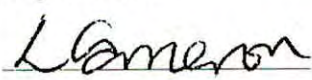


Policy For Self-Administration Of Medicines (SAM) In Hospital By All Staff Working Within NHS Grampian

Author: Medication Safety Advisor, NHS Grampian	Consultation Group (see relevant page within the document)	Approver: Grampian Area Drug Therapeutics Committee (GADTC)
--	---	---

Signature: 		Signature: 
--	--	--

Identifier: NHSG/Policy/SAM/1706	Review Date: May 2028 This policy will be reviewed in three years or sooner if current treatment recommendations change.	Date Approved: May 2025
--	--	---------------------------------------

Policy Statement:
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant guideline, policies, protocols and procedures.

Version 2

This controlled document shall not be copied in part or whole without the express permission of the author or the author's representative.

Executive Sign-Off

This document has been endorsed by Executive Nurse Director, NHS Grampian

Signature: 

Replaces:

NHSG/Policy/SAM/GADTC1242 Version 1

Document application:

NHS Grampian

Revision History:

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Made (Identify page numbers and section heading)
24/02/25	3 yearly update – minor grammatical changes and updated links/references	Throughout
	Added to definition of prescription chart to include both PAR and HEPMA	Section 1.2 Definitions (page 2)
	Added definitions for Administration Record and Patient Record of Self Administration to avoid confusion.	Section 1.2 Definitions (page 3)
	Changed SQID to local delirium tool (e.g. SQID, 4AT)	Throughout
	Added in a paragraph about keypad codes on POD Lockers. Referenced the patient creating a code for keypad locks.	Section 3.3 Patient Assessment Consent (page 6) Section 3.5 Storage and Security of Medicines (page 7) Appendix 1 (page 16)
	Added some detail re: prescribing in HEPMA	Section 3.7 Prescribing (page 9)
	Removed sentence re: assessment as duplicated from earlier section. Re-worded section to include recording administration in HEPMA	Section 3.8 Recording of Administration (page 10)
	Updated Assessment and Consent Form	Appendix 2 (page 19)

Consultative Group

Name:

Michelle Lamont

Karen McKessack

Lesley Gow

Allison Whyte

Title:

Consultant Anaesthetist, Chair Acute & Mental Health

Medicines Safety Group

Clinical Pharmacist (ARI Medical Team Lead)

Nurse Manager, DGH

Clinical Pharmacist, RCH

Policy For Self-Administration Of Medicines (SAM) In Hospital By All Staff Working Within NHS Grampian

Contents	Page No
1. Introduction	3
1.1 Objectives	4
1.2 Definitions	4
1.3 Clinical Situations	5
1.4 Patient Groups To Which This Document Applies	5
1.5 Patient Groups To Which This Document Does Not Apply	5
2. Evidence Base	5
3. Process Document Main Components and Recommendations	6
3.1 Departments.....	6
3.2 Medicine.....	6
3.3 Patient Assessment/Consent	7
3.4 Patient Education	9
3.5 Storage and Security of Medicines.....	9
3.6 Responsibilities	10
3.7 Prescribing	11
3.8 Recording of Administration	11
3.9 Staff Training.....	12
3.10 Adverse Events	13
3.11 Process/Flowcharts.....	14
3.12 Documentation	14
4. References.....	16
5. Responsibilities for implementation.....	16
6. Appendices	17
Appendix 1 – Self Administration of Medicines in Hospital: Information Leaflet.....	18
Appendix 2 - Self-Administration Of Medicines In Hospital: Assessment & Consent Form.....	20
Appendix 3 - Self Administration Of Medicines In Hospital: Ongoing Assessment Recording Sheet	23
Appendix 4 – Staff Guide to Patients Self Managing Diabetes	25
Appendix 5 - Medicines Information Card.....	28
Appendix 6 - Self Administration Of Medicines In Hospital: Patient Record Of Self Administration Of Medicines.....	30

Policy For Self-Administration Of Medicines (SAM) In Hospital By All Staff Working Within NHS Grampian

1. Introduction

NHS Education for Scotland (NES) states “Self-administration of medicines is a philosophy of patient care that believes patients should be as independent as possible, should participate in their own care, make decisions about their treatment in partnership with nursing, midwifery, medical and pharmacy staff, and therefore be able to make informed choices.”⁽¹⁾

This policy aims to enable departments to safely implement SAM schemes for in-patients in hospital in order to allow patients to participate in self-care with their medicines and empower patients to be involved in the decision making relating to those medicines.

SAM provides the patient with many benefits, however it is not without risk. In order to achieve the benefits it may be necessary to involve the patient in teaching or supervision where needed, for example when medicines have been started or changed. By implementing systems and appropriate controls and taking a collaborative approach between the multi-disciplinary team and involving the patient risks are minimised and SAM can be successful.

Benefits of SAM	Risks
• Safety • Independence • Trust • Partnership • Compliance • Simplified regimes • Improved patient education • Improved knowledge of their medicines • Practise administration • Identify issue early • Reduced readmission rates • Patient empowerment • Customised care	• Overdose (accidental/intentional) • Under dosage (accidental/intentional) • Non-compliance • Financial (cost of purchasing Patient's Own Drug lockers and ongoing costs associated with lost keys) • Security • Perceived inequality
Systems and Controls	
• Department meets required criteria • Departmental SAM risk assessment • SAM Standard Operating Procedure (SOP) • Inclusion/exclusion criteria for patient group • Inclusion/exclusion criteria for medicines	• Patient assessment • Consent • Training and education (staff, patients) • Documentation • Collaboration and communication • Accurate medicines reconciliation

Omitted and delayed medicines were one of the most frequent causes of medicines incidents reported to the National Patient Safety Agency.⁽²⁾ In addition to empowering patients while they are admitted to hospital SAM has the potential to reduce the number of omitted and delayed doses.

Self-administration of medicines has been tested in a variety of settings within NHS Grampian (adult in-patient, mental health, paediatrics and maternity). This policy and associated documents have been developed using learning from Plan Do Study Act (PDSA) cycles as part of this testing.

1.1 Objectives

To provide a framework for NHS Grampian in relation to implementing SAM.

To identify a set of essential requirements needed for areas to implement SAM.

To guide development of local standard operating procedures for SAM within NHS Grampian.

To provide standardised documentation for use within NHS Grampian.

1.2 Definitions

Self-Administration of Medicines (SAM): The ability for patients to store and manage their own medicines. In paediatric areas the parents/or person with parental responsibility of the patient would store and manage their children's medicines unless the patient them self is deemed competent.

