Self-Administration of Medicines (SAM) Procedure

Document Reference	Proc479
Version Number	4.4
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Consultation	Drugs and Therapeutics Group
Date of Last Changes (This Version)	14 August 2024
Date of Next Review	August 2027
Name of approving group/Committee **Date of approval**	Physical Health and Medical Devices Group 14 August 2024

VALIDITY – Documents should be accessed via the Trust intranet to ensure the current version is used.

PLEASE NOTE – due to planned changes of the Trust Clinical System, any recent changes to the SAM forms within this document may not reflect those available electronically until updated.

Change Record

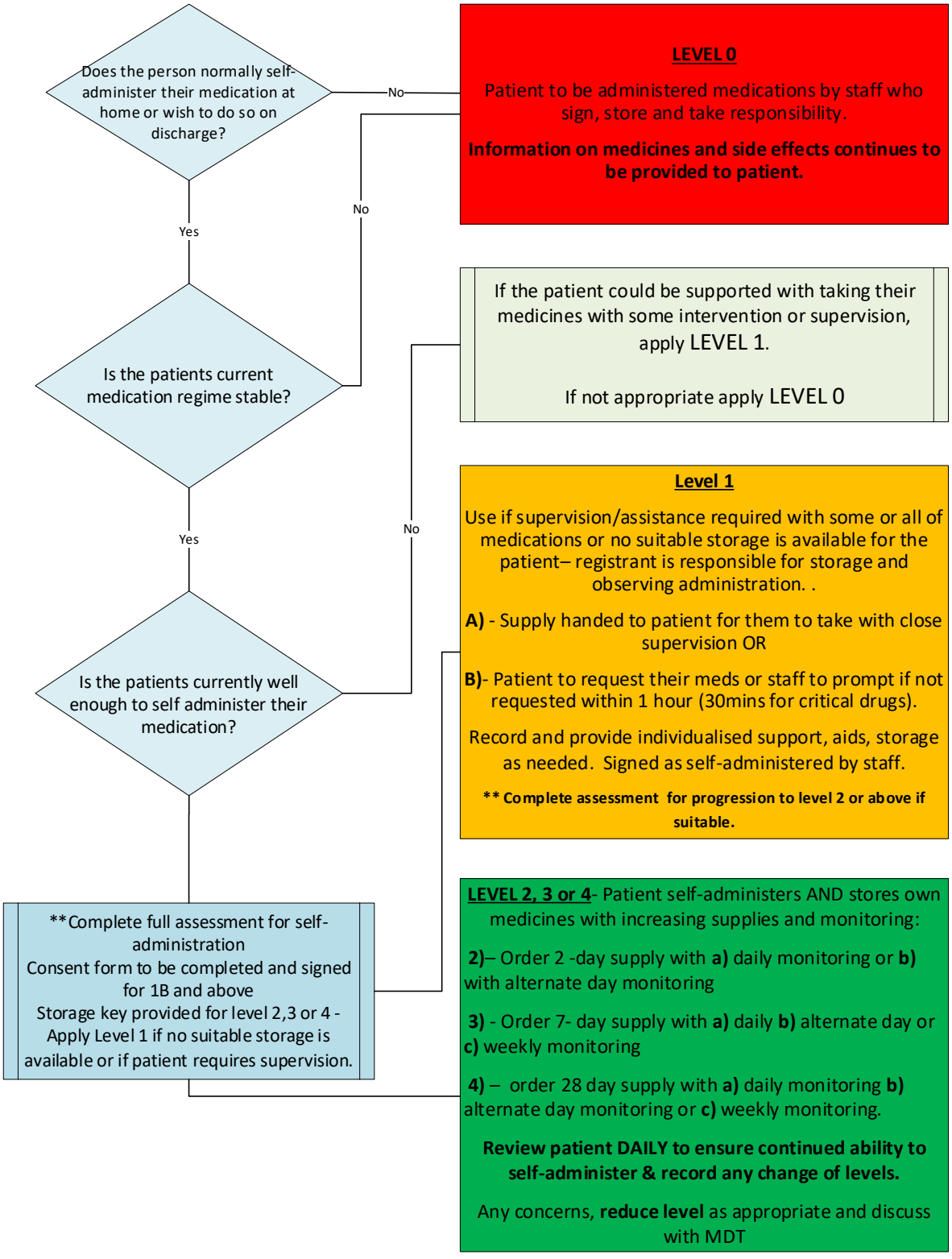
Version	Date	Change Details
2.0	*11.01.2013*	*New Document*
2.1	*16.09.2013*	*First review changes*
2.2		*Review and changes*
2.3		*Review and changes*
2.4	*11.07.2014*	*Review and changes*
2.5	*12/02/2015*	*Amendment to Appendix L, D, F, H, J*
2.6	*14/02/2015*	*Amendment to Appendix B, D F, H, J*
2.7	*16/03/2016*	*Amendments: -* *Section 4 Roles & Responsibilities & Section 5 Inclusion Criteria: - nursing staff approve SAM level 1, MDT/prescriber approval required levels 2 and above* *Section 6: SAM Levels: table amended to include who is approved to start SAM, Patient Consent, Recording of level on MAR.* *Section 6.4: Assignment of Levels: nursing staff approve SAM level 1, MDT/prescriber approval required levels 2 and above* *Section 7.7: Appendix B must be completed prior to level 1 stage B commencing.* *Section 8.2.6: - use of allocated tray where the Unit only has a traditional style medicines trolley* *Section 9: Prescribing: monitoring stage should not be recorded.* *Section 10: nurse annotate Level 1 on MAR* *Appendix B: amendment to Consent/Withdrawal Form. Consent to participate in the scheme has been removed as consent is already recorded at each level* *Appendix C: patient information leaflet minor amendments* *Appendix K1: new monitoring chart for when Patients Own Drugs are used at level 4* *Appendix L: Risk Assessment Form: new question asking if level 1 needs to be approved by MDT/prescriber on that particular unit (the procedure allows for nursing staff to approve level 1)* *Appendix P: dispensing pharmacy address updated.* *Minor formatting changes throughout document*
3.0	*09/06/2017*	*Removed PILOT status*
	25/10/2021	*First review changes.*

