disciplinary team.

If the patient is not suitable for self-administration of medicines on admission, or the patient's condition changes the patient may be reassessed. The registered practitioner must update the Welsh Nursing Care Record (WNCR) or other appropriate nursing record(s) to reflect their current self-administration status.

Challenges to SAM may be identified at any point; these should be documented and if the patient wishes to self-administer then actions taken to resolve issues must also be documented. These should include referral to the pharmacy team for support or advice on compliance aids.

SAM may be started at any time during the patient stay and may be discontinued at any time by the patient or the MDT.

8.0 Storage and supply of medicines

For a SAM to operate, each patient, parent or carer taking part in the scheme must have access to their prescribed medicines, which are fully labelled reflecting the directions in the inpatient medication administration record (IMAR)/e-prescribing system and appropriate for use after discharge.

8.1 Storage[2]

- All medicines must be stored in the patient's lockable medicines bedside cabinet (which must have a unique key or digilock combination). Exceptions to secure storage may be made where previously agreed and risk assessed; this includes medicines likely to be needed urgently, e.g. glyceryl trinitrate (GTN) spray, reliever inhalers, or nicotine replacement therapy.
- Some patient areas may not have individual lockable medicines cabinets, e.g. chair areas in admission units. In these areas, organisations must ensure local risk assessments are undertaken and agreements in place to ensure medicines are managed in a safe and secure manner.
- Any opened patient's own drugs (PODs) such as ophthalmic preparations or oral liquids can continue to be used if they have been stored appropriately prior to admission. If it is suspected that they have not been stored in the appropriate manner, then a new supply should be made.
- Items that require cold storage must be kept in the clinical area fridge but must be appropriately labelled for the patient. Patients will not have access to the

fridge in the clinical area, therefore will need to request access from a healthcare professional.
- All digilock combinations should be unique to the locker and must be changed again following discharge. Clinical area managers will be responsible for ensuring the combination has been changed and the process to do this.

8.2 Supply

Patients will be encouraged and expected to bring all their own medicines into hospital on admission. This includes prescribed, over the counter and herbal medicines along with any vitamins. Medicines brought in from home remain the property of the patient and documented verbal consent for their use or destruction must be obtained. Either the patient or the delegated representatives should give their consent for use as soon as possible after admission and this must be documented in the patient's records.

Patients have the right to refuse for their medicines to be destroyed. If this occurs the patient should be advised to send the medicines home with a relative or carer; if this is not possible, medicines may be stored securely in the clinical area and returned to the patient on discharge. The patient should be informed that continued possession is medically inadvisable. The refusal by the patient to send their medicines home or to have them destroyed should be documented in the patient's clinical notes by whomever has taken that direction from the patient.

Patient's own drugs should be assessed to ensure they are fit for use. Medicines should be correctly labelled with the:
- patient's name
- product name and strength
- supplier address and date of dispensing. Medicines should also be within the expiry date.

It should be ensured that directions are clear and correct. Directions on the medicines should match the IMAR/e-prescribing system and, if not, the pharmacy team will relabel the medicines to ensure all labels are clear and correct. If no PODs are available, pharmacy will provide a supply of medicines labelled for discharge.

Ward stock must never be placed in the bedside cabinets of patients who are self-administering or undertaking supported administration.

If a medicine is newly prescribed, stopped or dose changed, the patient should be informed, counselled accordingly and their record (IMAR/e-prescribing system) amended.

The pharmacy team will:
- provide a labelled supply of any newly prescribed medicines. It is the responsibility of the nursing staff or competent pharmacy staff member to

ensure that any dispensed medicines are placed in the lockable bedside cabinet.
- re-label medicines when a dose has been changed to ensure that any directions are clear and correct.
- remove any medicines that has been stopped ensuring patient consent has been provided (see earlier).

If alterations are made outside of pharmacy opening hours or in areas without pharmacy support, it is the responsibility of the healthcare team to supervise the dose being given and arrange for a new supply of correctly labelled medicine as soon as the pharmacy is open.

Patients should not be allowed to routinely self-administer with incorrectly labelled medicines.

9.0 Levels of medicines administration

It should be acknowledged that patients will differ in their ability to manage their medicines during their journey through healthcare settings and that this ability will also differ for individual patients at different times depending on their health and/or the medicines they are prescribed. The self-administration of medicines should be approached as a holistic approach rather than an 'all or nothing' approach and four levels are described below.

