

Self-Administration of Medicines (SAM) on the Paediatric Wards Policy

V3.0

September 2022

Summary

This policy describes process by which patients and carers are assessed and medicines supplied for the purpose of self-administration on the paediatric wards and neonatal unit.

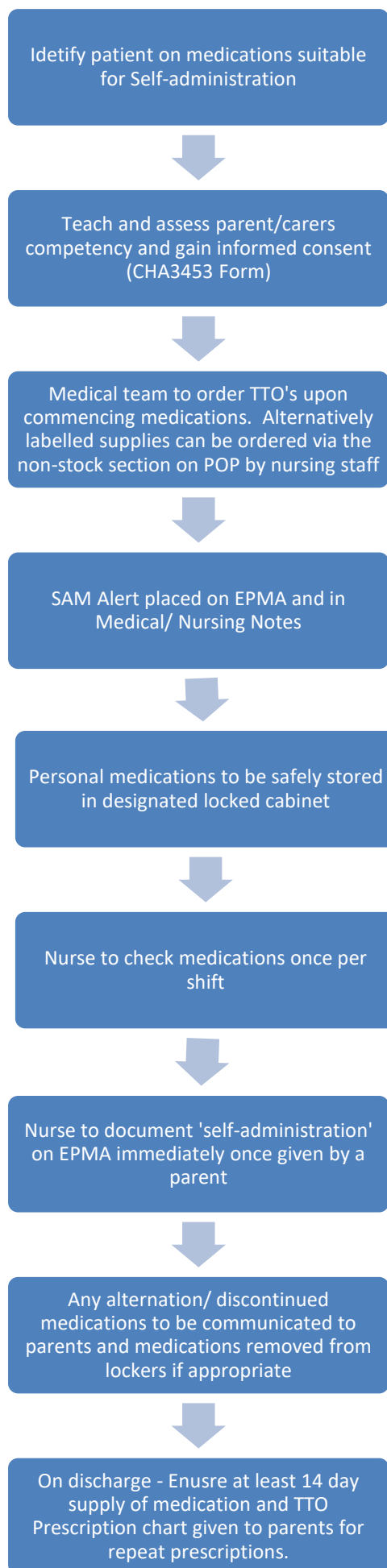


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1. Introduction

- 1.1. Recommendations and guidance from the Audit Commission, the Care Quality Commission and the NHS Litigation Authority recognise that patients should be given the opportunity to administer their own medications in hospital provided this can be done safely. This requires safe systems of patient assessment and medicines management at ward level.
- 1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

- 2.1. This Self-Administration of Medication (SAM) policy lays out systems of patient assessment and mechanisms of prescribing, ordering, supply, storage and documentation of medicines to enable competent patients or their carers to administer their own medications safely whilst in hospital.
- 2.2. The detailed objectives are as follows:
 - To maintain patient independence in self-administration of medication for patients where medication changes are minimal.
 - To maintain independence and maximum therapeutic benefit for those patients who require relief medications at short notice, or are on complex timed regimes
 - To give teenagers and the parents of children on large quantities of medication independence (e.g. patients with Cystic fibrosis)
 - To help prepare parents to manage medications prior to discharge e.g. on the neonatal unit

3. Scope

With the approval of the ward or unit manager, this policy can be applied in any paediatric area within RCHT provided that the necessary facilities and governance arrangements described in this document are in place to support SAM.

4. Definitions / Glossary

DATIX	Web-based incident reporting system used by this Trust
NMC	Nursing and Midwifery Council
PODs	Patients' Own Drugs
SAM	Self-Administration of Medicines
TTOs	Discharge medications (To Take Outs)

5. Ownership and Responsibilities

- 5.1. This policy has been drawn up by a multidisciplinary group representing clinicians, nurses and pharmacists and has been ratified by the Paediatric and Neonatal Guidelines committees.
- 5.2. **Ward managers** are responsible for deciding whether self-administration can be safely practiced on their ward, for ensuring that necessary bedside lockers are available, and for ensuring nursing staff are properly trained in the application of this policy.
- 5.3. **Prescribers** are responsible for following the instructions given in this policy regarding prescribing for patients who are self-administering, and for communicating any changes in medication to the patient, nurse and pharmacist as appropriate.
- 5.4. **Pharmacists and pharmacy technicians** are responsible for following the instructions in this policy relating to the assessment and supply of medications for use by patients.
- 5.5. **Nurses** are responsible for ensuring all patients and carers self-administering medication have been assessed appropriately and have consented to the process.