Patients: In-patient within NHS Grampian. For the purpose of this document this includes parents of paediatric patients where they will be administering medicines to their child who is an in-patient.

Patient's Own Drugs (POD): Medicines that are labelled for the patient.

POD Locker*: A locked medicine storage cabinet to which the patient has access and can securely store their PODs. Usually installed by the patient's bedside.

*POD lockers have been identified as a ligature risk and are therefore not available in every Mental Health and Learning Disabilities area, the process for storing and accessing medicines for self-administration in these areas will be detailed in the local SOP. In these areas self-administration will generally be limited to level 2. For the purpose of this document the term "POD locker" includes the alternative medicines storage facilities used within Mental Health and Learning Disabilities for self-administration of medicines.

Prescription Chart: The chart on which the medicine for an in-patient is prescribed. Depending on the area/medicine it may be Hospital Electronic Prescribing and Medicines Administration (HEPMA) or the Prescription and Administration Record (PAR).

Administration Record: The chart on which the administration of medicines is recorded by staff administering medicines. This is usually the HEPMA chart or PAR and is different to the Patient Record of Self Administration of Medicines (see below).

Patient Record of Self-Administration of Medicines: A record of self-administration of medicines kept by the patient in order for staff to see when the patient has taken their medicines. This is different to the Administration Record (see above).

1.3 Clinical Situations

This policy applies to all hospitals and associated off-site in-patient facilities within NHS Grampian implementing SAM schemes.

1.4 Patient Groups To Which This Document Applies

This document applies to all patient groups across NHS Grampian who are identified as suitable for SAM the detail of which will be documented in the local Risk Assessment and Standard Operating Procedure for individual areas.

1.5 Patient Groups To Which This Document Does Not Apply

This document does not apply to patient groups across NHS Grampian who have been identified as unsuitable for SAM following local risk assessment and individual patient assessment. SAM is also not suitable in any of the following circumstances:

- The patient is drowsy or confused.
- The patient has reduced or impaired capacity.
- Medicine requirements that may change frequently (excluding medicines that require dose adjustments to be initiated by the patient, e.g. insulin).
- The patient declines to self-administer.
- Any medicine which cannot be stored in the POD locker* (*exclusions apply see [section 3.2](#) medicines).
- Any medicine which the person is not able to take via the prescribed route.
- The medicines are not labelled or the instructions do not match the prescription chart.
- Patients suitable for level 3 self-administration who do not have a POD locker near them (level 1 and level 2 may be undertaken without a POD locker by storing the patient's medicines in alternative medication storage facilities).
- The patient will not be responsible for administering the medicine at their place of residence after discharge from hospital.
- Patients who require subcutaneous medicine by intermittent injection in adult palliative care – refer to NHS Grampian Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medicine by Intermittent Injection – Adult Palliative Care.⁽³⁾

2. Evidence Base

SAM will support patients to make informed choices about their care, be as independent as possible and to participate in the management of their own care.⁽¹⁾⁽⁴⁾ A critical literature review by Wright (2006) demonstrated improved compliance, increased knowledge for participants and higher levels of satisfaction, with the majority of patients saying they would choose SAM in the future.⁽⁵⁾

In order for patients to maintain responsibility for the administration of some or all of their medicines during a stay in the healthcare setting the Royal College of Nursing and the Royal Pharmaceutical Society state in their Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) that organisations have “a policy for self-administration of medicines”.⁽⁶⁾

The Joint British Diabetes Societies for Inpatient Care Group state in Self-management of diabetes in hospital (2021) that “people with diabetes manage their condition on a day to day basis when out of hospital, and should continue to self-manage during a hospital admission unless there is a specific reason why they cannot.” They also advise that the choice to continue to self-manage during admission to hospital is the patients if they are well enough to do so.⁽⁷⁾

Evidence suggests medicines errors are significantly reduced when SAM is implemented (Spragg 2017).⁽⁸⁾

3. Process Document Main Components and Recommendations

3.1 Departments

Before implementing SAM wards/departments must demonstrate the following requirements are met:

- There is evidence that accurate medicines reconciliation is undertaken as per NHS Grampian Medicines Reconciliation Protocol.⁽⁹⁾
- A robust system is in place for the review of all medicines related adverse events.
- A robust system is in place to ensure all PODs are placed in POD lockers and the lockers are emptied on discharge and appropriate medicines returned to the patient.
- An education plan to ensure staff will receive education and ongoing updates in SAM.
- POD lockers suitable for SAM have been installed ([section 3.5](#))
- A departmental risk assessment for SAM has been completed.
- An agreed SOP has been developed detailing local procedures in delivering SAM which applies the principles contained within this document and is agreed by the appropriate medical, nursing and pharmacy lead within the relevant hospital/division/sector the SOP relates to.

3.2 Medicine

Medicines suitable for SAM are those that are likely to be used on discharge and/or medicines that the patient has experience of administering prior to admission, this will be individual to the patient. However, medicines to be used must be appropriately labelled for the patient, i.e. dispensed and labelled by a community or hospital pharmacy, and must be able to be stored securely in the POD locker*. For this reason some medicines that the patient usually takes/administers at home will be excluded from SAM (see [summary table](#) below).

Note: Patient's self-administering rescue medicines (medicines that may be required urgently but not in an emergency, e.g. salbutamol inhalers, subcutaneous (SC) insulin, Glyceryl Trinitrate (GTN) spray) at level 3 can be included but not locked in the POD locker. In these instances the patient should be advised to:

- Store the medicine on their person and/or out of sight from other patients and visitors.
- Make staff aware where it is stored in case they need to administer the medicines for the patient.
- Notify staff when they have used rescue medicines particularly in instances where they exceed the recommended dose.