		Change of author/lead and update Trust logo.
	30/11/2021	*Summary flow chart and contents page introduced.* *Introduction of colour code to identify levels and documents.* *4.3.1 Amendment for documentation of level/stage on MAR.* *4.6 Amendments to reflect training requirements.* *Section 5 minor amendments to reflect changes to Appendix references.* *Section 6 minor amendments to reflect EPMA.* *Appendix A - amended to prompt electronic MCA assessment if needed.6.9.2 Addition to include EPMA.* *Identify DAI as Hogan's. 9.1 Include homely remedies into prescribing requirements in line with SSHMP.*
	10/01/2022	*Appendix L amended to remove questions on 'adequate staffing level' and 'ligature risk'. Q1 removed requirement for formal training session.* *Appendix P and any reference to this removed due to discontinuation of Lloyds contract and alternative referral methods to pharmacy inserted into document.*
	24/02/2022	*Easy read patient leaflet and Learning Disability patient leaflet & consent/withdrawal form introduced.* *Stationery list removed and replaced with 'How to guide'.* *Gender removed on forms requiring patient demographics.* *Appendix L Q5 amended to require Pharmacy team and ward manager to agree on patient storage for SAM use.* *Reference list amended.*
	17/03/2022	*4.5 Amendment of Pharmacy Team responsibilities and addition of Ward Pharmacy technician responsibilities* *7.8.1 Addition of requirement for all patients to have a risk assessment.* *7.8.2 Exceptions to the requirement of routine risk assessment added.*
4.0	*22/03/2022*	*Inclusion of audits into responsibilities of Pharmacy and nursing teams.* *3.3 added for all HTFT inpatients to have an assessment.* *7.8.3 to allow daily supply on Level 2A if appropriate.* *Amendment to Appendix A risk assessment to include NRT cartridges.* *Approved DTG 31-Mar-22*
4.1	*08/09/2022*	*Clarify ePMA SAM entry on daily basis not as blocks.* *Cross reference with Trust insulin – prescribing, administration and blood glucose monitoring SOP.* *Amendment of table from nurse approval to registrant.* *Amendments throughout document to change from being nurse led to 'registrant' or 'registered practitioner' led.* *Table in 6.2 amendment of level 1 recording of level on MAR to prescriber and approval by registrant.* *Update to Section 4 responsibilities of pharmacists/pharmacy technicians.* *Change throughout document for Level 1 to be documented as self-administered.* *Amendment to Section 13 Level details regarding recording and ordering.* *Amendment to flow chart and relevant appendix to reflect above changes.*
4.2	*May 2023*	*Changes to combine both Monitoring forms Level 1,2,3,4 & POD and Record forms Level 1,2,3,4 to cover all levels. Separate Patient Medication Issue form introduced. Remove reference to Appendix forms and replace with links to document names. Changes throughout document to reflect these changes.* *(Approved by DTG 25/5/23)*
4.3	*Jan 2024*	*Addition of SAM document Matrix to form links.* *Section 4 clarity on student/preregistration/unregistered staff exclusion from completing SAM documents.* *Section 5 example added for Environmental assessment consideration.* *Section 14 definition of carer included.* *Approved at DTG (25 January 2024).*
4.4	*August 2024*	*Removal of medication supply form and reference to this in associated documents* *Removal of 'How to guide' – already replaced with matrix* *Combined SAM record form with assessment form* *Addition to ward-based pharmacists or pharmacy technician's role to identify assigned SAM Level on MAR/ePMA (Level 2 and above after MDT agreement)* *Minor rewording throughout for clarity.* *Approved at DTG in July 2024 and then at Physical Health and Medical Devices Group (14 Aug 2024).*

Contents

QUICK REFERENCE FLOW CHART

The summary guide below is only for *quick reference* to the actions required to ensure appropriate implementation of the procedure levels. Those involved in the process of medicine administration are to be aware of and follow the further details within this document. A formal SAM risk assessment Q 1-4 is to be completed for all patients and if suitable to progress continue with Q5 – 19.



1. INTRODUCTION

Self- administration of medicines (SAM) is a philosophy of care that believes patients should be as independent as possible, should participate in their own care, and through informed choices be able to make decisions about their treatment in partnership with medical, nursing and pharmacy staff.

SAM operates with varying degrees of patient responsibility according to specific criteria or assessment and monitoring processes of the patient.

SAM provides an opportunity for the Clinical Team to monitor a patient's safety and adherence with medication whilst in a supervised and supportive environment.

