

Place patient sticker **within** this box**Paediatric Self Administration of Medicines (SAM)  
- Assessment and Consent fForm**

Consultant:		Ward:				
<b>Patient consent for self medication</b>						
Self-administration of medicines has been explained to me. I have read and understood the information sheet 'Self-administration of Medicines' and am willing to take part in the self administration programme on the ward or clinical area. I understand that I may withdraw from the programme at any time by informing the nursing staff.						
I consent to the use or disposal of my own medications as required.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Date	Time
Signed:						
Countersigned by parent/guardian:						
Name:		Relationship:				
<b>Patient assessment</b>						
Based on the questions below, please assess and indicate whether you consider the patient fully competent to self administer their medicines.						
Only record again if competence changes						
	Date:					
<b>Questions (Answer Y / N)</b>						
1. Does the patient usually take responsibility for their own medications?						
2. Has SAM been explained to the patient and the patient information leaflet been given?						
3. Has the patient read and understood the leaflet explaining self-medication?						
4. Has patient consent been obtained?						
5. Is the patient competent to make decisions?						
6. Can he / she read the labels and open the containers?						
7. Does he / she understand the dosage, timing and any special instructions?						
8. Confirm <b>NO</b> IV sedation expected in the next 24 hours?						
<b>ASSESSMENT OF COMPETENCE:</b>						
YES if Y to all questions						
Signed (Assessing Nurse)						
<b>YES</b> indicates the patient is assessed as competent to self-medicate unsupervised, accessing medication from the bedside cabinet independently using key						



Place patient sticker **within** this box



**VARIANCE - Please record reasons for change of level**

Date	Time	Reason for variance	Name & signature

**Assessment of patients' own medications**

Patients' own medication can be used during their stay in hospital if the following applies:

- The packaging is intact and expiry date has not been passed
- The label is clearly readable and contains the following information:
  - Name and strength of medication
  - Dose and frequency
  - Patient's name
  - Date dispensed (must be within the last 6 months)
  - Name and address of dispensing chemist or doctor
- The medicines appear to be in good condition and match up with the label.
- Eye drops and creams have been opened less than 4 weeks ago.
- The packaging contains only those medicines identified on the label.

If in doubt, pharmacy staff can be asked to assess the suitability of the medications

The following must also apply:

- The drugs are prescribed on the hospital prescription chart in the same dose, timing and method of administration as labelled on the packaging.
- The patient has consented to use his own medications whilst in hospital.
- Each item for self-administration must be ticked 'Self administration' on the electronic prescription chart

**Assessment of patient's own medications**

Please tick yes or no	Yes	No	Date & signature
Has patient consented to the use of his / her own medications?			
Has patient brought his / her own drugs into hospital?			
Are the patient's own medications suitable for SAM			
Comments			