9.1 Self-administration of medicines (SAM)

The patient accepts full responsibility for the storage and administration of medicines. Signed consent should be obtained from the patient (Appendix 3a and Appendix 3b). The self-administration checklist should also be completed for patients assessed at this level (Appendix 4). If a patient is self-administering schedule 3 controlled drugs, this is the only level which permits them to do so (for clarification on drug class or advice, refer to pharmacy team), due to the storage and register requirements[13].

The IMAR/ePMA should be annotated with “SAM” and the registered practitioner documents that the appropriate checks have taken place for the patient to continue self-administration at the assessed level. It is acceptable for patient, parent or carer to sign the IMAR when they take their medicines. The registered practitioner should confirm with the patient, parent or carer that the medication has been taken and indicate this by placing a tick or writing “self” in the appropriate box on the IMAR. Self-administration of medications should also be recorded in the nursing documentation.

When a SAM scheme is in place, responsibility for taking the medicine as prescribed rests with the patient.

If the patient is on a variable dose of any medicine, then they should confirm the dose with a healthcare professional prior to administration e.g. warfarin or steroids.

There may be medicines that are not suitable for self-administration such as intravenous injections and infusions. Any medicines that are not suitable for self-administration, or where the patient may be unable to self-administer, should be administered by the registered healthcare professional (refer to local guidance).

9.2 Administration by parents or carers

Parents or carers may support the SAM scheme. In this instance then the following process should be followed: -

- Assessment – the parent or carer is assessed using the same assessment criteria as per the patient assessment
- Consent – the parent or carer should sign the consent (Appendix 3a and Appendix 3b)
- Storage – the parent or carer is given responsibility for the key/digilock combination.
- Records – the IMAR is annotated vertically down the date line stating "CARER" or "PARENT". This indicates that the healthcare professional has carried out appropriate assessment checks of the carer/parent to continue administering the medicines.

9.3 Supervised administration

At this level, the patient will self-administer under the direct supervision of the registered practitioner. The registered practitioner is responsible for the safe storage of medicinal products. At administration time, the patient will ask the registrant to open the locker. The patient is not given the key/digilock combination. The patient will then self-administer the medication under the supervision of the registrant. The IMAR/ePMA system should be initialled/signed by the registered practitioner in the appropriate column at the time of administration as per NHS health board/trust policies. The patient should be reassessed to establish whether they can move to full -self-administration. Adaptations may need to be considered to help the patient maintain or develop more independence in managing their medicines e.g. medicines reminder chart, Multi-compartment compliance aid (MCCA) also known as dosette boxes, large labels etc. Staff should liaise with the pharmacy team to ensure the patient is fully supported to become independent.

9.4 Healthcare professional administration

If a patient is not suitable for self-administration. The registered practitioner is responsible for the safe storage of the medicinal products and the supervision of the administration process ensuring the patient understands the medicinal product being administered. The IMAR/ePMA system should be initialled/signed by the healthcare professional in the appropriate column at the time of administration as per organisation policies. The patient should continue to be reassessed as necessary and any barriers to self-administration which are apparent during assessment discussed with the relevant healthcare professionals. If the patient remains unsuitable, the healthcare professional should ensure that appropriate support will be available post-discharge.

There may be instances where a patient is able to self-administer some medicines but not others, and this should be documented accordingly within the patient record and IMAR/ePMA system used. This may be due to patient preference or MDT recommendation, for example, a patient may wish to retain control of administering their Parkinson's disease medicines, but all other medicines remain administered by a healthcare professional.

10.0 Suitability of medicines – specific considerations

The healthcare professional or pharmacy team should be able to positively identify the medicine in order to confirm it is suitable for use.

10.1 Compliance aids

- Should not contain more than one preparation of the same medication from different brands or manufacturers.
- Should have been dispensed by a pharmacy within the previous four weeks.
- All medicines should be identifiable.
- All medicines within the compliance aid should be prescribed on the IMAR/ePMA system at the same dose and time of day.
- Should have been dispensed from a pharmacy or dispensing doctor's practice – compliance aids filled by patients or carers should not be used.

If the medicines within the compliance aid are not identifiable or if a medicine has not been prescribed on the IMAR/ePMA system, then the compliance aid cannot be used, and the medicines should be administered by the healthcare professional from ward stock until a patient specific supply can be made.

Patients may at times have a combination of original packs and a compliance aid, such as during an acute course of antibiotics. This may result in the level of self--administration changing for a short period of time.