Through SAM, additional support and other strategies can be identified to enable the patient to cope better following discharge.

In some situations, it may be beneficial for the patient's carer/relative to administer their medicines. All SAM procedures apply to the nominated carer/relative including assessment, consent, and monitoring.

2. SCOPE

SAM procedures apply to all Humber Teaching Foundation Trust (HTFT) healthcare staff involved in the management of medicines to patients.

The principles of the Trust's Procedures for the Safe and Secure Handling of Medicines (SSHMP) must be applied.

3. AIMS

To ensure that the delivery of SAM within HTFT is standardised and evidence based.

To ensure that HTFT staff involved with the SAM scheme understand the processes, their roles, and responsibilities.

For all HTFT inpatients to have a documented assessment for SAM.

4. ROLES AND RESPONSIBILITIES

Unit Manager
Must ensure that:

- The 'Environment Risk Assessment' has been completed.
- On-going assessment and review of any changes to Unit profile which may affect the provision of SAM.
- All staff involved in SAM have received training and adhere to procedure.
- All bank and support staff have been informed that the Unit is operating SAM and must have knowledge of how SAM is delivered.
- Must designate a member of the registered staff on the Unit as lead for SAM.

Multi-disciplinary Team
To approve:

- Suitability of patient for SAM at levels 2 and above.
- The level the patient will commence on
- Progression through the levels.

To review and rationalise medication

Medical staff and non-medical prescribers

- Must annotate the MAR chart accordingly with the relevant SAM level for *each* medication.
- To inform the registered staff and/ or the patient of any changes to the medication.
- To check and sign any compliance/prompt charts and ensure these are updated following any changes to medication.

Nursing staff
Are responsible for:

- The Initial and continued assessment of the patient.
- The initiation and management of Level 1 for those patients who have been assessed as suitable.
- Signing the MAR chart as administered or self-administered as appropriate
- Ensuring all consent and agreement as outlined in SAM is given and documented.
- Assessing and assigning the appropriate monitoring stage for the relevant level.
- Ensuring all monitoring requirements are undertaken and actioned where appropriate.
- Reporting any poor adherence of medicines or discrepancies found when monitoring to the medical and clinical pharmacy team.
- Supervising and supporting the patient.
- Maintaining communication with the pharmacy team.
- Ensuring timely ordering of medicines for uninterrupted provision of SAM.
- Ensure safe implementation of the Discharge/Leave process.

Registrant lead for SAM

- Liaise with Trust pharmacy staff regarding any issues involved with SAM.
- Cascade SAM training to Unit staff.
- To inform the Unit of any updates/developments with the SAM procedures.
- Carry out or support with auditing requirements.

Pharmacy

Trust Pharmacy teams

- Support the implementation and on-going use of SAM procedure.
- Monitor the implementation of SAM and identify any resulting recommendations, actions, and time frame for implementation where necessary.
- Ensure supply of medications and compliance aids are in line with SAM procedures.
- Ensure timely communication regarding any supply issues which may impact upon the provision of SAM.
- Audit SAM procedures on each ward and summarise results to guide further support, training, and procedure reviews.

Ward based Pharmacists/Pharmacy Technicians

- Attend SAM training and be knowledgeable of the process.
- Support the SAM lead on the ward/unit with SAM implementation.
- Support the implementation and on-going use of SAM procedure.
- The Initial and continued assessment of the patient.

- The initiation and management of Level 1 for those patients who have been assessed as suitable.
- Identification of assigned SAM Level on MAR/ePMA chart (Level 2 and above after MDT agreement
- Ensuring all consent and agreement as outlined in SAM is given and documented.
- Assessing and assigning the appropriate monitoring stage for the relevant level.
- Supervising and supporting the patient.
- Maintaining communication with the clinical team.
- Ensure safe implementation of the Discharge/Leave process.
- Complete the MAR chart as administered or self-administered as appropriate.
- Ensure all monitoring requirements are undertaken and actioned where appropriate.
- Report any poor adherence of medicines or discrepancies found when monitoring to the clinical team.
- Ensure timely ordering of medicines for uninterrupted provision of SAM.
- Report to the Trust Pharmacy any issues with safe storage of medications.
- Carry out or support with auditing requirements.

Training
All registered staff involved in SAM must: -

- Have received training in the SAM procedures.
- Undertake the appropriate competencies in Medicine Optimisation and update these annually.

The designated lead for SAM must have received training in SAM via Trust pharmacy.

- Student/Pre-Registration/Unregistered staff must not carry out SAM assessments or complete SAM forms including Monitoring forms but do need to be aware of SAM Procedures and its implementation in their area of work.

All unit staff involved with SAM
Must ensure that they understand: -

- The principles of the SAM procedures.
- Their specific role and responsibilities and that of other Clinical staff.
- Are responsible for continued assessment and educating of the patient.
- Have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others.
- Ensure all records are updated and maintained.
- Provide information for auditing requirements as needed.

5. CRITERIA FOR SAM

SAM Environmental Risk Assessment: must confirm that the environment of care meets the requirements to support SAM. For example, if suitable storage is not available for patients to safely store their own medications, the Environmental Risk Assessment would identify that SAM Levels 2 and above cannot be implemented in that ward area.