6. Standards and Practice

6.1. Patient Identification, Selection, Assessment and Consent

6.1.1. Patient Identification and Selection

- 6.1.1.1. All new patients should be asked whether they are self-administering any medications on the ward

- 6.1.1.2. If they are the “self-administration” flag should be applied to the electronic record of the appropriate drugs. This can be done by a prescriber, pharmacist or pharmacy technician.
- 6.1.1.3. The SAM ALERT sheet (Appendix 3) should be placed at the front of the patient’s binder (containing assessments, fluid charts etc) to highlight that this patient is self-administering.
- 6.1.1.4. A doctor, nurse or pharmacist must also add a SAM note to the patient’s electronic record. This is done by adding a note “to appear when charting” to the patient. The title of this note should be “SAM”, with information on which drugs are included in the body of the note.

Self-administration **must not** take place until **all** the relevant flags described above are applied.

The following criteria must be adhered to:

Inclusion criteria

- Patients who currently assume responsibility for their medication
- Patients who will continue responsibility for taking their medication on discharge
- Patients whom appropriate members of the multidisciplinary team (e.g. Consultant, Named Nurse) deem to be suitable. This means that the relevant MDT *must* be consulted and be in agreement prior to SAM being initiated in chronic patients.
 - For patients with diabetes *all* admissions should be discussed with the paediatric diabetes nurse (PDSN) on call (available 8am-8pm Monday-Friday and 8am-5:30pm Saturday-Sunday). The decision to commence SAM in these patients will be at the discretion of the PDSN.
- Patients who are on a stable medication regime. The exception to this are patients requiring insulin whereby the doses are adjusted according to the diabetes team plan.
- Wards/Units with suitable facilities for storage and security of medication
- Parents/Carers whom appropriate members of the multidisciplinary team (e.g. Consultant, Named Nurse) deem to be suitable

Exclusion criteria

- Patients at risk of self-harm
- Reduced awareness due to anaesthetic, IV sedation, IV analgesia
- Patient deemed unable to participate due to lack of capacity* as defined under the Mental Capacity Act (2005)

*Note: If there is any doubt about the patient's/parent's capacity to make decisions, further guidance can be found in the RCHT Mental Capacity Act Policy.

Caution criteria- applicable to both patient and carer

- History of drug abuse.
- Psychiatric illness, severe depression, suicidal tendencies.
- Physical disabilities which may prevent SAM.
- Safeguarding concerns

6.1.2. Initial Assessment

- 6.1.2.1. To determine the patient's suitability for SAM, a full patient assessment is carried out, using form CHA 3452 (available on the forms section of the document library), which is then kept in the patient's binder with any paper charts in use at all times. The assessment may be undertaken by the registered nurse alone; with the patient/carers; or jointly with the clinician and ward pharmacist. This will depend on individual patient needs.
- 6.1.2.2. A patient's parent/carer may be assessed as competent using the assessment form CHA 3453 (available on the forms section of the document library). Each parent/carer must be individually assessed. The assessment may be undertaken by the registered nurse alone; with the patient/carers; or jointly with the clinician and ward pharmacist.
- 6.1.2.3. Patients assessed to be competent to administer their own medicines are considered to be at Level three, as described in the NMC guidance. At this level, patients self-administer medications independently, and demonstrate sufficient knowledge of their drugs to self-medicate unsupervised, accessing medication from the bedside cabinet independently.

- 6.1.2.4. All paperwork should be filed in the SAMs folder on the ward until patient discharge.

