POLICY

The IWK Health Centre shall monitor patients who self administer medications while admitted to hospital.

The IWK’s Pharmacy and clinical teams in partnership shall ensure a process for determining which medications are appropriate for self-administration and also under what circumstances patients may self administer medications including assessment of the patient competency, safety of the environment and willingness to self administer.

Self administration of medication is permissible in select circumstances as outlined in this policy and the following policy:

- Medicinal Marihuana (Medication Management Policy 4.08)

As well as:

- Requests for self administration as deemed appropriate and safe by consenting patient
- Unit specific self medication administration education in preparation for discharge
DEFINITIONS

Bedside Medication – medications from Appendix A that are deemed appropriate for self administration and can be stored safely and well out of reach of children/visitors

Health Care Professional - physician, registered nurse, nurse practitioner, midwife, or pharmacist

Illegal Drug – drug not legally available for use in Canada, excluding Special Access Program (SAP) Drugs

MAR – medication administration record

Patient – for the purposes of this self administration policy patient means patient, parent, guardian or family member

Self administration - process where a patient, parent, guardian or family member, following assessment is able to administer their own medicines while in hospital. Including the administration of Vitamin D for newborns.

Self administration of medication - SAM – acronym used for documenting medication administration by patient, parent, guardian or family member

Note: Confirmation and documentation of medication administration shall occur within 30 minutes of scheduled administration time.

Nursing Accountabilities for Self Administration:
- Assessing patient for suitability for SAM
- Making sure the environment is appropriate for leaving medication with patient (example – small children visiting)
- Preparing the medication.
- Educating the patient.
- Double checking of any high alert medications with a second nurse (eg insulin, controlled substances)
- Determining appropriate medication administration time in consultation with patient.
- Confirming medication administration within 30 minutes of scheduled administration time.
- Documenting that the medication is given (or not given) on the medication administration record (MAR) by writing SAM and nurse’s initials.

Requirements for Self Administration:
- Patient assessed by a health care professional (usually the nurse) for suitability for self administration. The basis for assessment shall be determined according to the criteria within this policy.

Note: Results of the assessment and eligibility shall be documented on the permanent health record.
• Medications considered for self administration are appropriate for same.
• Specific medication order(s) shall be written by the prescriber including the medication name, dose, frequency (or times), route, and indication.
• Education is provided for the self administration including information on the medication, dose, frequency (times), route, special administration instructions, indication, and expected actions or side effects.
• Patients who had been self-administering medications on a previous admission are reassessed during each subsequent visit.

Documentation
• Documentation of self administration education shall be recorded in the patient’s permanent health record by the care provider providing teaching.
• Documentation of self administration of medications shall be recorded in the MAR as “SAM” followed by nurse’s initials.
• Adverse events and near misses involving self medication shall be documented in Adverse Event Management System (AEMS).

PROTOCOL

1. The Health Care Professional identifies patients eligible for self-administration based on the following criteria:
   • No physical limitations which would prevent proper self-administration of medications.
   • Ability to read and understand medication administration instructions.
   • Motivated and willing to participate in medications administration.
   • Relatively stable medication regimen.
   • Health care professional responsible for informing patient of all changes in dose, dose frequency of self-administered medications.

2. Documentation on the permanent health record shall include the patient’s willingness and understanding for self administration of medication(s). Patient shall receive medication counselling from a health care professional prior to self administration of medication, including:
   • drug name
   • indication
   • dose
   • dose frequency (times)
   • timing of doses
   • route
   • special administration instructions
• expected actions or side effects

3. Nurse shall provide the patient with pharmacy supplied/prepared or re-labelled home medications at the appropriate dosing time. Only single doses are provided for self administration unless the Prescriber writes an order for medication that is on the approved list of bedside medications or that may be specifically ordered to be left at bedside (refer to Additional Points for Bedside Medications below).

4. If the medication to be self administered is the patient’s own medication, the requirements of Policy 3.90 Medications Brought into Hospital by Patients must also be met.

5. In instances where the nurse does not witness the actual administration, the nurse must follow-up with patient within 30 minutes of the scheduled administration time and document the self-administration.

6. Nurse shall document SAM and his/her initials on the MAR.

7. Nurse shall document observations in the Interdisciplinary Progress Notes and monitor patient comprehension and compliance.

8. At any time during hospitalization if concerns related to the patient’s ability to appropriately administer the medications are identified, reassessment of the patient’s eligibility is required as well as further collaboration with the prescriber for related orders.

ADDITIONAL POINTS FOR BEDSIDE MEDICATIONS

1. Prescriber writes an order for medication that is on the approved list of bedside medications or that may be specifically ordered to be left at bedside (refer to Appendix A).

2. Prescriber indicates in writing if medications from the approved list are "not" to be left at the bedside.

3. Pharmacy dispenses any medications specifically requested by prescriber to be left at the bedside with appropriate labelling for patient self administration. Include comment "Bedside Medication" in comment field of Meditech labels. All oral medications shall be packaged in vials with safety closures where appropriate.

4. Nurse instructs the patient how to administer, store and document medication on Self-Administration Record (IWK_SEADRE for post partum patients, IWK__ for newborns or IWK_RESE for others).

5. Nurse records bedside medication on the Medication Administration Record at the time of issue, including name of medication, dose, frequency, route, and instructions given.