The SAM Assessment Tool:

- Is to be completed on admission as an aid to identifying the appropriateness of SAM for each patient.
- Will aid identification of any actions required to support the patient towards participating in SAM.

If a patient's level of understanding is insufficient due to language differences or learning disabilities, or, if they have a physical condition which would cause problems, this must not be regarded as exclusion if these barriers can be overcome through provision of appropriate support aids. This includes those patients: -

- Who are confused or forgetful.
- With a current history of alcoholism, drug abuse or deliberate overdosing.
- Who are severely depressed or who have suicidal tendencies.

Exclusion Criteria

Units: If at any time the facilities and environment fail to meet the requirements of the SAM procedure as per the SAM Environmental Risk Assessment Form.

Patients: Who will not be responsible for administering their own medication after discharge.

Medicines, prescribing & treatment regimens <u>excluded from level 2 and above</u>

- Stat doses
- Loading doses
- Initiation of variable doses.
- Complex regimens e.g., titration/detox
- IV preparations
- Cytotoxic injections/infusions
- IM Injections
- Schedule 2 & 3 Controlled Drugs and medicines handled as such by HTFT.
- Medicines that must remain refrigerated.

Inclusion Criteria

Units: Where the facilities meet the requirements of the SAM procedure as per SAM Environmental Risk Assessment Form.
Patients:

- Whom the registrant deems suitable for level 1
- Who the MDT deem suitable for Level 2, 3 or 4.
- Who are willing to assume responsibility and administration for their medication
- Who are responsible for managing their medicines at home
- Who are on a stable medication regimen

Medicines, prescribing & treatment regimens: The patient should only self-administer those medicines:

- Which are taken/used regularly
- Where the medicine regimen is stable
- Which the patient will be responsible for managing on their own after discharge e.g., variable doses or PRN regimens may be included for self-administration if this is part of a regular treatment e.g., warfarin, oral corticosteroids for treatment of conditions such as COPD etc.
- 'reliever' medicines e.g., inhalers etc.
- Nose-drops, eye-drops
- Topical preparations e.g., creams/ointments
- Injections that are to be administered by the patient after discharge e.g., low molecular weight heparin, insulin as per Trust procedures (Insulin - Prescribing Administration and Blood Glucose Monitoring SOP21-030.pdf (humber.nhs.uk))

❖ Consideration must be taken for patients who are currently using a compliance aid or are assessed as requiring compliance aids. If compliance aids are required, please speak to

your ward-based pharmacy team, if not available, email pharmacy procurements via **hnf-tr.pharmacyprocurement@nhs.net** for advice.

Children and Young People
Children and young people under the age of 16 may be considered for SAM.
Please refer to HTFT Consent to Assessment, Examination and Treatment Policy and Procedure.

6. SAM LEVELS

Self-Administration Level must be recorded on the MAR chart by the Registrant.

There are 5 levels of SAM with varying degrees of patient responsibility:

LEVEL	PATIENT RESPONSIBILITY	APPROVAL TO START SAM & PATIENT CONSENT.	RECORDING OF LEVEL ON MAR (*Do not record Stage of monitoring on MAR)*	MONITORING
Level 0	**The Unit retains all responsibility for the patient's medicines. This is the routine & usual administration& recording process.**	**N/A**	**N/A. Level 0 is not recorded. Where the Level is left blank the registrant must administer medication in the routine & usual manner.**	**Usual monitoring.**
Level 1	**The Unit retains responsibility for storage and access to medicines. The patient administers their medicines under supervision.**	**Approval: Registrant Patient Consent: must be obtained at Level 1 Stage B**	**Prescriber**	**STAGE A & B: Usual monitoring.**
Level 2	**Patient administers their medicines without supervision and is given responsibility for the safe storage of their medicines.**	**Approval: MDT Patient Consent: must be obtained**	**Prescriber**	**STAGE A: DAILY STAGE B: ALTERNATE DAILY**
Level 3-4	**Patient administers their medicines without supervision and is given responsibility for the safe storage of their medicines.**	**Approval: MDT Patient Consent: must be obtained**	**Prescriber**	**STAGE A: DAILY STAGE B: ALTERNATE DAILY STAGE C: WEEKLY (Vary time & day of each week)**

Following the outcome of the assessment (initial or on-going) the patient: -

- May enter the scheme at any level and stage.
- May change levels and/or stages at any time.
- May be on different Levels for different medicines.

Assignment of the appropriate levels

Initial level of SAM and movement through the levels can proceed providing all relevant parties have signed the appropriate SAM Forms. For levels 1 stage B and Levels 2,3 and 4, the relevant sections of the Self-Administration of Medicines (SAM) Consent/Withdrawal Form must be completed.

The initiation and management of level 1 is the responsibility of a registrant unless identified otherwise by the manager on the ward's SAM Environmental Risk Assessment. Initiation and progression through levels 2 and above must be made by members of the MDT and/or the prescriber with the registrant in consultation with the patient and carer/relative if appropriate.

❖ A service/unit may decide that all levels of SAM must have MDT or prescriber with registrant approval prior to SAM commencing. This must be noted on the Ward's SAM Environmental Risk Assessment.

If there is an immediate need to revert to a lower level than the patient is currently assigned, then this decision can be made by the administering practitioner. All records are to be updated to reflect this.

Progression onto the next monitoring stage within a level will only be considered when both patient and registrant agree that the criteria for that current stage have been met.