Summary Table:

Medicine Included	Medicine Excluded
• Regular medicines that the patient routinely takes at home (and are correctly labelled) • Regular medicines that have been started in hospital (and are correctly labelled) and the patient will continue to take when they have been discharged • Medicines that can be safely stored in the POD locker • Short courses of new medicines where these may be completed prior to patient going home, e.g. labelled antibiotics • Monitored Dosage System dispensed by and labelled by community pharmacy which the patient would ordinarily use for administering medicines (for as long as no changes are made to these medicines) • Rescue medicines the patient may require urgently (but not in an emergency, e.g. salbutamol inhalers, SC insulin, GTN spray) can be included and not locked away (patient to keep the medicine on their person and/or out of sight)	• Drugs which are subject to Controlled Drug (CD) storage requirements, e.g. schedule 2 and schedule 3 medicines • Medicines that require refrigeration • Intravenous medicine • Medicines that are required in an emergency • Medicines prescribed as “once only” • Medicines that are not labelled for the patient • Medicines that are incorrectly labelled (e.g. following a dose change) • Medicines that cannot be safely stored within the POD locker • Medicines in patient filled compliance aids

3.3 Patient Assessment/Consent

Wards/departments should determine the group of patients who can participate in SAM within their area and this should be documented in the local risk assessment. Potentially suitable patients should be given the Information Leaflet to read ([Appendix 1](#)). If after reading the information leaflet and following discussion with staff they would like to participate, individual patients will then need to be assessed for suitability using the Assessment and Consent Form ([Appendix 2](#)) to determine their ability to self-administer before they are allowed to take responsibility for any medicine whilst in hospital. This is to ensure there are no unacceptable risks and to resolve any potential difficulties. The use of a standardised approach to assessment ensures consistency and limits the risk of inappropriate patients being allowed to self-administer without the appropriate safeguards. The assessment should take into consideration all educational needs of the patient in relation to their medicines and their ability to demonstrate a safe process for selecting the correct medicine in the

correct dose at the correct time. Patients who require support in these areas can still be considered for SAM but will need to start at level 1 or level 2 and progress to level 3 with appropriate education and support.

Once the patient has been assessed as suitable they must sign the Assessment and Consent Form ([Appendix 2](#)) to document they have had the scheme explained to them and that they are taking responsibility for storage and administration of their medicines. Which medicines the patient will be self-administering should be agreed with the patient and documented in the patient's notes.

The assessment should be reviewed at a minimum frequency agreed appropriate by the service and detailed in the local SOP, e.g. daily in acute medical/surgical wards or weekly or less frequently in Mental Health and Learning Disabilities where patients may be longer term. This is to ensure the patient remains suitable for SAM and this should be documented in the notes. In areas that assess patients daily using a Delirium Tool (e.g. SQID, 4AT) this should be used as the daily assessment. In other areas an ongoing assessment recording sheet is available ([Appendix 3](#)).

In order to identify patients who are undertaking SAM the SAM Assessment/Consent Form, and if used, the ongoing assessment form, should be kept in a location where they can be easily found by staff involved in medicines management. Individual areas should detail in their local SOP the location in which these documents should be kept.

There will be times where withdrawal or temporary withdrawal from SAM is necessary for example, a deterioration in condition or a patient undergoing surgery. The nurse looking after the patient is responsible for alerting medical staff should the patient's condition change and they are no longer suitable for SAM, the patient will need to be re-assessed before re-entering SAM. If the patient is withdrawn from SAM the SAM Assessment/Consent form, along with any other SAM documents in use should be filed in the notes and withdrawal and the reasons why should be documented in the Electronic Patient Record (EPR).

Levels of Supervision	
Level 1	The nurse/midwife administers the medicines, giving full explanation. Refer to the Administration Of Medicines Guidelines.
Level 2	The patient administers the medicines, with nurse/midwife supervision. Refer to local Standard Operating Procedure.
Level 3	The patient administers the medicines without nurse/midwife supervision. At this point, the patient is given the key or creates a code for their POD locker, thus taking responsibility for storage as well as administration. Refer to local Standard Operating Procedure.

Individual patients will require different levels of supervision under SAM depending on their competence and ability. Patients may progress through the levels of SAM as

they become more competent and as staff gain confidence in their safety and ability. Patients are able to move up and down levels, depending on abilities and changing needs. Level of supervision and any changes in levels must be accurately documented in the patient notes.

A staff guide to patients self-managing diabetes ([Appendix 4](#)) is available which includes a flowchart to aid the assessment of patients for self-managing diabetes in hospital which includes self-administering subcutaneous insulin. “Injection Technique Matters” resources designed to remind patients of good subcutaneous injection technique are available from Trend Diabetes [Injection Technique Matters – Trend Diabetes](#).

To assist staff to communicate with non-English speaking patients, parents or carers, the “Language Line” telephone interpretation service is available. By prior arrangement, “face to face” interpreters are also available. If a patient, parent or carer has a communication disability, appropriate communication support such as British Sign Language (BSL) interpretation can be provided. Information in other formats can also be made available.

3.4 Patient Education

Patients should receive information regarding the correct use of their medicine including:

- The name of the medicine
- Its purpose
- The dose and frequency
- Any special instructions
- Possible side effects
- Duration of the course of treatment
- The supply of the medicine they will be using
- Where to store their medicine
- What to do if they miss a dose, forget how or what to take or run out of supplies
- Who to contact if they wish to stop SAM
- What to do about ‘as required’ medicine
- Using their medicine for their treatment only and not sharing with anyone else
- How to communicate to staff or record that they have taken their medicine
- What will happen at discharge
- Injection technique for patients self-administering subcutaneous insulin.

A Medicines Information Card ([Appendix 5](#)) is available to provide the patient with written information on their medicines if they wish. The most appropriate healthcare professional within the hospital/division/sector* should complete this following discussion with the patient/carer. *This will be detailed in the local SOP.

3.5 Storage and Security of Medicines

Medicines must be stored securely in a POD locker to which the patient has access, refer to the NHS Grampian Storage of Medicines Within Clinical Areas Policy (2023)⁽¹⁰⁾ for specifications on drug lockers, locks and storage of medicines.

In order to minimise risk the following must be adhered to:

- POD locker should only contain medicines which are:

- o currently prescribed
- o labelled for that individual patient
- Any medicines no longer required should be immediately removed and consent obtained from the patient for destruction.

If the patient is self-administering at level 3 rescue medicines for urgent use (e.g. salbutamol inhalers, SC insulin, GTN sprays) can be stored outside the locker but out of sight of other patients and visitors.

POD locker keys should:

- Be individual to each locker (i.e. the key used by the patient should only have access to their own locker)
- Not be easily matched to lockers (e.g. no colour coded stickers)
- Have a master key in the department (held with the ward drug keys)
- Be stored in the ward in a secure key cabinet when not in use or if patient is supervised during SAM
- Be kept on their person (patient) if unsupervised during SAM
- Be returned to Nurse/Midwife in charge on discharge
- Be removed from the patient if they are withdrawn from SAM.

Missing keys:

- Every attempt should be made to locate lost keys.
- Every effort must be made to retrieve keys taken home by patients
- If the key cannot be found see actions to be taken in [Section 3.10](#) - Adverse Events.

It is recognised that the risk of POD locker keys being lost/inadvertently taken home by a patient is high and that some areas may prefer to use keypad locks on the POD Locker. While this is not recommended, where they are in use, the area must have a system in place to ensure individual patients can change the code to one personal to them and that master codes are changed regularly and not written down, this process must be detailed in the local SOP.

