

# Self-administration of medicines in Brighton

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In Brighton, a team of nurses and a pharmacist has successfully introduced a scheme whereby patients administer their own medicines. This article describes the practical issues involved and shows that the scheme is a natural progression from the use of patients' own medicines

The document "A spoonful of sugar"<sup>1</sup> recommends that patients should be encouraged to administer their own medication while in hospital. It also states that the progress of implementation of patient self-administration within various trusts is patchy.

The use of patient self-administration schemes in hospital has been reported in the literature for a variety of specialties, including care of the elderly, general medicine, oph-

thalmology and surgery.<sup>2-6</sup> Several hospitals are already using patient self-administration schemes. However, there is limited information in the literature as to the details and context of these schemes.

In Brighton, a patient self-administration procedure has been produced by a team of nurses and a pharmacist. The scheme is an extension of the internal hospital policy relating to the safe and secure handling of medicines and the use of patients' own drugs (PODs).

The aim of this article is to share experience of implementing a self-administration scheme. It will also provide a starting point for trusts planning to introduce such a scheme and may be helpful for those trusts that are reviewing

their procedures.

In Brighton, use of PODs has been rolled out within the surgical directorate. As part of the PODs programme, nurses and pharmacy staff undertake competency-based training in the POD procedures. Training involves assessing PODs for use and becoming familiar with the discharge process.

On a ward where PODs are used (PODs ward), each patient has a lockable cabinet for storage of their medicines, which is opened by an individual key. The nurses hold a master key to all the lockable cabinets. A patient will only be provided with the key to their cabinet if they are independently self-administering their medication.

The patient self-administration scheme

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## Panel 1: Patients inclusion and exclusion criteria

### Inclusion

#### Patients who:

- Are responsible for administration of their own medicines in the community
- Wish to self-administer their medicine during a hospital stay
- Are capable of identifying their own medicine, reading instruction labels, accessing the medicine (eg, able to open bottles) and taking the medicine
- Are on a stable medication regimen
- Understand the information provided regarding self-administration of medicines in hospital and have provided a signed consent

### Exclusion

#### Patients who:

- Are confused and disorientated (these patients can be reassessed)
- Have a history of alcohol or drug abuse

was established as a natural progression from the PODs scheme. Therefore, only wards that are using PODs can be involved in the self-administration scheme. This ensures that nurses are trained in assessing PODs and that PODs are stored securely on the ward.

The advantage of using PODs has been discussed elsewhere.<sup>7,8</sup> Two studies looking at self-administration have reported improved post-discharge compliance in elderly patients who had self-administered their medication in hospital.<sup>2,3</sup> A small study on an acute medical ward showed that patients who had administered their own medication in hospital were more likely to report their overall care as excellent, and were more satisfied with the discharge process, than patients who had not.<sup>4</sup>

### BENEFITS

In Brighton, patients who are included in the self-administration scheme are formally assessed. This has the following benefits:

- Identifies patients with problems in managing their medication (eg, elderly patients) or problems with their medication (eg, inappropriate containers). Also identifies patients with compliance problems
- Maintains patient autonomy and independence
- Facilitates patient discharge and patients' understanding of their treat-

ment

- Enables discussion of any changes to patients' medication regimen when they occur
- Encourages familiarity with the purpose of the medication regimen
- Enables patients to be actively involved in their own treatment
- Improves patients' compliance with their medicines after discharge<sup>2,3</sup>
- Can be used as an integral part of a rehabilitation programme

### ELIGIBLE PATIENTS

On admission, nurses will decide if a patient is suitable for self-administration of their medication. Patients have to fulfil the inclusion criteria listed in Panel 1. Patients who initially do not meet the criteria may be included in the scheme if their individual circumstances change.

In Brighton, it was agreed that patients who had a history of drug and alcohol misuse should be excluded from the self-administration scheme because of concerns that this group of patients may be taking drugs for alcohol detoxification and other drugs (eg, opioids, benzodiazepines) that may be open to abuse. The same exclusion criterion has been reported in the literature for a scheme on a surgical ward.<sup>6</sup>

Only patients who sign a consent form are included in the self-administration scheme. Patients have to agree to:

- Keep their medicines in a locked cabinet and keep the key in a safe place
- Keep all medicines out of the reach of children
- Take their medicines as prescribed and to notify nursing staff, when asked, when they were taken (including those not taken regularly, eg, analgesics)

During the initial assessment, the nurse discusses with the patient the medicine being taken, its dose, frequency and duration, why they are taking it, any potential side effects and any special instructions. Any pharmaceutical issues identified by the nurse are referred to the ward pharmacist or pharmacy technician for resolution. Pharmaceutical issues can include patients who are unable to identify their medicines, or who have a poor understanding of their medication, and those who have difficulty opening bottles and foil strips.

### LEVEL OF SUPERVISION

The nurse assessing the patients classifies those who can be included in the self-administration scheme into different groups according to the level of supervision required. In Brighton, there are three levels of supervision, as shown in Panel 2 (p307).

A patient can have more than one classifi-

cation at one time. For example, on the ophthalmology ward, many patients are assessed at level C for their regular medication. However, for the instillation of their newly prescribed eye-drops, level A would reflect the patient's educational needs in using the eye-drops.

The different levels of supervision required for patients who are administering their medicines have been outlined in other papers.<sup>2,3,7</sup> Patients are assessed on an ongoing basis and at least once per nursing shift by the nurse in charge of their care. The pharmacist can also assess the patients. All the assessments are documented in the nursing records.