10.2 "When required (PRN)" medicines

If a patient is assessed as self-administering, then 'PRN' medicines should be dispensed and available in the lockable bedside cabinet. For patients who are not self-administering, the availability of 'PRN' medicines will be determined by the clinical and pharmacy teams, based on the patient's level of independence and assessed needs. The patient should be counselled to ensure they understand why the medicine has been prescribed and when it should be used.

10.3 Controlled drugs

Controlled drugs (CDs) have additional safe storage requirements which vary depending on the legal schedule. Organisations should determine locally if they can support SAM for CDs based on the clinical setting and the individuals involved. If considered suitable then Schedule 3 CDs exempt from safe custody requirements may be stored in the lockable bedside cabinet of patients who have been assessed as appropriate for SAM.

The following criteria apply:

- The medicines should be prescribed on the IMAR/ePMA system and labelled for the patient.
- The patient should be on a stable dose.
- The medicine should be assessed as suitable for use.
- On admission, the medicine should be counted by two registered staff and documented on the IMAR/ePMA system.

For patients not self-administering, i.e. supervised patient/carer supervision or healthcare professional supervision, then CDs will continue to be stored as per the organisations' local Medicines Management Policy.

10.4 Pre-operative administration/nil by mouth (NBM) for investigation/procedure

Patients can self-administer prior to the operation/procedure. Clear instructions from the healthcare professional should be available to indicate which medicines from their medicine regimen should be taken when. The patient, carer or parent should be informed of the time that NBM will commence and how this affects the patient's medicine.

After the operation/procedure the patient should be assessed until such a time that the patient can return to self-administration. Until this time the patient will remain as 'not suitable' or 'supervised', and the healthcare professional will be responsible for administering the medicine.

10.5 Transfer to a different clinical area

If a patient is transferred to another clinical area, then all medicines should be transferred with the patient. All corresponding paperwork should also be transferred and added to the patient transfer document.

10.6 Discharge

The discharge process will be the same for SAM patients as for other patients.

> **A patient should NEVER be discharged with the contents of the bedside locker unless the discharge process, including appropriate medicine checks, has taken place as per local procedure.**

The healthcare professional discharging the patient is responsible for ensuring the patient has their discharge medicine only, no additional medicines e.g. ward stock and, that the locker is empty. The key should be returned and the keycode changed. The healthcare team discharging the patient should ensure that any relevant information about the patient's ability to manage their medicines is included in the communication to the patient's GP, accessing resources available to them such as Discharge Medicines Review (DMR) services.

11.0 Security of keys – for areas that do not have digilocks

11.1 Master key

The master key(s) for individual patient lockable medicine cabinets opens all appropriate cabinets on the clinical area. This key may be held by the healthcare professional in charge of the clinical area (or delegated individual) and by the clinical area pharmacy team. The master key must never be issued to a patient.

11.2 Individual keys

Each lockable medicines bedside cabinet will have its own individual key which is numbered and kept locked inside the cabinet until a patient/parent/carer is self-administering. If a patient, parent or carer is to self-administer, the appropriate key is issued to the patient/parent/carer, and they should ensure this key is kept securely. The patient should be reminded that the key should not be left unattended at any time. The registered practitioner should confirm that the patient holds the key securely. The patient should return the key to the healthcare staff upon discharge, or if they are no longer administering their own medicines.

11.3 Lost or non-returned keys

Patients, parents or carers should immediately inform the healthcare team if they have mislaid the key for their lockable medicines bedside cabinet. Every effort should be made to find the key. If the key is not found, then the patients medicines cabinet should be emptied using the master key and medicines stored securely elsewhere e.g. lockable treatment room. If the key is not found, then a replacement key will need to be obtained, or the lock changed. This is the responsibility of the healthcare professional in charge and the works and estates department. An incident report form should be completed on Datix.

If a patient, parent or carer forgets to return the key on discharge, then every effort should be made to retrieve the key. If the key is not returned, a replacement key will need to be obtained, or the lock changed. This is the responsibility of the healthcare professional in charge and estates department. A clinical incident form should be completed on Datix.

If the master key is lost, a risk assessment should be performed and consideration given to changing the locks of all affected cabinets. This is the responsibility of the healthcare professional in charge and estates department. A clinical incident form should be completed on Datix.

12.0 Errors in administration

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

- The patient, parent or carer should be assessed and immediate actions taken to ensure patient safety and to determine whether any further action or treatment is required.
- The patient, parent or carer should be reassessed to determine whether they are suitable to continue self-administration.
- A Datix report should be completed to promote an open and fair learning culture. Learning from Datix incidents should be undertaken to identify trends and risks to minimise future occurrences and improve patient safety.