3.6 Responsibilities

All healthcare professionals have a duty of care to patients and are responsible for providing the current best possible care. In respect to SAM this includes ensuring patients are able to comply with any prescribed medicine.

Roles and responsibilities may differ between wards/departments and must be clearly set out in the local SOP. The service must consider who is most appropriate to manage the following in their area and detail it in the local SOP:

- Patient assessment and consent
- Patient education
- Safe and secure storage of medicine (levels 1 and 2)
- Supervising medicine administration (levels 1 and 2)
- Monitoring and progressing patient through levels
- Ordering medicine
- Compliance checks
- Provision and updating medicines information card if required
- Supply of medicine

- Appropriate prescribing of medicine
- Informing patient when medicine has been changed
- Informing nursing/midwifery staff immediately if changes to medicine are made
- Writing discharge prescription
- Removal of medicines which have been stopped from POD locker.

Patients have a responsibility to comply with the conditions set out in the Assessment and Consent Form ([Appendix 2](#)) and must consent to these when participating in SAM.

Summary of responsibility - administration and storage of medicines:

Level	Responsibility for administration	Responsibility for Storage
1	Nursing/Midwifery Staff	Nursing/Midwifery Staff
2	Patient with supervision	Nursing/Midwifery Staff
3	Patient	Patient Nursing/Midwifery Staff (removal of old medicines)

3.7 Prescribing

Prescribers must prescribe the required medicine to be self administered on the appropriate prescribing chart in use within their areas.

Patients with a HEPMA chart should only have the “Will self administer this drug” ticked when they are at Level 3 of self administration otherwise the medication will not be visible for nursing staff to administer. This will need to be unticked if the patient is withdrawn from Level 3 SAM, see [HEPMA self administration SOP](#) for details on how to prescribe/indicate the patient is self-administering their own medicine.

If it is necessary to alter any part of a prescription the prescriber is responsible for informing a member of the nursing team immediately. If a dose change occurs outside pharmacy hours and the medicine label requires updating, the nurse should administer the medicine as per level 1 until the label can be amended and Medicines Information Card, if used, updated ([Appendix 5](#)). The patient should also be informed of any changes.

The process for informing pharmacy of any medicine or dose changes will be detailed in the local SOP in order that the appropriate medicine can be dispensed or the label amended.

3.8 Recording of Administration

The nurse responsible for looking after the patient must:

- Check the prescription chart at the appropriate time even when the patient is at level 3 and ensure the patient is given or has taken their medicine depending on their level.

- o Asking is usually sufficient in most cases.
- o Individual tablet counts may be necessary in some circumstances but not all. Whether this is required will be dependent on the individual patient and should be documented in the notes.
- When the nurse is fully satisfied that the patient has taken/been given their medicine they must ensure it is documented appropriately in the relevant administration record (HEPMA or PAR):
 - o For HEPMA follow [HEPMA SOPs](#)
 - o For PAR:
 - Sign the PAR with the appropriate self-administration code and record the level of self-administration in the notes.
 - Document the time and dose on the PAR for patients at level 3 who are self-administering their own “as required” medicine. Patient will inform the nurse/midwife when they have taken any PRN medicine(s).
- Check the prescription chart for changes and update written information as appropriate.
- Assess whether the patient’s ability to self-administer has changed and react accordingly, e.g. move down a level or temporarily stop self-administration.

Patients on level 3 may use the Patient Record of Self-Administration of Medicines ([Appendix 6](#)) to support them to self-administer their medicines. If patients intend to leave the ward for short periods of time, e.g. to the shop or cafe they must either inform nursing/midwifery staff before leaving which medicines have been taken so that they can be recorded in the administration record or complete the Patient Record of Self-Administration of Medicines and leave it in a place the nursing staff will be able to review it in their absence. For patients “on pass” the appropriate code will be recorded in the administration record.

3.9 Staff Training

SAM should only be implemented in the clinical area when all staff involved in SAM have undergone the appropriate training. A training plan for local areas should be developed and training log maintained by the appropriate team members leading SAM within the area. A set of training slides with commentary is available on the [NHS Grampian Medication Safety intranet page](#).

All nurses, pharmacists and pharmacy technicians managing patients who self-administer must have read this policy and the local SOP and risk assessment.

