

Place patient sticker **within** this box



**Parent / Carer Self Administration of Medicines (SAM)
- Assessment and Consent Form**



Consultant:		Ward:	
Parent / Carer consent for self medication			
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 child's medications as required.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date	Time
Signed:			
Name:	Relationship:		
Parent / Carer assessment			
Does the parent / carer usually take responsibility for their child's medications?			
Only record again if competence changes			
Date:			
Questions (Answer Y / N)			
1. Does the parent / carer usually take responsibility for their own medications?			
2. Has SAM been explained to the parent / carer & the patient information leaflet been given?			
3. Has the parent/carer read and understood the leaflet explaining self-medication?			
4. Has parent / carer consent been obtained?			
5. Is the parent / carer 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 NO IV sedation expected in the next 24 hours?			
ASSESSMENT OF COMPETENCE:			
YES if Y to all questions			
Signed (Assessing Nurse)			
YES indicates the parent / carer is assessed as competent to self-medicate unsupervised, accessing medication from the bedside cabinet independently using key			



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VARIANCE - Please record reasons for change of level			Name & signature
Date	Time	Reason for variance	

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 the parent / carer consented to the use of their child's medications?			
Has parent / carer brought their child's own drugs into hospital?			
Are the patient's own medications suitable for SAM			
Comments			