

**TRUST POLICY FOR PATIENT SELF- ADMINISTRATION OF MEDICINE/INJECTIONS IN ADULTS AT BURTON SITE HOSPITALS**

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<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	2	August 2014		Use of HISS for prescribing at the community hospital Inclusion of the community hospitals to start to commence self-administration of medicines
	3	August 2017		Policy to remain in place whilst new Policy is being developed
	4	April 2023	J Hooley	Maintained as Burton only until UHDB Policy available. Project group to align SAM systems across UHDB reconvened 2023. Appendix 4 glucose monitoring guideline removed as separate clinical guidelines are now maintained by Diabetes Safety Group.
<b>Intended Recipients:</b> All Clinical Staff at QHB involved in prescribing, ordering, dispensing and administration of medications.				
<b>Training and Dissemination:</b> Longstanding Policy and process at QHB/SJCH/SRP sites with inclusion on Medicines Management theory day and as part of administration training on Meditech with quick reference guide available to support documentation practice. Local departmental training is also required where this Policy is adopted.				
<b>To be read in conjunction with:</b> Medicines Management Policy Consent Policy Hospital Waste Policy				

<b>In consultation with and Date:</b> Pharmacy 2023 Medicines Safety Group 2023 Diabetes Safety Group 2020 Drugs and Therapeutics Group 2017 Corporate Legal Team, Diabetes Team, Medical Team Professional Forum, Ward Managers January 2017		
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stage Two	Completed Yes / No	<i>Delete as appropriate</i>
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<b>Date of Issue</b>	April 2023	
<b>Review Date and Frequency</b>	April 2026 then every three years	
<b>Contact for Review</b>	James Hooley	
<b>Executive Lead Signature</b>	Sreeman Andole	

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**Policy Flowchart for front line staff**

**START HERE**  
 1. Does the patient meet the inclusion and exclusion criteria for self administration of medication?

**✓ Include**

**Patients who:-**

- will or do assume responsibility for taking their own medication at home
- do not fall into the exclusion criteria

**✗ Exclude**

**Patients who:-**

- require a formal capacity test
- do not manage their own medication/Injections at home
- administer medicines from a compliance aid
- when reviewed by the medical staff, are confused, disorientated or suffering from a seriously acute condition which may contribute to confusion (e.g. sepsis)
- have been admitted with an overdose, although this can be reviewed if agreed by the medical team
- are unable to communicate with staff
- are acutely unwell and need management of their diabetes by the health care professional
- The following drugs should not be self-administered:
  - Once only drugs

Does the patient want to self-medicate/self-administer their Injectable medication?

No Exclude

**Stop**

Use the self-administration information sheet and consent form – Toolkit (TK1)

Sign activation section on Toolkit 1 and inform the doctor to prescribe the medications / Injections. File in the patient notes.

**Assess self-medication level – using TK2**

Present patient with their own medication or medication from BHFT pharmacy and use the interview questions provided – **Toolkit 2 (TK2)**

**The medication must have the patient's name and appropriate directions on a printed label.**

**Assess self-medication level for Injectable diabetes medications - using TK3**

Present patient with their own medication or medication from BHFT pharmacy and use the interview questions provided – **Toolkit 3 (TK3)**

**The medication must have the patient's name and appropriate directions on a printed label.**

**Assign Self Administration Level**

- Level 1 – No self-administration (use trolley)**
  - Level 2 –Supervised by nurse (use locker)**
  - Level 3 –Unsupervised, full self-admin.**
- (Transferred and re-admitted patients should be re-assessed)**

Review self-medication level daily according to medical condition and then re-assess every 7 days using the interview questions provided – **Toolkit 2 or 3**

**Self-Administration Support**

A patient medication guidance sheet will be given to all patients self-administering medications. Further support can be provided by the pharmacist, nurse or medical team

## TRUST POLICY FOR PATIENT SELF- ADMINISTRATION OF MEDICINE / INJECTIONS IN ADULTS AT BURTON SITE HOSPITALS

### 1. Introduction

This Policy provides procedural alignment across Burton/SRP/SJCH sites on the management of patient self-administration of medication / injections. It recognises medicines self-administration for certain patients is an important aspect of their care process. Self-administration respects the patient's treatment as individuals. It also gives the opportunity to self-medicate in the acute setting and according to clinical need. Self-medication promotes empowerment as well as an understanding of the indication for the prescribed medicine.