6.1.3. Ongoing Assessment

- 6.1.3.1. Continuous assessment is required to ensure patients maintain their level of competence. This only needs to be documented on the Self Administration Patient Assessment and Consent Form (CHA 3452) when the patient's competence has changed.
- 6.1.3.2. Continuous assessment is required to ensure parents/carers maintain their level of competence. This only needs to be documented on the Self Administration Parent/Carer Assessment and Consent Form (CHA 3453) when the carer's competence has changed.

6.1.4. Surgical Patients

- 6.1.4.1. Patients assessed as competent may administer their own medications preoperatively. However, they must receive clear instructions on which drugs to take on the day of surgery by medical, surgical and nursing staff.
- 6.1.4.2. Patients/Carers must give up their cabinet key when they become nil by mouth. This will then be locked in the cabinet until they recover from surgery and become competent again.

6.1.5. Patient Consent

- 6.1.5.1. It is recommended that written consent is required prior to SAM in hospital (Royal Pharmaceutical Society 2005). SAM is explained to patients and a patient information leaflet is provided (available to order from RCHT publishing, number RCHT 1368). If patients wish to participate, they sign the consent section of the Patient Assessment Form (CHA 3452) indicating that they consent to:
- take part in SAM and
 - the use and/or disposal of their own medications whilst in hospital
- 6.1.5.2. Patients are informed that participation is voluntary and consent may be withdrawn at any time.
- 6.1.5.3. Consent given by any patient under 16 years of age must be countersigned by a parent/guardian.

6.1.6. Carer's consent

6.1.7.1. In cases where it is the parent or carer that will be administering the medication, consent using the consent section of the Parent/Carer Assessment form (CHA 3453) must be used, indicating that they consent to:

- take part in SAM
- the use and/or disposal of their own medications whilst in hospital
- keeping medications and the locker key out of reach of the child/young person they are administering medications to

6.1.7.2. SAM is explained to parents/carers and a parent/carers information leaflet is provided (available to order from RCHT publishing, number RCHT 1368a. This leaflet can also be printed from the patient information section of the document library). Carers are informed that participation is voluntary and consent may be withdrawn at any time.

6.2. Supply, Storage and Prescribing of medications for SAM

6.2.1. Use of Patients' Own Medications

6.2.1.1. Patients' own medication can be used for SAM if the following criteria are met:

- The patients or carers have consented to use their own medications whilst in hospital (See Consent section of the Self Administration Assessment and Consent Form (CHA 3452) or Self Administration Parent/Carer Assessment and Consent Form (CHA3453)).
- The patients' own medications have been assessed according to the criteria listed in CHA 3452 or CHA 3453.

6.2.1.2. If the dosage on the label is not what the patient is currently taking (e.g. dose increased following verbal telephone discussion with GP), the patient cannot self-medicate that medicine until it has been relabelled (see sections 6.2.7 to 6.2.9 which indicate the action to follow if dosage is altered). The exception to this are patients on insulin where the dose can vary and it is common for the label to remain on the box (i.e. individual cartridges will not carry a patient label). See additional information below.

6.2.1.3. For patients on insulin injections:

- The type of insulin cartridge should be checked in each pen, and a patient ID label should be stuck to each pen with the type of insulin written on it e.g. Novorapid or Tresiba.
- It should be confirmed that the insulin cartridge has been open for less than 4 weeks. If in doubt a new insulin cartridge should be dispensed from the ward.
- Unless a PDSN has confirmed that the patient can SAM and an assessment form has been completed, the insulin pen should be kept by the ward nurse and the patient will have to ask for it when needed.

6.2.1.4. For patients on an insulin pump:

- If it is a tethered pump (with tubing that attaches the pump to the patient and the insulin doses are administered via that pump), unless a PDSN has confirmed that the patient can SAM and an assessment form has been completed, the patient/parents/carers should be informed that each insulin dose should be discussed with their ward nurse, and that agreement should be documented in the notes by the ward nurse.
- If it is a patch pump (where there is a separate handset which administers the insulin), unless a PDSN has confirmed that the patient can SAM and an assessment form has been completed, the handset should have a patient ID label attached to it and the handset should be kept by the ward nurse and the patient will have to ask for it when needed.

