

Policy on Self Administration of Medication

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Self-Administration of Medication

1.1.1 Residents of The Village Residence can be facilitated to self-administer their medications in accordance with their needs and wishes.

1.1.2 A resident may self-administer medications following assessment resulting in a decision made that the resident is competent and agrees to self-administration of medication (An Bord Altranais, 2007; NMBI 2015). This assessment will be undertaken by a nurse in collaboration with the resident, the resident's medical practitioner, pharmacist and the resident's representative if as appropriate. The assessment should consider:

- The resident's choice
- The amount of support a resident needs to self-administer medicines
- The resident's ability to understand the process
- The resident's knowledge of their medicines and treatment plan
- The resident's literacy and ability to read labels
- The resident's dexterity and ability to open bottles and containers
- If the resident can take the correct dose of their own medicines at the right time in the right way
- Where the resident's medicines will be stored
- The responsibilities of residential care staff.

(Health Information and Quality Authority, 2015)

1.1.3 The resident's designated nurse is responsible for the initial assessment, while all nurses are responsible for continual assessment of a resident who is self-administering.

1.1.4 With their consent and following assessment and documentation of the agreed decision, residents who are self-administering share responsibility for their actions relating to self-administration of their medications.

1.1.5 The resident's consent must be obtained before self-administration of medications is commenced.

1.1.6 Any change to the initial assessment must be recorded and arrangements for self-administration of medicines reviewed (An Bord Altranais 2007). There are four levels of self-administration of medicines in

- Level 0: Resident is not self-administering.
- Level 1a: Resident self-administers with full supervision.
- Level 1b: Resident requests medication from the nurse at the appropriate time.
- Level 2: The resident administers the medicines without the supervision of the nurse.

1.1.7 For residents on level 2; the medicines must be stored in a cupboard / locker in the resident's room. This cupboard will be provided for any resident wishing to self

administer. This must be locked and a key kept both by the resident and on the main drug keys.

- 1.1.8 The resident has responsibility for the safe storage of the medicines. The resident records the medication taken in his/her own self-administration reminder chart.
- 1.1.9 The nurse checks verbally or on the resident's self-administration form that the drug has been taken at the time it was due.
- 1.1.10 Any comments/concerns/problems noted by the nurse are recorded by the nurse in the resident's on going assessment record.
- 1.1.11 Variable (e.g. Warfarin), once only, short course treatments and PRN medications are administered by the nurse at the usual drug round times.
- 1.1.12 As with all other medicines, medications that are being self-administered must be prescribed by the resident's general practitioner on the medication prescription sheet.
- 1.1.13 As with all care planning, the appropriateness of self-administration of medication for a resident should be continually monitored and reviewed at an agreed schedule

for each resident and reassessments made where any problems are noted and where there is any significant change in the resident's care and condition.

1.1.14 For those residents self-administering medication(s), the medication needs care plan should include the following information:

- Where the medications are being stored
- The level of support the resident requires and resulting responsibility of the staff
- How to monitor whether the resident is still able to self-administer medicines
- Detail the ongoing supervision to ensure adherence with the treatment plan
- Who will be recording that the medicines have been taken by the resident and how this will be recorded.

1.1.15 The resident's on-going progress must be noted daily in the progress notes.

1.1.16 The nurse initiating self-administration must provide the resident with written information about the medications they are self-administering. This may be obtained from the Pharmacy.

1.2 Self-Administration of Controlled Drugs.

Designated centres will ensure that their process for self-administration of Schedule 2 and 3 controlled drugs includes additional specific information about:

- Obtaining or ordering Schedule 2 and 3 controlled drugs
- Storing Schedule 2 and 3 controlled drugs
- Recording supply of Schedule 2 and 3 controlled drugs to resident's
- Disposal of unused or expired Schedule 2 and 3 controlled drugs.

(Health Information and Quality Authority, 2015)

In essence this means that if residents are self-administering controlled drugs, the Centre will need to provide a risk assessment; include the practice on the risk register and identify measures to address risks associated with this activity. For example, this will include secure lockable storage area; documentation of receipt of controlled drugs by the resident, which is witnessed and signed; signed consent; checking balances with the resident and perhaps another witness at scheduled intervals and disposal of controlled drugs kept by the resident for self-administration.

1.3 Resident and medication factors unsuitable for self- administration of medications.

- Acute confusion.
- Cognitive impairment affecting capacity.

- History of alcohol/drug abuse.
- Mental health conditions affecting the resident's ability.
- Unstable medication regime.
- Variable medications such as warfarin, reducing dosages.
- Short term courses eg. Antibiotics.
- Items requiring refrigeration.
- Once only doses.

1.4 Storage of medications for self-administration:

- 1.4.1 Medicines for level 2 self- administration must be stored in the resident's locked locker in his/her room. Exceptions include any medication that needs to be kept in the refrigerator, Warfarin, MDAs (See note above) short term courses e.g. antibiotics, once only doses.
- 1.4.2 Medications no longer in use should be removed from the resident's medication cupboard / locker and sent back to pharmacy.
- 1.4.3 Where a key is lost, all efforts should be made to locate the key. If the key cannot be found after all reasonable efforts have been exhausted, an incident form should be completed and the resident's lock should be changed.
- 1.4.4 Medications should be supplied on a named resident basis from the pharmacy for the resident.