### 2. Purpose and Outcomes

Enables patients to take responsibility for taking or using medications as prescribed by a doctor or a non-medical prescriber. This will be facilitated by a health care professional.

- To provide patients with clear guidance on matters relating to the management of self-administration of medication / injections
- To promote patient understanding of their medications
- To promote patient empowerment and choice.

Each division is expected to review the relevance of this Policy for implementation in each of its clinical settings; to consult with its patients / service users on its adoption and its introduction; to ensure their patients are given a choice to self-administer their medicines / injections while in hospital if they are capable of doing so.

### 3. Definitions Used

**Medicine self-administration:** when a patient takes responsibility for taking or using a medication as prescribed by a doctor or non-medical prescriber and dispensed by a pharmacy for that particular patient.

**Health Care Professional:**

This is the team who will facilitate self-administration of medicines

- Registered nurse, nursing associate or midwife
- Pharmacist
- Pharmacy Medicines Management Technicians
- Medical Team

**Prompt:** A reminder to the patient of the need to self-administer medication on time.

### 4. Key Responsibilities / Duties

#### Executive Medical Director

The executive Medical Director has overall responsibility for Medicines Management within the Trust. This is delegated to the Chief Pharmacist and includes the safe and secure handling of medicines within the Trust. The chief pharmacist reports directly to the Chief Executive for this purpose across the whole of the organisation.

## Ward Manager

Senior sisters and managers of relevant departments must ensure that:-

- All nursing and midwifery staff who administer medications must have read and signed they understand how to use the Policy '**Patient Self-Administration of Medicines in Adults**'
- This document and training module in ESR include the aspects of patient recruitment and interview, levels of administration selection, medicine storage and patient monitoring.

## Pharmacist / Medicines Management Staff

The Pharmacy staff will be aware of this Policy and the requirements for supplying appropriately labelled medication to support self-administration when requested by nursing or midwifery staff. have successfully undertaken the training package.

## Consultant

Ensure that they and their team have read and are aware of the Policy in order to endorse or promote patients when appropriate for self-administration of medications.

## Ratifying Board and Committee Responsibilities

Medicines Safety Group will be responsible for producing and distributing this Policy and monitoring any action plans arising from any serious incidents that are reported in relation to this Policy. MSG has Professional Development representation and senior nursing representatives and multiple members of MSG also sit on the Diabetes Safety Group to ensure alignment of priorities.

## 5. **Policy For Patient Self-Administration of Medicine / Injections In Adults (BURTON SITE HOSPITALS)**

### 5.1 Inclusion and Exclusion Criteria

#### **INCLUSION CRITERIA**

- In-patients over 16 years of age
- Patients who will or do assume responsibility for taking their own medication or injecting their diabetes medication at home
- Patients who do not fall into the exclusion criteria

#### **EXCLUSION CRITERIA**

- Out-patients
- In-patients younger than 16 years of age
- Patients who do not have responsibility for their own medication or injections at home
- Patients administering medicines from a compliance aid
- Patients who, when reviewed by the medical staff, are confused, disorientated or suffering from a seriously acute condition which may contribute to confusion (e.g. sepsis) and require a formal capacity assessment
- Patients who have been admitted with an overdose, although this can be reviewed if agreed by the medical team

- The following drugs should not be self-administered:
- Once only drugs
- Injections that will not be continued following discharge
- Patients who may be acutely confused as a result of their treatment (e.g. post surgery) can be considered for self-administration at a later stage

## 5.2 Patient Recruitment

- The health care professional will identify patients who meet the Policy inclusion and exclusion criteria set out above and wish to self-administer. The patient should receive the information and consent sheet (**Toolkit TK1**) which should be signed by the patient and the health care professional and filed in the patient's notes
- Nursing staff will inform the doctor of any patient who has consented to self-administration after consent forms have been completed and filed in the medical notes
- At this stage the prescribed patient medicines can be dispensed by pharmacy, and must be labelled with directions as per prescription to facilitate self administration (it is not necessary to reorder Patient Own Medicines that are available on the ward and have been checked by a registered practitioner - as per Medicines Policy - to be suitably labelled for patient use)
- The nurse or midwife will then assess the patient using the interview questions in **Toolkit TK2** or **TK3** and assign the appropriate self-administration level. The nurse or pharmacist should also instruct the patient about their medication regime prior to commencing the scheme with the use of the patient medication guidance sheet
- Level 3 patients are given the key to their locker; this should be recorded at the bottom of the **Toolkit TK2** or **TK 3** interview sheet
- A medication administration record should be printed from EP and double checked to aid compliance. This chart will be kept in the locker with the patient's medicines. **When the daily review (as below) take place, it is essential to check for any changes to medications** and reprint the administration record if changes have been made to self administered medication
- The self-administration level will be recorded on the patient's electronic prescription profile.