- 6.2.1.5. **For any diabetes patient who are *not* SAM** and who need the ward nurse to supervise their insulin doses, the ward nurse should try and plan when the next dose of insulin is likely to be due e.g. the next meal time, and try and ensure that they, and the insulin, are easily available to the patient.

6.2.2. Checking Patients' Own Medications

- 6.2.2.1. Patients' own medications can be checked by the registered nurse responsible for drug administration at ward level, using the criteria outlined on CHA 3452 and CHA 3453. If there is any doubt, pharmacy staff (ward pharmacist or technician) can be asked to assess the suitability of the medications.

- 6.2.2.2. If medications are in a refillable compliance aid on admission, this can only be used if the patient is assessed as competent to self-administer, in which case the contents are the responsibility of the patient.

6.2.3 **Secure Storage of Medications**

- 6.2.3.1. For patients on SAM, medications are stored in secure cabinets within/attached to the bedside lockers or attached to the wall of the cubicle. This should only contain medications clearly labelled for that individual patient.
- 6.2.3.2. Competent patients or carers are provided with a key to the cabinet. The registered nurse holds a master key for each cabinet and a spare should be kept on the ward.
- 6.2.3.3. It is the responsibility of the patient and the discharging nurse to ensure any keys are returned to the ward prior to discharge from hospital.
- 6.2.3.4. Where patients' own medications (PODs) are not used for SAM they must be stored away from the patient/carer in a secure cupboard to ensure the patient does not become confused and take them in error. They can be returned to the patient or sent to pharmacy for destruction when the patient is discharged.

6.2.4 **Medications omitted from inclusion in SAM**

The following medications or circumstances need special attention within SAM:

- Controlled drugs will continue to be kept in the controlled drugs cupboard and administered by nursing staff in accordance with the Trust policy for administration of controlled drugs. However, those with limited controls, such as temazepam, may be kept in the patient's bedside cabinet following individual patient assessment.
- Medications which have been recently introduced where the dose needs to be stabilized, e.g. warfarin, may not be kept with the patient initially.
- Any drugs that require special storage conditions or refrigeration may not be stored within the patient's bedside cabinet. In-use insulin pens and cartridges may be stored at room temperature for one month and can therefore be stored in bedside lockers if required.
- On the neonatal unit the medications that are suitable to be given by the carers will be decided by the NNU MDT (i.e. during ward round). All other medications (for example, those medications that are not expected to be continued at discharge) on the neonatal unit

will be administered by the nursing staff.

6.2.5 Prescribing

- All medications are prescribed on the hospital prescription chart in the same dose, timing and method of administration as labelled on the packaging.
- If using the patient's own medications, medical/pharmacy staff need to be satisfied that the details and drugs match up with the prescription chart.
- The Self administration flag should be activated on any drug for which SAM applies.
- This is found at the bottom of the "order modify" tab of each drug (you may need to scroll to the bottom of the tab to find the selection box).

EPMA, Baby Born 01-Aug-2018 (11 m) Gender Unspecified National No.

Address Hospital No. EPMABABY Allergy Status No known drug allergies

Consultant DOCTOR, DOCTOR Ward BOTOX WARD Body Surface Area 0.42 sqm Weight 8 kg Height 20 cm

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Inpatient Rx Discharge Rx Short Term Leave Rx Discontinued Rx Monitoring & Assessment Conflict Log Administration