6. Nurse provides patient with pharmacy supplied pre-packaged medication. All oral medications shall be packaged in vials with safety closures where appropriate.
7. If the medication to be left at bedside is the patient’s own medication, the requirements for the IWK Health Centre policy on Medication Brought into the Hospital by the Patients # 3.90 must also be met.

8. Instruct/ensure patient to store medications safely and well out of reach of children/visitors. Medications may not be given to other patients, visitors or family members.

9. Patient documents doses taken on Self-Administration Record. (Form ID IWKSEADRE for post partum patients, Form IDIWKNEAD for newborns or Form ID IWKRESE for others)

10. Patient returns all documentation to nurse who files on the health record.

11. Nurse records observations as to the medication effectiveness in progress notes and monitors patient compliance.

12. Nurse informs the patient of all changes in dose or direction for self administered medications and makes the necessary changes to the patient’s Self Administration Record and MAR.

13. When a medication is discontinued, the nurse removes it from the patient’s room and writes “discontinued” across the patient’s Self Administration Record and MAR.

14. Upon discharge, all unused bedside medications may be sent home with patient or discarded on care area. (Do not send opened tubes, empty vials, inhalers etc to Pharmacy)

REFERENCES

- Stanton Territorial Health Authority, Yellowknife, NT. Patient Self Administration of medications Policy/Procedure, October 2011.
- University of Kentucky Hospital, Chandler Medical Centre, Pharmacy Department. Administering and Charting medications. Policy PH-04-14. Current as of 8/08.
- University Health Network (UHN), Clinical - Self-Medication Program Policy 3.50.023. Revised 04/09.
- Accreditation Canada Qmentum Program – Medication Management Standards for surveys after January 01, 2014 – Standard 22
APPENDICES
• Appendix A - Self Administration of “Bedside Medication”

RELATED DOCUMENTS

Policies
• Medication Management Policy 4.08, Medicinal Marihuana
• Medication Management Policy 4.25, Natural Products
• Medication Management Policy 3.90, Medications Brought into Hospital by Patients.
• Medication Management Policy 10.11, 24 Hour Medication Administration Record (cMAR).
• Medication Management Policy 20.05, Administration of Medications
• Medication Management Policy 25.05, High Alert Medications, Independent Double Check

Forms
• Medication Administration Record (MAR)
• Routine Post Partum Orders (IWKROUPO)
• Post Partum Analgesis Orders (IWKPONE)
• Post Partum POST PARTUM PREPRINTED 4-DAY Medication Administration Record (MAR) (IWKPOPA)
• Newborn Admitting Orders (IWKNEADO)
• Newborn Admitting Orders Family and Newborn Unit Preprinted 4 day Medication Administration Record (IWKNEADOR)
• Self Administration Record for Post Partum Medications Women’s and Newborn Health (IWK_SEADRE)
### APPENDIX A – Policy 20.60

**OBSTETRICS**: Family & Newborn Unit (5A-5B) and Prenatal Special Care Unit (7A)

#### APPROVED LIST OF BEDSIDE MEDICATIONS

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DIRECTIONS</th>
</tr>
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<tbody>
<tr>
<td>Acetaminophen 500 mg tablets (12)</td>
<td>Two tablets by mouth every six hours or when required (Maximum 8 tablets / 24 hours)</td>
</tr>
<tr>
<td>Calcium Carbonate 500 mg (10) [200 mg elemental calcium] (Tums® or equivalent)</td>
<td>One-two tablets by mouth when required. (Maximum 16 tablets / 24 hours)</td>
</tr>
<tr>
<td>Anusol HC&lt;sup&gt;R&lt;/sup&gt; ointment <em>(or equivalent)</em></td>
<td>Apply to affected area as needed, and after each bowel movement.</td>
</tr>
<tr>
<td>Docusate Sodium 100 mg capsules (6)</td>
<td>One capsule by mouth morning and evening or as needed</td>
</tr>
<tr>
<td>Naproxen 250 mg PO (12)</td>
<td>Two tablets by mouth every twelve hours or every twelve hours when required.</td>
</tr>
<tr>
<td>Prenatal Vitamin Supplements (3)</td>
<td>One tablet by mouth daily.</td>
</tr>
<tr>
<td>Vitamin D 400 unit drops (for Newborns)</td>
<td>One drop by mouth daily.</td>
</tr>
</tbody>
</table>

**Products that may be left at bedside ONLY if specifically ordered by PRESCRIBER (for Obstetrics patients only)**

- Inhalers
- Insulin (patient’s own insulin pens/pumps only) *(High Alert- requires independent double check)*
- Ophthalmic or Otic Preparations
- Oral Vitamin / Mineral Supplements
- Rectal Haemorrhoidal Products (excluding those listed above)
- Topical Ointments, Creams, etc.
- Vaginal Products

**Pediatrics and Women’s Health Patients (non-obstetrics)**

**APPROVED LIST OF BEDSIDE MEDICATIONS**

- Barrier creams/ointments for diaper area
- Lubricating Ophthalmic drops

**Products that may be left at bedside ONLY if specifically ordered by PRESCRIBER**

- Inhalers
- Ophthalmic preparations
- Topical Ointments, Creams

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