## 5.3 Reassessment and Ending Self Administration

- Patients should be reassessed every 7 days using **Toolkit TK2** or **TK3**
- Patients who are re-admitted should be fully reassessed(**Toolkit TK1 + TK2** or **3**)
- Patients on the scheme who are transferred to your ward should be asked to confirm they want to continue self-administration. The nurse / midwife must judge if a reassessment (**Toolkit TK1** and / or **Toolkit TK2/3**) is required based on any change in the patient's condition that may affect their ability to self-administer safely
- When the self-administration level changes, the entry on Meditech V6 should be amended (Patients transferred from level 1 or 2 to level 3 should complete a further **Toolkit TK2/3** so that the transfer of responsibility for medicines administration is clear to them)
- **The patient should be reviewed daily**, and a nurse may choose to reassess a patient at any time, if there are concerns over their self-administration, and can request a review by the pharmacy or medical staff on their regular ward round. If the patient's clinical condition deteriorates in any way, the nurse should ask for a review from the medical staff and the patient withdraw from the scheme as necessary. The review and outcome will be documented in the patient's notes and the outcome recorded on Meditech
- The patient may withdraw from the scheme at any time. If this happens, a record will be made in the patient's notes by the recruitment team member and the detail on V6 amended

- When a patient withdraws from the scheme or is discharged or transferred from the ward the locker key will be returned. A **Toolkit TK2 or 3** interview sheets should be filed in the notes indicating at the bottom that the key was issued and returned

#### 5.4 Administration Levels

##### **LEVEL 1**

Patient is not self-administering or is admitted on no regular medication. These patients will receive their medicines / injections as part of the nurse's drug round. Patients who have continual medicine treatment initiated as an in-patient and wish to self-administer can be recruited by following the flowchart on page 1.

##### **LEVEL 2**

The patient will have named-patient medicines / injections with printed directions in their allocated locker. During the drug round the nurse will remove the patient's medication from the locker, counsel the patient as to the dose and use of each medication and supervise the medications / injections being taken by the patient. The nurse will ensure that the correct medications are taken at the correct time and sign the administration record in the usual manner.

When the drug is administered the nurse records the administration on the EP system or prescription chart.

##### **LEVEL 3**

If the patient has managed their medicines / injections before and there are no significant changes they can be entered at stage 3 if their assessment interview (Toolkit TK2 or 3) is satisfactory.

If the designated nurse is satisfied that the necessary level of competence has been reached or if there is a transfer to this stage, the patient will take full responsibility for their medication including storage and administration.

The patient will have named-patient medicines with printed directions in their allocated locker and administer medicines / injections without nursing involvement. The patient needs to be aware to inform the nurse as soon as any dose is administered outside of routine drug round times, so it can be recorded (e.g. insulin or Parkinson's medicines).

The nurse will verbally check if the patient has taken any medication due at medication administration times and record self-administration on Meditech V6. A guide is available on the intranet (Net-i) on how to record self-administration on Meditech. **ALWAYS** use the 'Document' option and annotate this as Self Administration. Insulin and some other injections will mandate a second check which won't have taken place for self-administration. In this case the nurse can select co-signing clinician as **SELF, ADMIN** and the PIN number '0000'.

[Burton | Meditech Guide - Self Administration of Medicines](#)



## 5.5 Patient Information

For new medication, or medication the patient is not confident with, the following information should be provided by the nurse before self-administration begins:

- The name of the drug
- Why they are taking it  
Method of administration
- Dose and frequency
- The dose in relation to food (if appropriate)  
Possible side-effects

This should be supported by reference to the patient medication guidance sheet.

The nurse can refer the patient to the doctor or ward pharmacist for more detailed information where required.