Any level or stage can be repeated for the necessary length of time and support that it takes to assist and support the patient to meet the appropriate criteria for that particular level or stage.

Subcutaneous injections and low molecular weight heparin should remain on Level 1.

If the patient is using a monitored dosage system (MDS) i.e.: NOMAD/dosette they should be excluded from level 2 due to the quantities supplied.

Recording SAM level on the MAR/ePMA chart.

The prescriber must specify in the 'administration instruction' field on the MAR/ePMA chart the SAM level of each medication.

Where there is a change of SAM levels for any of the medicines the prescriber must amend the current level clearly . If it can't be amended clearly then the prescriber must rewrite the prescription.

Where there is no SAM level recorded, it must be assumed that Level 0 is applied, and the patient must be administered their medications and responsibility remains with the registered staff.

7. SAM PROCESS

Assessment /Monitoring/ Withdrawal from SAM:

People acting as carer e.g., friends, family or significant other are subject to the same assessment.

Assessments are to be completed by registrants who have completed training on SAM procedures.

Student/Pre-Registration/Unregistered staff must not carry out SAM assessments but do need to be aware of SAM Procedures and its implementation in their area of work.

If a patient is assessed as not suitable to participate in SAM on admission, due to a clinical condition which is considered temporary, or the patient chooses not to participate, a registered staff member should periodically reassess their suitability during the in-patient stay.

If a patient is assessed as not suitable for SAM or chooses not to participate, a plan of care for discharge must be devised with the patient, carer and /or primary care health professionals to ensure that the patient can manage or have a system in place for managing their medication at home.

The decision for the patient to be able self-administer their medications should be made by members of the MDT and/or the prescriber with the registrant in consultation with the patient and carer/family if appropriate.

Assessment of Patients for Self-Administration of Medicines **must** be completed on admission then repeated if their choice or suitability changes.

For **long stay patients**, a SAM assessment should be documented at least once per year, even if there are no changes.

Educational support for the patient must commence prior to self-administration, and be delivered on going e.g.:

Diagnosed illness, symptom recognition, side effects monitoring and awareness.

Safe storage of their medicines as they progress through the levels.

The patient must be given the appropriate patient information leaflets from the approved HTFT sites.

The patient must be given an appropriate Patient SAM Leaflet.

The relevant section(s) of the Self-Administration of Medicines (SAM) Consent/Withdrawal Form must be completed and signed prior to SAM levels 1 stage B and above commencing.

Initial Assessment informs the decision as to who may be suitable for Self-administration and at which level they should commence.

All HTFT inpatients require an individual SAM Assessment document to be completed and it to be stored within the patient electronic records.

Inpatient areas whose client group are as such that none would ever have a Level above 0 applied AND where their relatives/carers never administer the medicines to them while they are inpatients, do not require SAM risk assessments to be routinely carried out.

If the SAM Assessment allows for a **daily** supply of medications to the patient to be taken/used independently with no supervision (e.g., nicotine replacement therapy cartridges), Level 2A can be applied but all corresponding charts should clearly state that 1-day supply is being provided instead of a 2-day supply.

On-Going Assessment:

A registrant must: -

- Continue to observe the patient for any signs of adverse reactions and monitor the effectiveness of medicines.
- Undertake a regular check with the patient about their continued suitability to self-administer.

Any deterioration in a patient's psychological or physical ability, or in their adherence to their medicine regime or storage requirements, will necessitate immediate review of the patient in the scheme by the medical and/or nursing staff and should be acted upon appropriately, with subsequent entries in the Clinical Notes.
Withdrawal from SAM: The patient may withdraw or be withdrawn from the scheme at any time. This does not preclude the patient from resuming SAM at a later date.

If the patient does not resume SAM, a plan of care for discharge must be devised.

The appropriate section on the Self-Administration of Medicines (SAM) Consent/Withdrawal Form must be signed by all relevant parties.

8. STORAGE OF MEDICINES & OTHER EQUIPMENT/DEVICES

Responsibility of safe storage of medicines

The responsibility for ensuring safe and secure storage of medicines, on the Unit remains with the registered staff in accordance with the SSHMP.

Safe Storage of Medicines for Self-Administration

Storage used, including the locking device, must be approved by Trust pharmacy.

The storage device allocated for that patient's use must only be used for those medicines that have been identified for Self- Administration.

The following medicines must not be stored in the patient's storage device:

- Medicines which have been discontinued.
- Medicines where the doses have been changed (label does not match the MAR chart).
- Fridge medicines must be stored in the Unit fridge unless further information is obtained from pharmacy on keeping them in the locked storage device.

The following medicines must not be stored in the patient's storage device from Level 1b and above:

- Any medicines that are to be administered by a registered staff member. These must be removed and stored in the usual manner operated by the Unit.
- Unit stock.

Certain medicines e.g.: 'reliever' medicines; or medicines for certain conditions e.g., Parkinson's disease, may be considered for exemption from the requirement for locked storage. The Unit pharmacy team must be contacted to assist in assessing suitability.

Where alternative arrangement for storage is to be considered for such medicines:

- A General Risk Assessment Form must be conducted to assess prior to alternative storage.
- Proposed alternate storage arrangements must be approved by Trust pharmacy.
- The approved alternate storage arrangements will need to be documented and recorded on the SAM Patient Record.