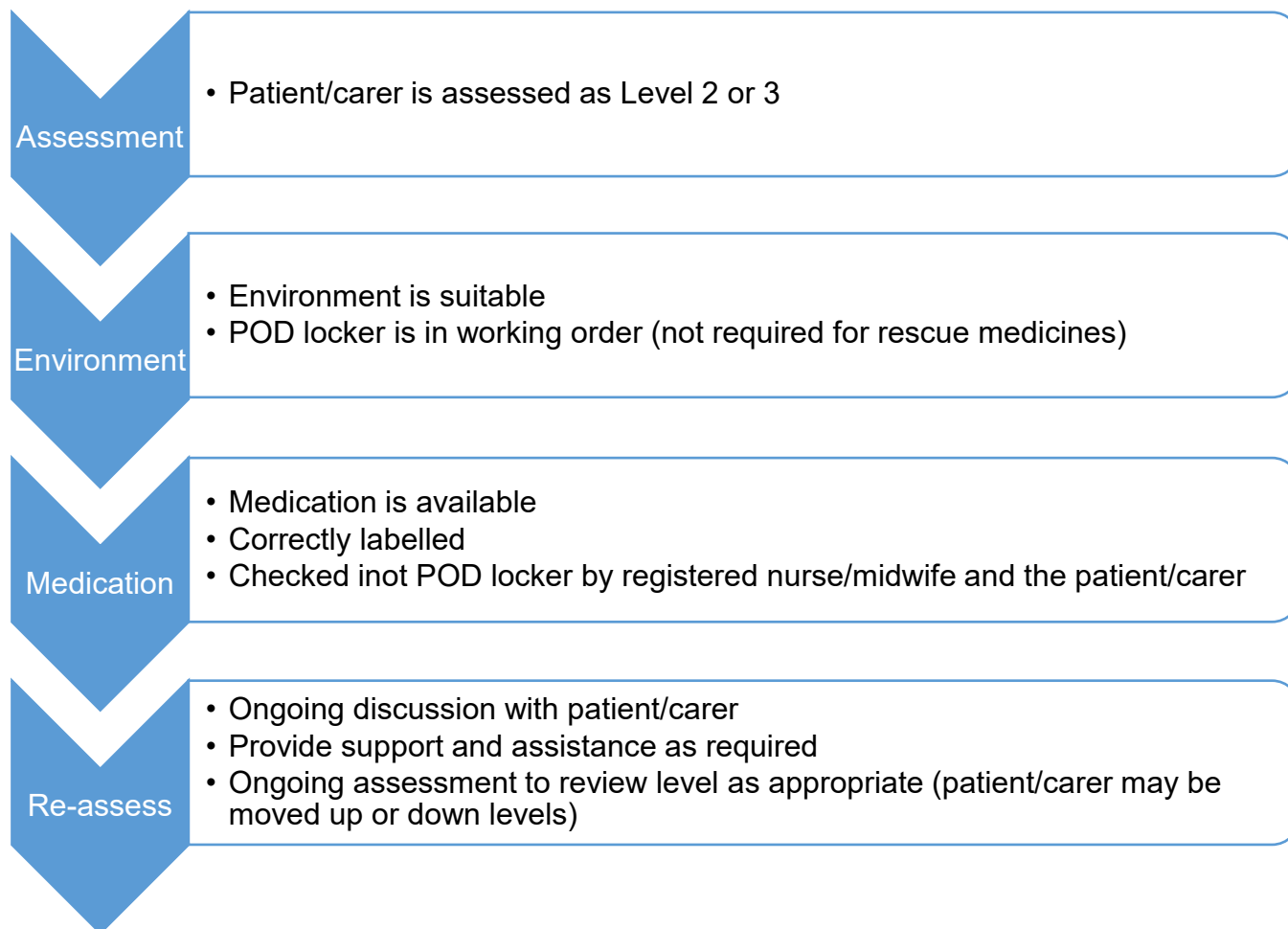
3.10 Adverse Events

Any medicines related adverse events occurring in a patient undertaking SAM must be responded to immediately and reported via the Datix system. Examples include:

Adverse Event	Actions
Patient forgets to take medicine or takes the wrong dose/medicine	• Respond to any immediate clinical requirements • Document error in records • Document in HEPMA/PAR • Inform medical staff • Check the patient's understanding of his/her medicine • Reassess level of SAM • An adverse event report should be submitted via Datix
Patient over or under doses	• Respond to any immediate clinical requirements • Inform medical staff • Document in records • Nurse resumes custody of medicines and responsibility for their administration • An adverse event report should be submitted via Datix. Ascertain reason for over/under dose and act accordingly • Discuss risk associated with over or under dosing
Patient forgets to lock medicine away in POD locker	• Discuss the importance of security with the patient • Re-assess ability to participate in SAM • An adverse event report should be submitted via Datix
Patient POD locker key is lost and cannot be found.	• The patient should be withdrawn from SAM • Remove medicines from the cabinet using master key • Arrangements should be made to obtain a new key/lock for the relevant locker • Inform Pharmacy staff at next available opportunity • An adverse event report should be submitted via Datix
Master key is lost and cannot be found.	• All lockers will require their locks changed, contact Estates Department to facilitate • An adverse event report should be submitted via Datix
Patient/Visitor obtains master code for POD lockers	• Assess the risk of what medicines the patient has had access to • Re-set master code on all POD Lockers • An adverse event report should be submitted via Datix

3.11 Process/Flowcharts

The following must be completed and/or in place before a patient is commenced on SAM



3.12 Documentation

Before commencing SAM individual wards/departments should ensure the following are available and complete if necessary:

Document	Why?
Local Standard Operating Procedure (template)	To ensure the ward/department meets the criteria for implementing SAM. To ensure local senior nursing, medical and pharmacy accept responsibility for the safe implementation and evaluation of SAM within their ward/department. To describe the procedure to staff and how it will operate in their ward/department. This may be departmental, divisional or sector wide if the process is the same for all.

Risk Assessment (use NHSG template)	To identify risks local to the ward/department in respect of SAM and what safety measures are in place to reduce those risks. The risk assessment should include: • Groups of patients to be included in SAM • Groups of patients to excluded from SAM • Medicines to be included in SAM • Medicines to be excluded from SAM • Safety measures for emergency and rescue medicines held by the patient
---	---

The following documents must be used for individual patients where applicable:

Document	Why?
Information leaflet (Appendix 1)	To provide patients with written information on SAM. May be adapted for specific patient groups, e.g. within paediatrics where parents or the child themselves may be administering the medicine.
Assessment and Consent Form (Appendix 2)	To ensure the patient is adequately assessed. To document that the patient has been assessed and agrees to participate in SAM.
Ongoing Assessment Recording Sheet (Appendix 3)	To provide evidence that an ongoing assessment of suitability has taken place at an appropriate timeframe (not required if ward documents a delirium score daily e.g. SQID, 4AT).
Staff Guide for Self-Managing of Diabetes (Appendix 4)	To ensure the appropriate questions have been asked in terms of decision making when determining whether patients are suitable to self-manage their diabetes while in hospital.
Insulin Injection Technique Resources	To ensure patients who will be self-administering subcutaneous insulin are reminded of the correct technique. Injection Technique Matters – Trend Diabetes
Medicines Information Card (Appendix 5)	To ensure patient has a prompt available to remind them which medicines should be taken when and how much (if required/requested by the patient)
Patient Record of Self Administration Record (Appendix 6)	To ensure there is an accurate record of when the carer has administered the medicines (if they leave the ward without notifying nursing staff)

4. References

- 1) **NHS Education for Scotland** (2010) Toolkit for the Self-Administration of Medicines (SAM) in Hospital
- 2) **Cousins DH, et al** (2011) A review of medication incidents reported to the National Reporting and Learning System in England and Wales over 6 years (2005 – 2010). *British Journal of Clinical Pharmacology*; 74:4, 597-604
- 3) **NHS Grampian** (2024) [Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection – Adult Palliative Care](#)
- 4) **Specialist Pharmacy Service** (2024) [Self-administration of medicines](#)
- 5) **Wright J, Emerson A, Stephens M, et al** (2006) Hospital inpatient self-administration of medicine programmes: a critical review. *Pharm World Sci* 28:140
- 6) **Royal College of Nursing and Royal Pharmaceutical Society** (2019) [Professional Guidance on the Administration of Medicines in Healthcare Settings](#)
- 7) **Joint British Diabetes Societies for Inpatient Care Group** (2021) [Self-management of diabetes in hospital](#)
- 8) **Spragg R** (2017) A self-administration of medication pilot project: patient and nurse views. *British Journal of Nursing*; 26:2, 696
- 9) **NHS Grampian** (2023) [Medicines Reconciliation Protocol](#)
- 10) **NHS Grampian** (2023) [Storage of Medicines Within Clinical Areas Policy](#)
- 11) **NHS Grampian** (2021) [Instruction for NHS Grampian Staff on the Prescribing and Administration of Medicines Using the NHS Grampian Prescription and Administration Record](#)