## 5.6 Supply and Storage of Medication For Levels 1, 2 and 3

- Medication for level 3 and individual items for level 2 will be supplied to the ward labelled with instructions for individual patients (unless the patient is already in possession of their own medication with correct directions). A maximum of 28 days or an original pack supply will be dispensed
- These medications will be stored in individual lockable cabinets beside each bed unless it must be stored in the ward fridge
- Medicines where continued refrigeration storage is crucial to its activity will be kept in the ward fridge and removed on patient prompt or according to their stage of the scheme.
- The nurse-in-charge will hold a master key to the lockers. Level 3 patients may have the key to their own locker
- If a patient's locker key is lost or misplaced follow the Medicines Policy guidelines
- If a patient is admitted when Pharmacy is closed the patient's own medication, if available and correctly labelled for use with the patients' details, can be used by nursing staff and the self-administration scheme initiated. If a drug is added or a dose changed when Pharmacy is closed this must be discussed with the patient and altered on Meditech EP and issued from the drug trolley until the up-to-date medicines are obtained within Pharmacy's opening hours. For patients receiving Insulin treatment their initiation to the scheme should be started after initial assessment from the designated health care professional

**ONLY INDIVIDUALLY DISPENSED ITEMS LABELLED WITH DIRECTIONS FIT FOR DISCHARGE CAN BE SELF-ADMINISTERED.**

## 5.7 Blood Glucose Monitoring

- Not all people with diabetes use home blood glucose monitoring to assess their control. If these patients require temporary testing whilst an inpatient, this should be done by the health care professional

- On admission to hospital the patient's own meter, if it is going to be used for self-monitoring, should be checked for accuracy using quality control solutions. If the patient does not have access to control solutions or is unsure how-to QC their machine, then an electronic referral should be made to the diabetes team outlining this is why they are being referred and stating which machine they use
- Strips for most blood glucose meters used in the community are not available from the hospital Pharmacy. Patients should be asked to supply their own blood glucose testing strips where possible. If unable to supply own strips, then a UHDB monitoring device should be used by a Health Care Practitioner until strips can be obtained
- Check how many times each day the patient usually monitors. If current clinical status requires more frequent blood glucose testing than is usual for the patient, then this should be communicated to the patient, and recorded in the care plan. Please refer to your local blood glucose monitoring charts and further diabetes management clinical guidelines on Koha (Net-I Guidelines portal) for more information
- Patients should be encouraged to continue recording their blood glucose levels in their own diaries as well as on the hospital chart. New diaries can be obtained from the diabetes specialist nurse
- Lancets should be disposed of in a sharp's container. **If patients are not mobile enough to access a ward sharps container, they should be provided with a sharp's container at the bedside.** Used test strips and other blood-stained material must be disposed of in accordance with Hospital Waste Policies and patients will need to be guided on these practices

#### 5.8 Injectable Diabetic Medication

- People with diabetes who usually administer their own injectable diabetic medication should be assessed and enabled to continue doing so, if their condition permits this
- Many Injectable diabetic preparations are taken at specific time intervals to food. Some should be given 20 -30 minutes before meals, whilst others should be given just before or just after eating. Patients should be given the opportunity to self-administer their injectable diabetic medications to ensure it is taken at the correct time in relation to food
- Patients' own refillable pens should be kept by the patient and not stored in the refrigerator. Insulin lasts for at least 28 days at room temperature
- Insulin cartridges and disposable Insulin pens (eg Novomix flexpen, Lantus Solostar pen), which are not yet in use, should be stored in the refrigerator with the patient's name recorded on the box or pen
- Any proposed changes made to Injectable diabetic medication doses should be communicated to the patient immediately. Changes should be made on Meditech V6
- Patients need to report all blood glucose readings and doses of insulin administered to healthcare staff, and a registered practitioner must document this on the relevant monitoring chart / system and on Meditech V6

- Some patients give variable doses of quick acting Insulin and adjust doses of longer acting Insulin. Insulin prescriptions are configured so these dose ranges can be reflected. Refer to a prescriber if the dose prescribed does not match patient expectation of how they manage their insulin
- Illness and admission to hospital are stressful events and blood glucose levels may rise as a result. Patients who are used to adjusting their own Insulin doses should be encouraged to do so, as long as the prescriber has provided a suitable dose range (refer to prescriber ASAP if not). However, some individuals may need assistance with this. If help is needed, please refer to the diabetes specialist nurses or diabetes medical team.