MULTIVITAMIN (DALIVIT) Oral Drops

Communication zone

SUSPEND ORDER DISCONTINUE ORDER ADD ORDER NOTE ORDER HISTORY ADMINISTRATION HISTORY CLINICAL DRUG INFORMATION HELP

Order Information **Verification** **Order Modify** **Order Notes**

Regular Order

Frequency * 1XD 10AM - ONCE a DAY at 10AM Other frequency

Administration times: 10:00

Route * oral

Days of treatment First Administration

25-Jul-2019 10:00

Doses of treatment

Stop on dd-MMM-yyyy Last Administration

Medicines Management

☐ Admitted on this drug

☐ Has own medication supply

☒ Will self administer this drug

* required order information. Cancel Confirm

6.2.6 Further drug supplies

Where further supplies of a drug are required, pharmacy staff on the ward can arrange a supply of those current medications being administered by the patient, labelled with full administration instructions. Alternatively nurses can re- order medication using the pharmacy ordering portal (POP) using the “non-stock” function. Where the drug is usually ward stock a note stating “self-administering” should be added to the order. The container will be clearly marked with the patient’s name, CR or NHS number and ward.

6.2.7 Additions and altered dosages

When a new drug is prescribed or a dose changed, the doctor will amend the prescription chart in the usual way, advising the patient/carer. They will also draw it to the attention of nursing and/or pharmacy staff to enable a labelled supply to be dispensed. On the next drug round, the nurse will administer the new drug until a labelled supply is available.

6.2.8 Discontinued drugs

When a drug is discontinued, the doctor will cancel the prescription in the usual way and must also alert the nurse and patient/carer so that the item can be removed from the patient’s locked cabinet and the patient can be kept fully informed.

6.2.9 Receiving supplies of drugs for SAM

Upon receipt of the new drug/further supplies of a drug, the nursing staff must check them against the Prescription. The nurse must then explain the drug to the patient/carer and ensure it is placed in the locked cabinet.

6.3. Administration and Documentation

- 6.3.1. If the patient/carer is independently self-administering, the self-administration flag should be activated against each drug to which this applies.
- 6.3.2. The prescription chart must still be checked by the nurse at each drug round in case any other items need to be administered.
- 6.3.3. On the drug round, self-administration drugs must be signed as administered. This is done by clicking on the relevant drug in the “administration” tab. The “Non-

administration” box should read “Self-administration”. The dose can then be charted in the usual way. Alternatively, if the nurse administers the drug he/she can enter a date and time in the adjoining white box to indicate the drug was not self-administered.

EPMA, Baby

Born 01-Aug-2018 (11 m) Gender Unspecified National No.

Address Hospital No. EPMA BABY Allergy Status No known drug allergies

Consultant DOCTOR, DOCTOR Ward BOTOX WARD Body Surface Area 0.42 sqm Weight 8 kg Height 20 cm

Communication zone

QUICK CHART PATIENT NOTES ADMINISTRATION ROUND HELP

Inpatient Rx Discharge Rx Short Term Leave Rx Discontinued Rx Monitoring & Assessment Conflict Log Administration

Record Administration: folic acid 2.5mg/5mL Sugar-Free Liquid

Communication zone

CLINICAL DRUG INFORMATION HELP

Drug Notes Administration Order Notes

Legend -

STAT NON STOCK

folic acid 2.5mg/5mL Sugar-Free Liquid

Date July 2019 August 2019

Day 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Dose 0.5 mg Route oral

Frequency

Non Administration Self Administered

Administration Details

Dose administered 0.5 mg

Witness Administration

Witness Username

Witness Password

Date & time administered 25-Jul-2019 09:35

Cancel Defer & Go to Next Chart Dose & Go to Next Chart Dose & Witness Override Chart Dose

6.4. Documentation of SAM on paper charts

- 6.4.1. In some circumstances (e.g. for patients receiving insulin), paper charts may be in use and the following procedure should be followed.
- 6.4.2. The prescription chart be checked by the nurse at each drug round in case any other items need to be administered.
- 6.4.3. On the drug round, self-administration drugs must be signed as administered. The letters “SAM” should be marked in the signature box once it has been confirmed with the patient the medication has been administered.

6.5. Transfer of Patients

When patients are transferred to another ward any named medications in the cabinet must be sent with them. However, before the patient/carer can continue SAM, a reassessment by staff on the receiving ward must be carried out.