Equipment and Devices:

- For level 1 stage B *where a traditional medicine trolley is in use* all the SAM medications for that patient must be transferred to an allocated tray. Following administration, the medications must be immediately returned to the medicines trolley.
- It is the responsibility of the Unit for the safe storage of any equipment/devices required to assist self-administration e.g., needles, syringes for injections; devices and equipment for insulin administration (including sharps bins), nebulisers etc.

Waste Handling:

- For patients on level 2 upwards, pharmaceutical waste should be stored within the locker and disposal of as per SSHMP by the administering practitioner following completion of the monitoring requirements for that level / stage.
- Patients must be aware that if medicines are contaminated / dropped as per SSHMP they must inform the administering practitioner.

Keys and other methods of security

- This device will be unique to the patient's medicines storage device.
- All keys must be numbered/ coded to correspond with the appropriate storage.
- The Nurse-in-Charge must have access to a Master key or an over-ride key.
- The master key/ over-ride key must never be issued to the patient under any circumstances.
- The manufacturer's instructions for operating the Swipe Card or Digital Lock must be available on the Unit.
- The Unit must have a key register with a current record of all keys/swipe cards used for medicines storage for self-administration, including master keys/over-ride keys.
- It is the responsibility of the Nurse-in-Charge, or a delegated registrant, to ensure the date, time and signatures of both the Patient/Carer and the registrant are recorded in the key register each time the key is issued or returned.
- All keys not in use must be stored in a locked cupboard on the Unit and accounted for daily.
- When the self-administration process is being delivered from the medicines trolley, the keys which access this medicines trolley, must always remain the responsibility of the Nurse-in-Charge.

Breach of Security

- An Adverse Incident Report must be completed in the event of breach of security.
- The digital key code must be changed if the code is compromised.
- If a Swipe card is lost or misplaced the card must be deactivated.
- If a practitioner or patient takes a key home, every effort must be made to retrieve the key as soon as possible.
- If a cabinet key is lost, only that lock should be changed.

- Use a duplicate key in the interim, whilst waiting for either the key to be returned, or the lock to be changed.
- If a duplicate key or alternative storage device is not available, the practitioner must resume responsibility and revert to level 1 and appropriate records made.
- If the Master key or over-ride key is lost all the locks accessed by these keys must be changed.

Issues arising with safe storage: Reassess the patient or storage requirements to identify and address any issues the patient may be experiencing, e.g. Further education, additional support/aids, suitability of current level of Self-Administration of medicines.

9. PRESCRIBING

The prescriber must prescribe all medicines on the MAR chart including any homely remedies used by the patient as per SSHMP.
If using a paper MAR, Self-Administration must be recorded in the self-administration box on the MAR chart by the prescriber or the administering practitioner.

The prescriber must specify in the 'Administration Instructions' field on the MAR chart the SAM level of each medication. The stage of monitoring should not be recorded on the MAR.

Where there is a change of SAM levels for any of the medicines the prescriber must either: -

- Amend the current level on e-PMA/MAR and document the reason for this within their electronic record.
- On a paper MAR this must be signed and dated or cancel and rewrite the prescription line or rewrite the whole MAR chart.

The prescriber must inform the registrant(s) and Patient/Carer if there is a change to the prescription. As well as additional counselling, the Patient/Carer may wish for the registrant to initially administer any medicines where changes have occurred, and a new supply of suitably labelled medicines will be required.

Changes must be made to all relevant SAM charts.

10. REGISTRANT ADMINISTRATION & RECORDING

Self-administration must not occur if all the required documentation has not been completed.

The registrant must annotate Level 1 in the 'Administration Instructions' field on the paper MAR chart *or* clearly on ePMA, those medicines being self-administered at Level 1. The stage of monitoring (A or B) should not be recorded on the MAR.

Where the registrant is responsible for administration of the patient's medicines, they must initial the MAR in the usual manner or enter as 'given' on ePMA.

Where a patient is self-administering at level 1 or above: -

- The patient's MAR chart must be checked at the beginning of each medication administration round to ensure there are no changes to the prescription or to the level of self-administration.
- The administering practitioner must annotate the administration box for those medicines as self-administered on a daily basis not as a block entry covering more than one day.

- The recording as self-administered on the MAR chart by the administering practitioner confirms that all checks have been made.

The registrant must complete the Monitoring chart and action any discrepancies, these must be stored within the patient notes electronically.

Inform nurse in charge if any discrepancy is found and record as a variant code on the MAR chart.

The registrant must **resume** administration of the patient's medicines and document as such if:

- The patient is temporarily unable to participate e.g., nil by mouth, acute illness
- In their professional judgement it is not safe to continue with SAM.
- The label on the patient's medicines does not match with the MAR, due to a dose or prescription change.

If a dose is altered and a labelled supply cannot be obtained for the next administration, the registrant must administer as per the new prescription and a new supply must be ordered at the earliest opportunity. The MAR must be annotated with a variant code and explanation recorded as per SSHMP.

11. CARER/RELATIVE ADMINISTRATION & RECORDING

The Carer/Relative must be informed of any changes regarding SAM.

The Medicines Administration Tick Chart in addition to the When Required Medication Monitoring Form (if applicable) must be used by the Carer/Relative to record doses administered to the patient.

The administering practitioner must check these charts with the carer/relative before they leave the Unit.