5. Responsibilities for implementation

Organisational:	Chief Executive and Management Teams
Corporate:	Senior Managers
Departmental:	Heads of Service/Clinical Leads
Area:	Line Managers
Hospital/Interface services:	Group Clinical Directors
Operational Management Unit:	Unit Operational Managers

Date Impact Assessed: 23/04/2025

6. Appendices

[Appendix 1](#) – Patient Information Leaflet

[Appendix 2](#) – Assessment and Consent Form

[Appendix 3](#) – Ongoing Assessment Recording Sheet

[Appendix 4](#) – Staff Guide for Self-Managing of Diabetes

[Appendix 5](#) – Medicines Information Card

[Appendix 6](#) – Patient Record of Self Administration of Medicines

Appendix 1 – Self Administration of Medicines in Hospital: Information Leaflet

What is Self-Administration of Medicines (SAM)?

SAM is a programme used within the ward to enable patients, carers or parents of children to be responsible for taking (or giving) the patient's own medicine whilst they are in hospital without waiting for a nurse or midwife to administer it.

Throughout this leaflet we will refer to patients taking their own medicines; for the purpose of explaining the programme this also includes carers and parents giving their relative or child their own medicines.

Why am I being asked to think about taking my own medicines in hospital?

Some medicines need to be taken at particular times of the day. Being able to take your own medicines, when you need to, supports independence and reduces the risk of your medicines being given late. This programme may also help improve your knowledge about your medicines. You may have been in hospital for a while and need to build up your confidence in relation to taking your medicines. Self administration of medicines will help you do this before you return home.

I think I would like to take part in this programme, what happens next?

The healthcare professional will ask you a series of questions to make sure you have an understanding of how and when to take your medicines. If it is felt that you need a bit more help with this, education and support will be given to you before you are fully enrolled in the programme.

If you are both in agreement and you wish to proceed you will be asked to sign a consent form; this is to make sure there is a documented record that the programme has been explained to you by a healthcare professional, you have been given a chance to read this information leaflet and that you have had any questions you may have answered.

Following this the staff will explain:

What medicine(s) you have been prescribed, how to take them, the frequency of

- when the medicine(s) are to be taken and why you require them.
- The potential side effects of any medicines.

There are different levels to the programme depending on the amount of support you need to take your medicines yourself. The levels are:

Levels of Supervision	
Level 1	The nurse/midwife administers the medicines, giving full explanation
Level 2	The patient administers the medicines, with nurse/midwife supervision
Level 3	The patient administers the medicines without nurse/midwife supervision. At this point, the patient is given the key/creates a code for their medicine cabinet, thus taking responsibility for storage as well as administration

If you would like a chart so you can keep track of when your medicine(s) are due and when you have taken them please ask the nursing staff. The nurse or midwife will regularly ask whether you have taken the medicines that were due. This is important

so that they can record on your prescription and administration record that you have had them.

How do I store my medicines?

Your medicines will be stored in a locker beside your bed or in some wards the ward medicines trolley or cupboard. In wards with lockers beside your bed the nurse or midwife looking after you will provide you with instructions on how to use the locker and answer any questions you may have.

What are my responsibilities?

- Always ensure you lock your medicines away so another patient or visitor in your room doesn't accidentally take your medicines by mistake
- Please do not share your locker key/combination with anyone else
- Never take more than the dose indicated on the label
- Never share your medicines with anyone else
- Record the medicine(s) you have taken on the chart provided if you are using one
- If you are unsure at any time please ask a member of nursing/midwifery staff

What do I do if I have problems with the medicines I am taking?

Please highlight any concerns with a nurse or midwife as soon as you have identified them and they will contact a doctor who will review your situation if appropriate.

- Regular medicines – if you have questions about whether you should continue to take your regular medicines while in hospital please speak to your nurse or midwife.
- Painkillers –If at any point you feel you are still in pain despite taking your usual painkillers it is important that you speak to your nurse or midwife who will be able to support and advise you.

I don't think I would like to take part in this programme, what happens next?

Just let your nurse or midwife know you do not want to take part and they will continue to give you your medicines at the times they are due.

Can I change my mind?

Of course, if you change your mind and decide you would like to take part let your nurse or midwife know and they will go through the steps described above with you. If you agree to take part in the programme and change your mind just let your nurse or midwife know and you will be withdrawn from the programme. You can always join again when you feel a bit better or are more confident with the medicines you will be taking.

What if I'm not able to take my medicines?

Your nurse or midwife will keep a check on how you are getting on with taking your medicines. If for any reason they think it is best for you to temporarily withdraw from the programme they will discuss this with you. This might be because of changes in your condition or awareness.

If at any point during your stay you have any questions please ask a member of nursing/midwifery staff who will be happy to help you.

Version 2: January 2025

Appendix 2 - Self-Administration Of Medicines In Hospital: Assessment & Consent Form

Assessment Flowchart

Patient Name:

CHI number:

Date of Birth:

Addressograph

Ward:

Hospital:

Give the patient the self administration of medicines information leaflet and answer any questions they have.
Does the patient agree to be assessed for suitability to participate?

Yes

No

Do any of the following apply to the patient?

- They self administer their own medicines at home (this may be medicines for long term conditions or short courses of treatment prescribed in primary care e.g. antibiotics)
- They will be taking medicines by themselves when they are discharged home?

Yes

No

Is the medicine you are asking the patient to self administer while in hospital any of the following?

- their usual regime
- the regime they will be going home on
- an appropriate short course of treatment for self administration e.g. oral antibiotics or eye drops

Yes

No

Is the patient confused?

Yes

No

Do they understand any special instructions?

No

Yes

Are the medicines correctly labelled and can the patient read the labels, open the containers/blister packs and access and open the POD locker?

No

Yes

No

Does the patient agree to participate understanding that they may withdraw at any time?

Yes

Decision Outcome

Suitable/Not Suitable for Self Administration of Medicines

Name:

Signature:

Date:

Do not start patient on self-administration of medicines

Move to assessment of levels of supervision

Based on the above assessment flowchart, capability and risk, this patient has been assessed as suitable for self-administration, to commence at the following level of supervision:

Levels of Supervision		Tick	Date	Initials
Level 1	The nurse/midwife administers the medicines, giving full explanation. E.g. for patients who have the potential to self-administer but require education on the medicines and shown how to take them.			
Level 2	The patient administers the medicines, with nurse/midwife supervision. E.g. for patients who have an understanding of their medicines but need some support/supervision when taking them to build confidence.			
Level 3	The patient administers the medicines without nurse/midwife supervision. At this point, the patient is given the key/creates a code for their medicine cabinet, thus taking responsibility for storage as well as administration. E.g. for patients who have shown that they have an understanding of their medicines and when and how to take them. They have demonstrated a safe and organised system to pick the right medicines, in the right dose, at the right time.			