6.6. Discharge of Patients

- 6.6.1. When patients are to be discharged from hospital a TTO discharge prescription must be produced for them. The medications stored in their cabinet may be suitable to be sent home as a TTO if at least 14 days supply remain, although this must be confirmed by the prescriber and/or ward pharmacist.
- 6.6.2. All medications need to be itemised on the TTO form for the purposes of clear communication with the patient's GP, making it clear whether hospital supply is required to be dispensed or if the patient has their own supply. This can be done by ticking the "patient's own" flag on each drug where the patient has sufficient supplies of their own.

7. Dissemination and Implementation

- 7.1. Introducing SAM on a ward/clinical area constitutes a major change in practice for that area requiring the following support and educational input:
- Theoretical education on the SAM process and underpinning knowledge
 - Competency assessment of staff who will be undertaking patient assessments
 - Access to relevant documentation
 - Relevant equipment in place (lockable bedside cabinets)
- 7.2. The change process will need to be led by the ward/unit manager with support and educational input from the relevant pharmacist and the training department. An individualised initiation plan will be devised for each ward area to ensure capture of all relevant staff groups.
- 7.3. A self-directed learning pack and competency matrix for assessment are available from the Training Department.
- 7.4. For further information contact the Training Department or your ward pharmacist.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	1. Patient assessment, consent and documentation processes 2. Safe storage facilities 3. DATIX reports related to SAM

Information Category	Detail of process and methodology for monitoring compliance
Lead	Medication Safety Lead Pharmacist, Ward Manager/Ward Pharmacist
Tool	<ol style="list-style-type: none"> 1. Data collection form will be used to audit compliance with the guidance on patient assessment, consent and other documentation 2. Routine ward “safe and secure storage” audits 3. Ongoing routine monitoring of DATIX reports
Frequency	<ol style="list-style-type: none"> 1. Annually 2. Every six months 3. Ongoing
Reporting arrangements	Annually to Medication Practice Committee and SAM working group (more frequently during guideline development)
Acting on recommendations and Lead(s)	Medication Practice Committee will identify the appropriate staff group and assign responsibility to those who can implement any necessary changes in practice emerging from audit, via the SAM working group
Change in practice and lessons to be shared	Staff groups (medical, nursing, pharmacy) are represented at the SAM working group, who will ensure they receive feedback from audit and are supported in performing any actions required.

9. Updating and Review

This document has been drawn up and will be reviewed by a multidisciplinary group representing clinicians, nurses and pharmacists. Specific policy guidance will also be issued for patient groups such as children and those needing support and monitoring in order to self-administer safely

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Self Administration of Medicines (SAM) on the Paediatric Wards Policy V3.0
This document replaces (exact title of previous version):	Self Administration of Medicines (SAM) on the Paediatric Wards Policy V2.0
Date Issued/Approved:	September 2022
Date Valid From:	September 2022
Date Valid To:	September 2025
Directorate / Department responsible (author/owner):	Sabrina Tierney; Paediatric Pharmacist
Contact details:	01872 252590
Brief summary of contents:	Description of process by which patients and carers are assessed and medicines supplied for the purpose of self-administration on the paediatric wards
Suggested Keywords:	Self-administration Medicines
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Child Health Audit and Guidelines Meeting
General Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	None Required

Information Category	Detailed Information
<p>Related Documents:</p>	<p>Related documentation NMC Standards for Medicines Management (see Appendix 9) (NMC 2007, standard 9, standard 10).</p> <p>RCHT Mental Capacity Act Policy</p> <p>RCHT Policy for Consent to Examination or Treatment</p> <p>RCHT Policy for Managing Health Records RCHT Medicines Policy</p> <p>References Altman IL, Wheeler R, Avery J (2002) Self-administration of medicines in Brighton Hospital Pharmacist Vol 9, p305-307</p> <p>Audit Commission (2001) A Spoonful of Sugar: Medicines Management in NHS Hospitals London: Audit Commission</p> <p>Department of Health (2000) Pharmacy in the Future – Implementing the NHS Plan London: Department of Health</p> <p>Hospital Pharmacists Group (2002) One- stop dispensing, use of patients’ own drugs and self-administration schemes Hospital Pharmacist Vol 9, p81-86</p> <p>Lowe CJ, Raynor DK, Courtney EA, Purvis J, Teale C (1995) Effects of self- medication programme on knowledge of drugs and compliance with treatment in elderly patients British Medical Journal vol 310, p1229-1231</p> <p>Nursing and Midwifery Council (NMC) (2007) Standards for medicines management London: MC</p> <p>Royal Pharmaceutical Society of Great Britain (2005) The Safe and Secure Handling of Medicines: A Team approach</p>
<p>Training Need Identified?</p>	<p>No</p>
<p>Publication Location (refer to Policy on Policies – Approvals and Ratification):</p>	<p>Internet & Intranet</p>