### 5.9 Patient Controlled Continuous Sub-Cutaneous Insulin Infusion Pump (CSII)

CSII is a patient managed continuous infusion of Insulin given sub-cutaneously. Wherever possible the pump wearer should be allowed to continue management, but this should be assessed by a prescriber who will consider the clinical condition and changes to the medication regimen since admission.

If the patient is unable to manage the pump themselves, this should be disconnected, and the battery taken out. Contact a prescriber to review, they may require input from the diabetes specialist team.

The patient will often give correction doses, both with meals and as separate boluses. A patient who has been authorized by a prescriber to continue on a CSII pump should be allowed to continue to make the decision to give extra boluses as and when needed, as these patients will do regular blood testing. This is often done using equipment that communicates with the pump.

If the blood glucose is unstable, please refer to Diabetes Specialist Nurse via electronic referral.

### 5.10 Hypoglycemia

People with diabetes who are self-administering / monitoring should be allowed to treat mild hypoglycemic episodes (those which they recognise and can treat themselves) as they would normally do and to inform nursing team if they have done so.

## 6. Monitoring Compliance and Effectiveness

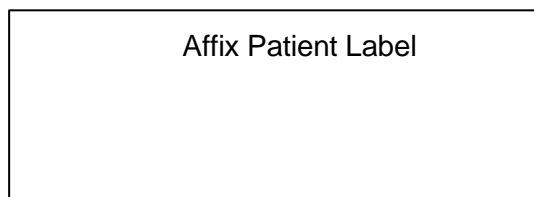
Monitoring Requirement:	<ol style="list-style-type: none"> <li>1) Safe and Secure handling of medicines audits</li> <li>2) Thematic analysis of administration stage medication incidents</li> </ol>
Monitoring Method:	<ol style="list-style-type: none"> <li>1) Audit with trustwide collation of results and generation of action plans and learning materials</li> <li>2) Datix report with analysis of themes related to location, medication, process</li> </ol>
Report Prepared by:	<ol style="list-style-type: none"> <li>1) Pharmacy BU</li> <li>2) Medication Safety Officer</li> </ol>
Monitoring Report Presented to:	Medicines Safety Group with onward reporting and escalations as required to Learning Review Group
Frequency of report:	6 months

## 7. References

- UHDB *Medicines Management Policy 2021* (Koha)
- RPS/RCN. *Professional Guidance on the Administration of Medicines in Healthcare Settings*. Jan 2019 - <https://www.rpharms.com/>
- NHS Education for Scotland - *Toolkit for the Self-Administration of Medicines (SAM) in hospital* <http://www.nes.scot.nhs.uk/media/6798/samsbrochure.pdf>

Appendix 1 Policy Toolkit for frontline staff

TK1



**PATIENT CONSENT**  
**SELF-ADMINISTRATION**  
**OF MEDICINES**

Self-administration of medicines is a program used on the ward to help improve your knowledge about your medication / injections and allows you to take responsibility, as you would do at home. Initially you may be required to take your medication under supervision. Through this program we aim to ensure you understand the purpose of your medicines / injections and how to take them safely, and to understand more about your condition and general health. Your nurse or a member of the pharmacy staff will give you as much information, help and supervision as you need.

Before you take part in the program you will have the opportunity to discuss with your nurse exactly what self-administration involves and what the possible benefits will be for you. Self-medication is not compulsory, and you must not feel you have to take part even though you have been asked. There may be factors which impair a patient's ability to safely self-administer. Clinical judgement will be used by the nurse and the self-administration of medications may be withdrawn at their discretion.

If you agree to take part, a trained member of the nursing / pharmacy staff will:

- Explain self-administration of medicines to you more fully
- Explain which medication you will be taking
- Explain the dosage, frequency and how to take the medication
- Provide a patient medication guidance sheet.

Your medications will be labelled with your name, the name of the medication, and instructions on how many to take and how often. You will be given up to a month's supply of medication at a time.