Patients can be moved between different levels. Changes in a patient's condition, or circumstances that could affect their suitability to continue within a certain level might include:

- Deterioration in the patient's mental state
- The period following pre-medication and investigations under sedation, or immediately post-operatively
- Mistakes made in self-administration (eg, taking too many or too few tablets)
- The professional judgement of a nurse, pharmacist or doctor that the patient's ability to continue at a particular level is inadequate

### CHART ENDORSEMENT

Patients' medication charts are checked regularly by the nurse and ward pharmacist for any alterations to medication regimens. They are then endorsed appropriately. The medication chart used for patients in the self-administration scheme is the same as that used throughout the trust.

In Brighton, numerical codes are used for recording missed doses on the medication chart. Nursing staff believed it important that the documentation of patients' self-administration be recorded differently from that of patients not included in the scheme. Therefore, for patients in the self-administration scheme, the nurse endorses the medication chart using a numerical code (ie, "6" = patient self-administration) followed by the level of supervision (eg, A, B or C) and the nurse's initials.

### SUPPLY OF MEDICINES

Patients can only self-administer their medicines if these are appropriately labelled and have been assessed against the trust's PODs policy. A 28-day supply of medication is dispensed to patients by the pharmacy unless a shorter supply is requested, eg, for a course of antibiotics. Patients who take medicines that require storage in a refrigerator need to ask the nurse to obtain their medicines for them. This applies for levels B and C. For level A,

the nurse will bring the medicine to the patient for administration.

Patients in all levels are not allowed to self-administer the following:

- "Once only" doses
- Controlled Drugs (CDs)
- | Injections, with the exception of subcutaneous insulin

CDs are administered in accordance with the trust's policy, which states that CDs brought into hospital by the patient are not used or stored in an individual patient's lockable cabinet. Stock supplies of medicines are not routinely used for patients who are self-administering. However, in certain circumstances, eg, PODs not suitable for use, nursing staff will administer from stock supply until a labelled product (with appropriate information) is obtained from pharmacy. Pre-packed medicines can be used by patients once the name and date of supply have been recorded on the pack label.

#### DOCUMENTATION

A nursing care plan is pre-printed for inclusion in a patient's nursing notes. The plan summarises the patient's diagnosis, and the nursing/patient actions for each self-administration level. This information is especially valuable for nurses on wards where only a few patients are included in the self-administration scheme.

Each PODs ward has a communication book to aid communication between nurses and pharmacists, and this is used by nurses to refer any patients for pharmaceutical input. The pharmacist will also identify other pharmaceutical care issues, eg, counselling for patients taking warfarin and those using inhalers, and requirements for compliance aid devices or large print labels. The pharmacist documents any clinical input as part of a patient's pharmaceutical care plan.

#### DISCHARGE

Patients' ability to self-administer their medication must be confirmed before discharge. The advantage of the self-administration scheme is that issues and problems are identified early on during a patient's hospital stay and not, as was previously the case, just before discharge, leaving little or no time for pharmaceutical input. However, if a patient is unable to self-administer after discharge, a referral to community services is warranted so that the patient's compliance with their medication can continue to be monitored at home. This involves communicating with district nurses, community pharmacists and general practitioners.

#### IMPLEMENTATION

## Panel 2: Level of supervision for patients who self-administer their medicines

### Level A:

The medicines are locked in the patient's cabinet and the key kept by the nursing staff. At the appropriate time, the nurse will instruct the patient how much of the medicine to self-administer and then supervise the process. The nurse observes the patient taking the medicines

### Level B:

The medicines are locked in the patient's cabinet and the key kept by the nursing staff. At the appropriate time, the patient asks the nursing staff to open the cabinet. The patient will then self-administer the medicine under the supervision of the nurse

### Level C:

The medicines are locked in the patient's cabinet and the key kept by the patient. Patients tell the nurse when they have taken any medicines. The nurse checks at least once per shift that the medicine has been taken as prescribed

The patients' self-administration scheme was initially implemented on the ophthalmology ward and has been positively received. Other PODs wards are able to use the scheme as well, although it has not yet been widely taken up within the trust.

The nurses on the ophthalmology ward say that they are comfortable with having a formal framework for carrying out the scheme, but that a substantial amount of time is taken up with documentation. It is expected that this will improve when nurses become more familiar with the scheme and adopt the new procedures into their daily routine. The full impact on nurses' workload of time taken up by documentation is to be evaluated.

The self-administration scheme changes the nurse's role by putting greater emphasis on patient education as opposed to administration of medicines and, therefore, time is required to adapt to this change in role. Good communication between doctors, nurses, pharmacists and patients is of utmost importance and must be emphasised to ensure that the patient is aware of all changes to their medication.

As part of the development of the self-administration procedure, an audit tool has been produced to identify if the various supervision levels are being used, if patients are being moved between the different levels, and if patients are being referred for pharmaceutical input by the pharmacy team. An audit using this tool is planned to take place once the procedure has been in operation

for about six months.

All untoward incidences relating to the self-administration scheme must be reported so that these can be properly investigated. The result of such an investigation may lead to recommendations for changes to the procedures to ensure that future incidences will be reduced or eliminated. A review of the self-administration scheme is planned for next year. Amendments may be made as a result of the audit, a review of any reported incidences or other experiences obtained during the scheme's life at the trust.

Further information about patient self-administration of medicines can be obtained from the Audit Commission's website, [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)

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