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical/ Paediatrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2016	V1.0	New document	Sabrina Tierney, Paediatric pharmacist,
July 2019	V2.0	Full review: Re-formatted and minor name change. No other changes	Sabrina Tierney, Paediatric pharmacist
July 2022	V3.0	Update to reflect new EPMA system Updated to include SAM on neonatal unit Updated to include additional advice for patients on insulin	Sabrina Tierney, Paediatric pharmacist

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Self Administration of Medicines (SAM) on the Paediatric Wards Policy V3.0
Directorate and service area:	Child Health
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Child Health Audit and Guidelines Group
Contact details:	01872 252590

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure a safe system of assessing patients and providing medications to facilitate self-administration
2. Policy Objectives	To maintain patient independence To ensure patients can receive relief medications at short notice To facilitate compliance with complex dosing regimens To identify medication problems prior to discharge
3. Policy Intended Outcomes	More patients self-administering Increased patient satisfaction Reduced medication incidents relating to self-administration
4. How will you measure each outcome?	Annual audit, and ongoing monitoring of DATIX reports

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients or carers who would prefer to administer their own medications
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Child Health Audit and Guidelines Group Medicines Practice Committee
6c. What was the outcome of the consultation?	Approved- 15 th September 2022
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e. available in different languages if required/access to an interpreter if required

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e. to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g. easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Child Health Audit and Guidelines Group

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3 – SAM alert sheet.

To be placed in at the front of patient's nursing folder.

**THIS PATIENT
(or their carer)
IS SELF-MEDICATING
SOME OR ALL MEDICATION**

**Please see SAM folder for
further information**

Appendix 4. How to draw up medications on the neonatal unit

(For Staff Use Only)

1. Preparation:

- 1.1. Identify correct medication.
- 1.2. Identify the correct measurement on the syringe.
- 1.3. Wash hands with soap and warm running water

2. Drawing up:

- 2.1. Shake medicines bottle (if indicated) then remove lid.
- 2.2. Remove syringe from packet.
- 2.3. Put the tip of the syringe into the medicine bottle
- 2.4. Pull the plunger of the syringe to draw up the required amount of medication.
- 2.5. The top of the plunger must be at the desired amount and medication needs to be in the syringe tip to ensure the medication dose is correct.



3. Remove all air bubbles. To do this:

- 3.1. Turn the syringe so the tip is pointing toward the ceiling
- 3.2. Tap the syringe to move the air bubbles to the top of the syringe
- 3.3. Slowly push the plunger until the air bubbles are gone
- 3.4. Recheck medication dose in the syringe
- 3.5. Repeat drawing up process if more medication is now required.

4. Safe administration, by either:

- 4.1. Place the oral syringe into the side of the infant's mouth.
- 4.2. Slowly administer small amounts of medication between the rear gum and cheek.
- 4.3. Do not administer more than the baby can swallow at one time and never squirt medicine directly down the baby's throat as this can cause choking.

5. After:

- 5.1. Medication lid reapplied.
- 5.2. Medication returned to the safe storage of the locked cabinet.
- 5.3. All oral syringes in the NNU need to be disposed of in the clinical waste bin (Yellow).

6. Documentation:

Immediately inform the nurse looking after you once the medication has been given.