Action plan:

(e.g. detail any further support required with organising their medicines in order to take them at the right time, plan for progressing through levels if appropriate)

Consent – must be signed for levels 2 & 3

Patient / Carer (delete as applicable)			
I have read and understood the leaflet “Information about Self Administration of Medicines in Hospital” and the scheme has been explained to me. I understand that I must seek help or advice from the nurse or midwife when I have any problems or questions about self-administration of medicines. I understand I must inform the nurse/midwife or complete the Patient Record of Self-Administration of Medicines when I have taken medicines so that they can record this in my records. I understand that I may withdraw from the scheme at any time by informing the staff caring for me. I consent to participate in the self-administration of my medicines on the ward.			
Name (PRINT)		If not patient relationship to patient	
Signed		Date	
Assessed by & Consent Witness (Healthcare Professional)			
I confirm that I have assessed the patient for suitability for self-administration of medicines in hospital, they have had an opportunity to read the leaflet “Information about Self Administration of Medicines in Hospital and asked any questions.			
Name (PRINT)			
Signed		Date	

Appendix 3 - Self Administration Of Medicines In Hospital: Ongoing Assessment Recording Sheet

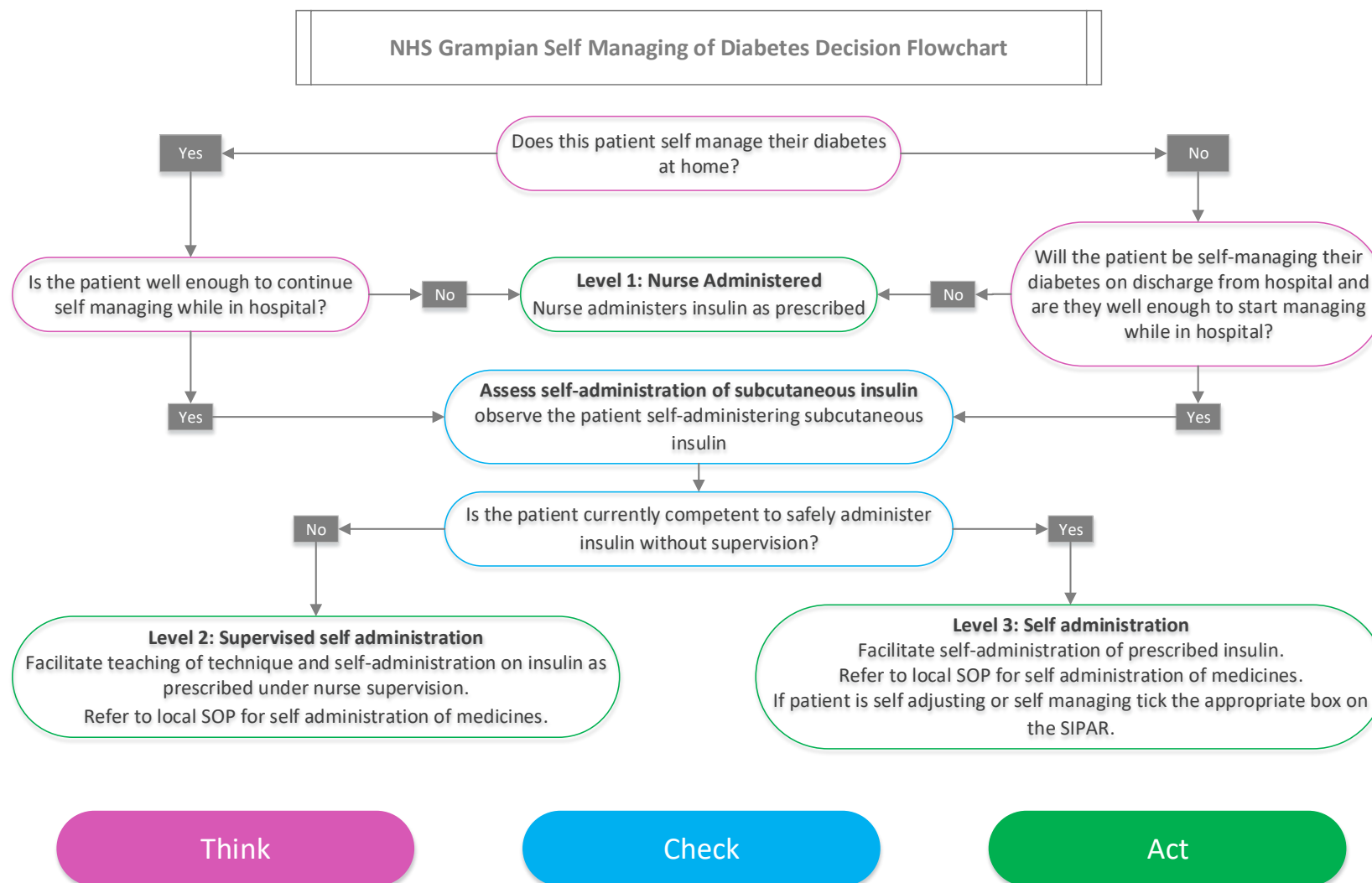
Patient Name: CHI number: Date of Birth: Addressograph Ward: Hospital:	Based on the questions in the assessment form, please assess whether there are any changes which would require self administration of medicines to stop or have the level reviewed. Assessment Frequency (as per SOP): _____
---	---

Date	Current Level	Assessment Reviewed (tick)	Self-administration continues? (document the level)	Comments (must be completed if self administration stops or the level changes)	Signature	PRINT NAME/ Designation

Self Administration Of Medicines In Hospital: Ongoing Assessment Recording Sheet

Date	Current Level	Assessment Reviewed (tick)	Self-administration continues? (document the level)	Comments (must be completed if self administration stops or the level changes)	Signature	PRINT NAME/ Designation