All requirements regarding key security must be observed.

12. DISCHARGE/LEAVE (including day leave e.g., for an appointment):

All patients who are discharged or on leave and require medicines must have a current discharge/leave prescription form.

Medicines for discharge/leave are either a new supply from the dispensing pharmacy or issue of their medicines supplied for SAM.

When medicines supplied for SAM by the patient are to be issued,

- The PODs procedure within the SSHMP relating to discharge leave must be adhered to and annotate the relevant prescription line with 'POD'.

Where medicines are to be supplied by the dispensing pharmacy, the Discharge/Leave Form must indicate if any support aids are required e.g.: Monitored Dosage System - Nomad/Dosette, Large Print labels etc.

On return from Leave all medicines must be checked according to the PODs procedure within SSHMP.

Where a Patient/Carer uses a SAM Medicines Reminder Chart:

- Ensure that this is current
- Advise the Patient/Carer of the need to either show the chart or explain to the pharmacist what medication they are on if they buy any medicines at all.
- For Discharged patients it must be explained to the Patient/ Carer that the chart refers only to the current discharge medicines and will need to be amended if the GP or another prescriber changes their prescription.

Care must be taken where the Carer/Relative has been participating in the SAM for a patient. The Carer may have only been responsible for limited administration of the medicines due to the time they were available on the Unit. The Carer must understand the medicines and regimen of all the medicines they will be responsible for administering. The Patient/Carer must return the key when on Leave or being Discharged.

13. SAM LEVELS AND STAGES IN DETAIL

LEVEL 0:	Patient or Medicines not suitable for Self-Administration at present time. Patient to be administered their medications and given knowledge of indication and possible side effects.
LEVEL 1: STAGE A	
Supply/Order	• PODs (criteria as per SSHMP) **or** • Order from pharmacy ✓ Non-Stock Medicines (NSM) order following process on your ward. State Level. ✓ Quantity as appropriate for the patient following assessment. ✓ Medicines must be issued with a PIL.
Labelling	• Patient's Name and full instructions as per MAR chart.
Storage and Security	• Responsibilities remain with the Unit
Administration:	• Patient supervised and supported by the administering practitioner. • The supply of medicine must be **handed to patient** to remove appropriate dose. • Administer any medicines not identified for SAM
Recording of administration	**Administering practitioner** must ✓ Annotate the MAR chart as Self-administered. ✓ Sign the MAR chart as the usual practice for other medicines identified for SAM level 0. • Complete and update all the relevant records after administration
Monitoring of self-administration	• Responsibility of the nominated practitioner to: - ✓ Undertake usual monitoring. ✓ Complete and update all the relevant records after the daily monitoring and as necessary. ✓ Monitor any alternative storage.

LEVEL 1: STAGE B	
Supply/Order	• PODs (criteria as per SSHMP) **or** • Order from pharmacy ✓ NSMs order following process on your ward. State the Level. ✓ Quantity as appropriate for the patient following assessment. ✓ Medicines must be issued with a PIL.
Labelling	• Patient's Name. Full instructions as per MAR Chart.
Storage and Security	• Responsibilities remain with the Unit
Administration:	• Patient **supervised and supported** by the administering practitioner. • Patient **requests** the medicines for SAM at the appropriate time. • Patient selects the appropriate medicine and removes the appropriate dose. • Responsibility of the administering practitioner ✓ to prompt the patient if **one hour** has elapsed after the time the medicines are due **or shorter** if the medicines required are due in defined time frame e.g., Parkinson's medicines. ✓ Administer any medicines not identified for SAM. ✓ If a traditional trolley is being used, then all SAM medications for that patient must be transferred into the allocated tray
Recording of administration	• **Administering practitioner** must ✓ Annotate the MAR chart as Self-administered. ✓ Sign the MAR chart as the usual practice for any medicines identified for SAM at level 0. • Complete and update all the relevant records after administration
Monitoring of self-administration	• Responsibility of the nominated practitioner to: ✓ Undertake usual monitoring. ✓ Complete and update all the relevant records after daily monitoring and as necessary. ✓ Monitor any alternative storage.

LEVEL 2: STAGES A and B	
Order	• **Multiples of 2-day supply** - from pharmacy. NSMs order following process on your ward. State the Level. ✓ Request any identified support aids. *Monitored dosage systems cannot be facilitated at this Level.* ✓ Medicines must be issued with a PIL.
Labelling	• Patient's Name. Full instructions as per MAR Chart.
Issue of supply to the patient:	• Prior to issue to the patient, the administering practitioner must confirm the medicines correspond: - ✓ To the correct Level requirements of SAM for the patient. ✓ With the current MAR chart. • Administering practitioner to document quantity supplied to patient If 1-day supply is more appropriate for the patient as per risk assessment, all corresponding charts should clearly state this.
Storage and Security	• Only store SAM medicines in **patient storage device.** ✓ **Patient responsibility**.
Administration:	• **Patient** is responsible for self-administering those medicines identified for SAM. • **Administering practitioner** must: ✓ Check the MAR chart on every administration round to ensure there have been no changes with the SAM process for the patient e.g., dose change, change to SAM Level, Monitoring. ✓ Administer any medicines not identified for SAM.
Recording of administration	• **Patient** must record any PRN medicine they have taken on the When Required Medication Monitoring Form and record administration on the Personal Medicines Administration Tick Chart. • **Administering practitioner** must ✓ Annotate the MAR chart as Self-administered. ✓ Sign the MAR chart as the usual practice for any other medicines identified for SAM at level 0. ✓ Complete and update all the relevant records after administration
Monitoring of self-administration	• Responsibility of the nominated practitioner to: ✓ Monitor according to stage ✓ Complete and update all the relevant records after the daily monitoring and as necessary. ✓ Monitor any alternative storage.
STAGE A	***DAILY*** monitoring.
STAGE B	***ALTERNATE*** day monitoring.