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Appendix 1a. Self-administration of medicines – information sheet for patients

What is SAM?

SAM stands for self-administration of medicines and refers to a scheme that supports you (or your parent or carer) to manage your own medicines while in hospital when it is safe and appropriate to do so. You will be involved, informed and supported throughout this process.

We appreciate that a hospital stay can be a stressful and worrying time, but we will offer support and advice to you and your family/carers throughout your hospital stay. Supporting people to manage their own medicines aims to reduce deconditioning, which is the decline in body function and independence due to not being physically active.

What will taking my own medicines whilst I'm in hospital mean for me?

Self-administration of medicines is where you, your parent or carer are responsible for ensuring that you have taken your medicines as prescribed whilst you are in hospital.

This could be some or all your medicines. This allows you to continue taking your own medicines which you are familiar with and gives you the opportunity to become familiar with any newly prescribed medicines and identify and resolve any problems. It is also possible to start taking your own medicines with the healthcare professional helping you. This means that you will be more confident to take your own medicines again when you are discharged.

It is acknowledged that when people go into hospital it may be for a wide variety of reasons. The ability of people to manage their own medicines will also vary depending on the individual and their circumstances. These factors, as well as many other factors, will be considered when assessing whether taking your own medicines is right for you.

Will I be using my own medicines?

Your own medicines, if suitable, will be used. You will bring your own medicines with you from home and continue taking them while you are in hospital. If you need any more or have different medicines prescribed, they will be given to you by the hospital pharmacy and will have your name on them, the name of the medicine and instructions on how to take

them. If necessary, you may be given support such as a medicines information card that will tell you the name of your medicine/s and the doses you are to take.

How will I store my medicines?
Your medicines should be stored in the lockable medicines bedside cabinet at all times. You will be issued with a code or key for the lockable medicines bedside cabinet. If the healthcare team are helping you to take your own medicines, they will know the code, or have the key, and unlock your medicines cabinet for you.

Is this scheme compulsory?
This scheme is not compulsory, so you do not have to take part. If you do not wish to take part, the healthcare professional will administer your medicines.

How will I know if I will be self-administering my own medicines?
If you wish to self-administer your medicines, then a healthcare professional will perform a short assessment to ensure that you are suitable for self-administration of some or all of your medicines.

What support will I receive?
The team looking after you will be available to talk about your medicines with you and to help you with your medicines administration. There are ways to help you remember to take your medicines which can be discussed with you and trialled whilst you are in the hospital, this can be discussed with your pharmacy team.

There may be times when you cannot self-administer for a short time. This could be because there is a change in your condition, you need to have an anaesthetic, or your parent or carer is not available to give you medicines. If this happens the healthcare professional will give you medicines until you can take them yourself again.

What happens when I am ready to be discharged from hospital?
Before you go home, your medicines will be checked with you. This is to ensure that they are the right medicines for you, with the correct instructions for use. The pharmacy team may also make contact by telephone or visit you athome, once you have been discharged if needed. They will make sure that you are managing with your medicines and try to help you if not.

Information to make sure your medicines are taken safely

- Medicines can be dangerous if they are not used properly.
- It is your responsibility to keep the medicines and digilock code or key in a safe place. If you lose the key, inform a member of the healthcare team immediately.
- If a visitor or other patient tries to take your medicines, inform a member of the healthcare team immediately.
- Never share your medicines with anyone else.
- Read the patient information leaflet included with the medicine before taking your medicine (ask the team looking after you for this if you don't have it).
- If you forget to take your medicine, tell a member of the healthcare team.
- If you get any side effects talk to the healthcare team. Including side effects not mentioned in the patient information leaflet.
- Do not exceed the prescribed dose.
- Your medicines will need to be checked by the healthcare team before you go home. This is to ensure they are still appropriate for you.
- Please return your key to your healthcare team before you go home.
- Seek medical advice in the event of an adverse reaction.
- Anyone can report an issue with a medicine, vaccine, medical device (including software, apps and artificial intelligence), blood product or e-cigarette to the Yellow Card scheme. You can access the reporting form here: Yellow Card reporting website.

Keep all medicines out of the reach of children.

Appendix 1b. Self-administration of medicines - information sheet for parents or carers

What is SAM?

SAM stands for self-administration of medicines and refers to a scheme that supports the parent or carer to manage the patient's medicines while in hospital when it is safe and appropriate to do so.