**Please keep your medication locked in your bedside locker.**

**If any visitor, relative or patient tries to take your medication please call the nurse AT ONCE.**

**Taking the wrong dose of your medication is dangerous. Your condition may deteriorate if you fail to take your medication as prescribed.**

**IF YOU HAVE ANY DIFFICULTIES, PLEASE SPEAK WITH YOUR NURSE, MIDWIFE, PHARMCIST OR DOCTOR IMMEDIATELY.**

<b>PATIENT CONSENT</b>	<p><b>I have read this information sheet and agree that I self-administer my medicines and/or Injections.</b></p> <p>Patient's name: .....</p> <p>Patient's signature: ..... Date: .....</p> <p>HCP name: ..... HCP signature: .....</p> <p>Designation: .....</p>
<b>ACTIVATION</b>	<p>There may be factors not addressed in this policy that may impair a patient's ability to safely self-administer. Clinical judgement should be used, and any concerns escalated to your line manager before commencing self-administration.</p> <p>HCP signature: .....Designation:.....</p>

*Please file this consent form in the patient's medical notes*

Appendix 2 TK2 Policy Toolkit for frontline staff

**NURSES SELF-ADMINISTRATION INTERVIEW PROCEDURE**

(File in the patient's notes OR document on Meditech)

**Patient Name:**

**Unit No:**

**Consultant:**

**DoB:**

**Ward:**

	Yes	Some	No	N/A	
a. Does the patient want to self administer their own medications?					
b. Is the patient prescribed medicines which can be taken under the self-administration scheme?					
c. Can the patient name the medicine, what it's for and frequency of dose?	3	2	2/1		If 'NO', level 1 or 2 If 'SOME' level 2
d. Can the patient open cardboard boxes/click locks etc	3	2	2/1		If 'YES' level 3
e. Can the patient read the labels?	3	2	2/1		To self-administer at level 3 boxes a-g MUST be a yes.
f. Can the patient swallow tablets/capsules comfortably?	3		1		
g. Has the patient medication guidance been given to the patient, and are they able to read and understand them?	3	2	2/1		
h. Can the patient administer their inhalers? (Observe as necessary)	3		2/1		
i. Can the patient administer their own eye-drops? (observe as necessary)	3		2/1		

Is the patient administering regular Insulin?					If yes, follow TK3
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Has the patient been <u>reassessed</u> after 7 days? [Note full policy also requires daily interim check for changes in medicines or clinical status]					If 'NO', re-assess patient and choose level accordingly
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Has the patient changed wards?					If 'YES' confirm with patient they wish to continue with self-administration
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Does the patient wish to withdraw from the Self-administration scheme?					If 'YES' level 1 and discuss with prescribing doctor
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**The nurse should use clinical judgement at all times**

<b>Suitable for self medication programme level</b>				
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<b>Locker key issued</b> By:	Date:
<b>Locker key returned</b> To:	Date:

**Level 3 patients only**

Appendix 3 TK3 Policy Toolkit for Injectable diabetic medication

**NURSES SELF-ADMINISTRATION INTERVIEW PROCEDURE**

(File in the patient's notes OR document on Meditech)

**Patient Name:**

**Unit No:**

**Consultant:**

**Ward:**

	Yes 3	Some 2	No 2/1	N/A	
a. Does the patient want to self administer their own Injectable medication?	3		2/1		
b. Is the patient prescribed any medicines which can be taken under the self-administration	3		2/1		If 'NO', level 1 or 2
c. Can the patient name the medicine, what it's for and frequency of dose?	3	2	2/1		If 'SOME' level 2
d. Can the patient read the labels?	3	2	2/1		If 'YES' level 3
e. Has the patient medication guidance been given to the patient, and are they able to read and understand it?	3	2	2/1		To self administer at level 3 boxes <b>A-H MUST</b> be a yes. <b>Level 3 patients only</b>
<del>Locker Key issued by:</del>				Date:	
<del>Locker Key returned by:</del>				Date:	
f. Can the patient prepare and deliver own injection safely using an insulin syringe?	3		1		
g. Can the patient prepare and deliver own injection safely with pen/pre-filled syringe?	3		2/1		
h. Can the patient monitor own blood sugars safely? (observe)	3		2/1		
i. Does the patient have their blood glucose machine and supplies?	3		2/1		To monitor own blood glucose at level 3 boxes <b>i-j must</b> be a yes.
J. Does the patient have their Injectable medication device and supplies?	3		2/1		
Has the patient been reassessed after 7 days? [Note full policy also requires daily interim check for changes in medicines or clinical status]					If 'NO', re-assess patient and choose level accordingly
Has the patient changed wards?					If 'YES' confirm with patient they wish to continue with self-administration
Does the patient wish to withdraw from the Self-administration scheme?					If 'YES' level 1 and discuss with prescribing doctor
	3	2	1		
<b>Suitable for self medication programme level</b>					