LEVEL 3: STAGES A, B and C	
Order	• **7-day supply -** from pharmacy. NSMs order following process on your ward. State the Level. ✓ Request any identified support aids. ✓ Medicines must be issued with a PIL.
Labelling	• Patient's Name. Full instructions as per MAR Chart.
Issue of supply to the patient:	• Prior to issue to the patient, the administering practitioner must confirm the medicines correspond: ✓ To the correct LEVEL requirements of SAM for the patient. ✓ With the current MAR chart. ✓ Administering practitioner to document the quantity supplied to patient
Storage and Security	• Only store SAM medicines in patient storage device. ✓ Patient responsibility.
Administration:	• **Patient** is responsible for self-administering those medicines identified for SAM. • **Administering practitioner** must: ✓ Check the MAR chart on every administration round to ensure there have been no changes with the SAM process for the patient e.g., dose change, change to SAM Level, Monitoring ✓ Administer any medicines not identified for SAM.
Recording of administration	• **Patient** is responsible to record any PRN medicine they have taken on the 'When Required Medication Monitoring Form' and record administration on the Personal Medicines Administration Tick Chart. • **Administering practitioner** must ✓ Annotate the MAR chart as Self-administered. ✓ Sign the MAR chart as the usual practice for any other medicines identified for SAM at level 0. ✓ Complete and update all the relevant records after administration
Monitoring of self-administration	• **Responsibility of the nominated practitioner to: -** ✓ Monitor according to the relevant Stage ✓ Complete and update all the relevant records after monitoring and as necessary. ✓ Monitor any alternative storage.
STAGE A	***DAILY*** monitoring.
STAGE B	***ALTERNATE*** day monitoring.
STAGE C	***WEEKLY* monitoring, a different day and time of day each week**.

LEVEL 4: STAGES A, B and C	
Supply/Order	• PODs (criteria as per SSHMP) **or** • Order from pharmacy ✓ **28 days.** NSMs order following process on your ward. State Level. ✓ This can be requested as 4 x 7 days. ✓ Each 7-day supply will be bagged separately in a clear bag. ✓ Request any identified support aids. ✓ Medicines must be issued with a PIL.
Labelling	• Patient's Name. Full instructions as per MAR Chart.
Issue of supply to the patient:	• Prior to issue to the patient, the administering practitioner must confirm that the medicines correspond: - ✓ To the correct LEVEL requirements of SAM for the patient. ✓ With the current MAR chart. ✓ Administering practitioner to document the quantity supplied to patient
Storage and Security	• Only store SAM medicines in patient storage device. ✓ Patient responsibility.
Administration:	• **Patient** is responsible for self-administering those medicines identified for SAM. • **Administering practitioner** must: - ✓ Check the MAR chart on every administration round to ensure there have been no changes with the SAM process for the patient e.g., dose change, change to SAM Level, Monitoring ✓ Administer any medicines not identified for SAM.
Recording of administration	• **Patient** is responsible to record any PRN medicine they have taken on the When Required Medication Monitoring Form and record administration on the Personal Medicines Administration Tick Chart. • **Administering practitioner** must ✓ Annotate the MAR chart as 'self-administered. ✓ Sign the MAR chart as the usual practice for those medicines identified for SAM Level 0. ✓ Complete and update all the relevant records after administration
Monitoring of self-administration	• **Responsibility of the nominated practitioner to: -** ✓ Monitor according to the relevant Stage ✓ Complete and update all the relevant records after monitoring and as necessary. ✓ Monitor any alternative storage.
STAGE A	***DAILY*** monitoring.
STAGE B	***ALTERNATE*** day monitoring.
STAGE C	***WEEKLY* monitoring, a different day and time of day each week**.

14. DEFINITIONS

- **Carer** People acting as carer e.g., friends, family or significant other
- **ePMA** electronic Prescribing and Medicines Administration
- **Key** Key or Swipe Card.
- **LD** Learning Disability
- **MDS** Monitored Dosage System
- **MDT** Multidisciplinary Team
- **NSM** Non-stock Medicines
- **Patient** Where a reference is made to a patient, this could also apply to the 'carer'.
- **SAM** Self - Administration of Medicines
- **SSHMP** Safe and Secure Handling of Medicines Procedure

15. REFERENCES

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16. SAM FORM LINKS

SAM - Matrix
SAM - Assessment Tool
SAM - Consent Withdrawal Form
SAM - LD Easy Read Consent Form
SAM - LD Withdrawal Form
SAM - Environmental Risk Assessment
SAM - Patient Leaflet
SAM - Easy-Read Patient Leaflet
SAM - LD Patient Leaflet
SAM - Monitoring Form
SAM - PRN Monitoring Form
SAM - Patient Medicines Reminder Chart
SAM - Patient Tick Chart