What will a patient taking their own medicines while they're in hospital mean for me as a parent or carer?

Self-administration of medicines can be where the parent or carer of the patient are responsible for ensuring that the patient has taken their medicines as prescribed whilst they are in hospital.

This could be some or all of their medicines. This allows the patient to continue taking their own medicines which you as a parent or carer are familiar with. It also gives you the opportunity to become familiar with any newly prescribed medicines and identify and resolve any problems. It is also possible for **a** healthcare professional to assist you as the parent **or** carer This means that you will be more confident to help the patient take their medicines again when they are discharged.

Will we be using the patient's own medicines?

The patient's own medicines, if suitable, will be used. As a parent or carer, you will bring the patient's own medicines with you from home so that the patient can continue taking them whilst they are in hospital. If they need any more or have different medicines prescribed, they will be given to you by the hospital pharmacy and will have the patient's name on them, the name of the medicine and instructions on how to give them. If necessary, you may be given support such as a medicines information card that will tell you the name of the medicine(s) and the doses you are going to be giving to the patient.

How will I store the patient's medicines?

The medicines should be stored in the lockable medicines bedside cabinet at all times. You will be issued with a code or key for the lockable medicines bedside cabinet. If the healthcare team are helping the patient to take their own medicines, they will know the code or have the key, and they will unlock your medicines cabinet for you.

Is this scheme compulsory?
This scheme is not compulsory, so you do not have to take part. If you do not wish to take part, the healthcare professional will administer the patient's medicines.

How will I know if I will be self-administering medicines to the patient?
If you wish to self-administer medicines to your patient, then a healthcare professional will perform a short assessment to ensure that you are suitable for self- administration of some or all of the medicines to the patient.

What support will I receive as a parent or carer?
The team looking after you will be available to talk about the patient's medicines and to help you with administering the medicines.

There may be times when self-administration of medicines is not possible. If this happens the healthcare professional will give the medicines until the parent or carer can give them again.

What happens when the patient is ready to be discharged from hospital?
Before the patient goes home, their medicines will be checked with you. This is to ensure that they are the right medicines for the patient, with the correct instructions for use. The pharmacy team may also make contact by telephone or visit the patient at home, once they have been discharged if needed. They will make sure that you are managing their medicines well and provide support when needed.

Information to make sure the patient's medicines are taken safely

- Medicines can be dangerous if they are not used properly.
- It is your responsibility to keep the medicines and digilock code or key in a safe place. If you lose the key, inform a member of the healthcare team immediately.
- If a visitor or other patient tries to take the patient's medicines, inform a member of the healthcare team immediately.
- Never share medicines with anyone else.
- Read the patient information leaflet, included with the medicine, before giving medicines to the patient.
- If you forget to give the medicine to the patient, tell a member of the healthcare team.

- If the patient gets any side effects talk to the healthcare team. Including side effects not mentioned in the patient information leaflet.
- Do not exceed the prescribed dose.
- The patient's medicines will need to be checked by the healthcare team before they go home to ensure they are still appropriate for the patient.
- Please return the patient's key to the healthcare team before you go home.
- Seek medical advice in the event of an adverse reaction.
- Anyone can report an issue with a medicine, vaccine, medical device (including software, apps and artificial intelligence), blood product or e-cigarette to the Yellow Card scheme. You can access the reporting form here: Yellow Card reporting website.

Keep all medicines out of the reach of children.

Appendix 2. Self-administration of medicines assessment form

Patient name	
Hospital number	
Date of birth	

Or attach patient addressograph.

Who is being assessed? Please circle	Patient	Parent	Carer
Is the patient, parent or carer happy to self-administer their medicines?	Yes		No
If no, then do not complete this form further. Document the form in the patient's records.			

Assessment criteria		**Yes**	**No**
Is the patient, parent or carer responsible for administering their medicine at home?			
Is the patient, parent or carer mentally and physically able to self-administer their medicines? Consider: • frequently changing dosage regimens, • history of misuse of medicines, addiction or self-harm • acutely unwell or confused.			
Is the patient, parent or carer physically capable of accessing and administering the required medicines? (e.g. can they open child-resistant lids and blister strips, and can they use their eye drops and/or inhalers?)			
Can the patient, parent or carer read a label?			
Is the patient, parent or carer aware of, and do they have access to, the patient information leaflet(s) that come with their medicine(s)?			
Can the patient, parent or carer open the lockable medicines bedside cabinet?			
Does the patient, parent or carer know:	What the medicines are for?		
	What dosage to take?		
	How to take the medicine?		
Has the patient, parent or carer read and understood the SAM leaflet and signed the consent form?			