Appendix 4 – Staff Guide to Patients Self Managing Diabetes



Staff Guide to Patients Self Managing Diabetes
Version 3: Jan 25
Page 1

Self Managing of Diabetes – administration levels & equipment checklist



LEVELS	ACTIONS
Level 1 Nurse administered 	- Nursing staff monitor blood glucose using quality controlled hospital meter - Ensure prescribed insulin is on HEPMA or main PAR and on the subcutaneous insulin prescription and administration record (SIPAR) - Use an insulin syringe or pen device if trained to do so - Review glycaemic control daily with medical staff - Prior to discharge: - arrange appropriate support for insulin administration /refer to district nursing service - ensure adequate supplies e.g. insulin syringes/pens, prescribed insulin and appropriate sharps disposal - refer to Diabetes Team
Level 2 Supervised self administration 	- Monitor blood glucose using quality controlled hospital meter. Patients may chose to use own meter or CGMS (continuous glucose monitor). If concerns about accuracy of results these should be confirmed with hospital meter - Ensure prescribed insulin is on HEPMA/PAR & SIPAR - Provide sharps disposal unit and a safe repository for insulin storage in patient own drug (POD) locker - Observe and document all insulin administration on - Review glycaemic control daily with medical - Prior to discharge: - consider ongoing support needs - ensure adequate supplies and appropriate sharps disposal - refer to Diabetes Team
Level 3 Self administration 	- Check the patient is currently well enough to self-administer insulin and technique is good - Monitor blood glucose using quality controlled hospital meter. Patients may chose to use own meter or CGMS (continuous glucose monitor). If concerns about accuracy of results these should be confirmed with hospital meter - Review glycaemic control daily with patient and medical staff - Ensure prescribed Insulin is on the HPEMA/PAR and on the SIPAR - Provide sharps disposal unit, safe clip and advise on safe storage of insulin - Document all insulin administration on HEPMA & SIPAR - Refer to Diabetes Team for review as required
Level 3 CSII 	Continuous subcutaneous Insulin infusion (CSII) is self managed by the patient. Insulin should be prescribed on SIPAR and HEPMA. Insulin Pump Therapy - Support for Inpatients.pdf (sharepoint.com) - The following should available for use in hospital: - A vial of prescribed insulin (labelled for the patient) - Infusion sets and reservoirs for insulin pump, sharps disposal unit - Spare batteries for insulin pump (supplied by pump manufacturer) - Blood ketone monitoring - Contact details for the diabetes team - Basal insulin, rapid acting insulin and appropriate devices in case conversion to subcutaneous insulin is necessary

Equipment Checklist (please provide/ensure the following is available for the patient)	
Needles	
Safe Clip	
Sharps Disposal Unit	
Insulin labelled with:	
- Name - Date of Birth - Date of 1st Use	
Self managing box in SIPAR is ticked	

Staff Guide to Patients Self Managing Diabetes
Version 3: Jan 25 Page 2

Self Managing of Diabetes – further information

Practical advice for administration of subcutaneous insulin

- Refer to [Insulin Storage Safety Messages](#) for guidance on insulin devices, labelling and storage of insulin. It may be appropriate for patients self managing their diabetes to keep their insulin pens on their person out of sight of other patients to ease access for use.
- Continuous Subcutaneous Insulin Infusion pumps (CSII) are designed for 'self use' only. Refer to [Insulin Pump Therapy - Support for Inpatients.pdf \(sharepoint.com\)](#) for specific guidance.
- Pen needles with automatic protective shields are available for use to reduce risk of needle stick injury. These needles should only be used with training. Patients should use their usual needles whenever possible.
- Nurses should only administer insulin using an insulin device if trained to do so.
- Do not extract insulin from prefilled insulin devices and cartridges with a syringe. This will damage the plunger mechanism. Also, extracting insulin from a pen device containing high strength insulin preparations (U200 per mL and U300 per mL preparations) will lead to significant overdose. See NHS Grampian Risk Control Notice [Safety Issues with Improper use of Insulin Pen Devices](#)
- Patient education must be facilitated if insulin device or insulin preparation is changed as devices often differ.
- Staff supporting patients with diabetes should complete relevant training via the diabetes hub on Turas (<https://learn.nes.nhs.scot/13636/diabetes-hub-inpatient-care-training-modules>)
- Refer to Diabetes Team as required (details on rota-watch).

Additional information on self administration of medicines to be given to patients administering subcutaneous insulin

- The patient will be responsible for the disposal of sharps/needles in a sharps disposal unit & safe clip (provided by nursing staff).
- Staff will measure additional blood glucose as the patient's condition determines or at the patient's request using the hospital meter system.
- The patient must inform staff if they require further stock of insulin while they are an in-patient.
- Staff will assess the patient's ability to self-administer daily.

Appendix 5 - Medicines Information Card

General Advice About Medication

1. To reduce the risk of taking the wrong medication, always keep them in the original container.
2. If child resistant containers are not convenient ask for easy open ones.
3. Store all medication out of the reach of children.
4. Be sure you can read the label. Ask for large type if necessary.
5. Pay attention to any directions or cautions on the label.
6. Return any unwanted medication to your local pharmacy for destruction.
7. Please take this card with you when going to the pharmacy so that it can be amended.

Going Home

1. Wait until nursing or pharmacy staff have checked all your medicines.
2. Remember to give your cabinet key to the nurse.
3. If you have any questions about your medication when you are at home you can contact your GP or local pharmacy.

Medicines Information Card

Patient Details

Name: _____

DOB: _____

CHI: _____

Consultant: _____

Ward: _____

Name, strength and formulation of medicine	Reason for taking the medicine	How much and when to take				Special directions	Possible side effects (also see manufacturer's leaflet with this medicine)	Length of treatment
		Breakfast	Lunch	Dinner	Bedtime			

Appendix 6 - Self Administration Of Medicines In Hospital: Patient Record Of Self Administration Of Medicines

Patient Name: CHI number: Date of Birth: Addressograph	Ward: Date: Prepared by:	Information for the patient: After you have taken your regular medicine, tick beside the medicine and time on the record chart. Use your Medicines Information Card to help you. As required medicines should be recorded on page 2. If you have any problems or need help please ask your nurse/midwife or pharmacist.
---	--	--

Regular Medicine	Date and Time Medicines are Taken																											
	Date:				Date:				Date:				Date:				Date:				Date:				Date:			
	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime	Breakfast	Lunch	Dinner	Bedtime

***Healthcare Staff:** Enter P in box if patient was prompted to take dose

Patient Name: CHI number: Date of Birth: Addressograph	Ward: Date: Prepared by:	Information for the patient: After you have taken your regular medicine, tick beside the medicine and time on the record chart. Use your Medicines Information Card to help you. As required medicines should be recorded on page 2. If you have any problems or need help please ask your nurse/midwife or pharmacist.
---	--------------------------------	--

As Required Medicine	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time	Date and Time