If any of the questions have been answered **"No"**, the patient, parent or carer may not be suitable for self-administration. The final decision lies with the healthcare professional undertaking the assessment.

Based on patient, parent or carer knowledge of their medicines and the assessment criteria, indicate the level of supervision recommended.

Choose either:

Levels of supervision for patient, parent or carer self-administration of medicines	Tick
Self-administration of medicine (SAM) – Patient, parent or carer accepts full responsibility for the storage and administration of medicine.	
Supervised patient, parent or carer administration – Registered healthcare professional responsible for safe storage of medicines. At administration time, the patient or their parent or carer requests healthcare professional to open medicine cabinet/locker and patient self-administers under healthcare professional supervision	
Healthcare professional administration – Registered healthcare professional responsible for safe storage of medicines and supervision of medicine administration, ensuring that the patient understands the medicine being administered.	

Assessor name	
Signature	
Date	
Role	

Appendix 3a. Consent form for self-administration of medicines for patients

Patient name	
Hospital number	
Date of birth	
Clinical area	

Or attach patient addressograph.

- I have read and understood the self-administration of medicines information sheet.
- I understand that my medicine is for my use only and I should take it as instructed. If I choose not to, I will inform a healthcare professional.
- I understand that medicines I have brought in from home will be assessed and used whilst I am in hospital if suitable.
- I understand that if I am self-administering medication, I will have complete responsibility for those medicines and should inform a member of the healthcare team if anyone (patient or visitor) takes or tries to take any of my medicine.
- I understand that if I experience a side effect, I will inform a member of the healthcare team.
- I understand that medicines that the prescriber or healthcare team do not want me to take will be removed from the locker.
- I understand and give my consent that medicines I no longer require or that are out of date, may be destroyed by pharmacy staff. If medicines are out of date, I will be given a new supply of them for use in the clinical area.
- I understand that I may withdraw my consent at any time by informing a healthcare professional.
- I understand that the decision may be taken to withdraw me from the scheme if thought necessary by a registered healthcare professional. I understand I will receive an explanation for this, should this happen.
- If I have been given a key, I understand I am responsible for the safe custody of the key or digilock code and should return these when I leave the clinical area or if I am no longer participating in the scheme.
- I wish to take part in the self-administration scheme and the information I have given is true to the best of my knowledge.

Patient name or representative	
Signature	
Date	
Witnessed by	
Date	

Appendix 3b. Consent form for self-administration of medicines for parents or carers

Patient name	
Parent or carer name	
Hospital number	
Date of birth	
Clinical area	

Or attach patient addressograph.

- I, the parent or carer, have read and understood the self-administration of medicines information sheet.
- I, the parent or carer, understand that the medicine is for the patient's use only and I should give it as instructed. If I, the parent or carer, choose not to give the medicine as instructed, I, the parent or carer, will inform a healthcare professional.
- I, the parent or carer, understand that medicines I have brought in from home will be assessed and used whilst the patient is in hospital if suitable.
- I, the parent or carer, understand that if I am self-administering medication to the patient, I, the parent or carer, will have complete responsibility for those medicines and should inform a member of the healthcare team if anyone (patient or visitor) takes or tries to take any of the patient's medicine.
- I, the parent or carer, understand that if the patient experiences a side effect, I, the parent or carer, will inform a member of the healthcare team.
- I, the parent or carer, understand that medicines that the healthcare team do not want the patient to take will be removed from the locker.
- I, the parent or carer, understand and give my consent that medicines the patient no longer requires or that are out of date, may be destroyed by pharmacy staff. If medicines are out of date, the patient will be given a new supply of them for use in the clinical area.
- I, the parent or carer, understand that I may withdraw my consent at any time by informing a healthcare professional.
- I, the parent or carer, understand that the decision may be taken to withdraw me from the scheme if thought necessary by a registered healthcare professional. I, the parent or carer, understand I will receive an explanation for this, should this happen.
- If I, the parent or carer, have been given a key, I understand I am responsible for the safe custody of the key or digilock code and should return these when I leave the clinical area or if I am no longer participating in the scheme.
- I, the parent or carer, wish to take part in the self-administration scheme and the information I have given is true to the best of my knowledge.

Parent or carer name	
Parent or carer signature	
Date	
Witnessed by	
Date	

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: • 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: • 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	