

SELF – ADMINISTRATION OF MEDICATION POLICY

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EQUALITY STATEMENT

Barnet, Enfield and Haringey NHS Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Equality Act (2010) including the Human Rights Act 1998 and promotes equal opportunities for all.

This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Barnet, Enfield and Haringey NHS Trust embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Version Control Summary

Version	Date	Section	Author	Comments
1.0	August 2008	All	Chief Pharmacist	New Policy
2.0	December 2010	Several Sections	Chief Pharmacist	Several Changes due to new approved policy format

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1. Policy Statement

- 1.1 This policy provides guidance on all aspects of medication, and as such constitutes an important element of Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) risk and medicines management strategies.
- 1.2 This policy is written in accordance with:
- a) The NMC (Nursing and Midwifery Council) 'Standards for Medicines Management (February 2008)'
 - b) The NMC's Code (April 2008)'
 - c) The 'Medicines Act (1968)'
 - d) The Misuse of Drugs Act 1971
 - e) Misuse of Drugs Regulations 2001
 - f) The Misuse of Drugs and the Misuse of Drugs (Supply to Addicts) (Amendment) Regulations 2005
 - g) The 'Safe and Secure handling of medicines, "A team approach" RPSGB (The Royal Pharmaceutical Society of Great Britain) March 2005'
 - h) The Mental Health Act 1983 as amended by the 2007 Act Medicines, Ethics and Practice "A Guide for Pharmacists" 2008.

2. Introduction

- 2.1 The Trust is committed to safe administration of medicines through the provision of a service, which is effective and responsive to the needs and wishes of individual patients, in a variety of care settings within the Trust. Self-administration is thought to be an opportunity that allows for the continuation or promotion of patient independence, responsibility and autonomy during their stay. Self-administration may be defined as when a patient takes responsibility for taking/using a medication as prescribed by a doctor and dispensed by a pharmacist for that patient. Self-administration does differ from self-medication, which is defined as occurring when a patient takes responsibility for taking/ using medication that they have purchased. This document has been developed to provide a detailed step-by-step guide for the implementation and evaluation of a self -administration programme, as part of the rehabilitation process. The document also clarifies the roles and responsibilities of staff and patients.

3. Aims

- 3.1 The main aims of this policy are:
- To establish a standardised approach for determining the ability of patients to take their own medication correctly and safely.
 - To promote compliance of medication by empowering patients to make informed choices.
 - To promote and maintain patient independence.
 - To assess patient concordance and where necessary, improve it through education and personal involvement.
 - To prepare patients with the skills and knowledge to be independent and responsible to enable safe and effective medication administration on discharge.

- To increase patient understanding of their medication and potentially reduce future admissions due to poor compliance.

4. SCOPE

- 4.1 This policy is applicable to **all BEHMHT sites** and applies to all staff involved with the medication process, including registered nurses, doctors, non- medical prescribers and pharmacy staff.

5 PUPORSE AND OUCOME

- 5.1 The purpose and outcome of this policy are:

- To establish a standardised approach for determining the ability of patients to take their own medication correctly and safely.
- To promote compliance of medication by empowering patients to make informed choices.
- To promote and maintain patient independence.
- To assess patient concordance and where necessary, improve it through education and personal involvement.
- To prepare patients with the skills and knowledge to be independent and responsible in safe and effective medication therapy on discharge.
- To increase patient understanding of their medication and potentially reduce future admissions due to poor compliance.
- To improve patient medicine taking behaviour.

6. DEFINITIONS

- 6.1 **Competence:** The degree of competence of a nurse in the administration of medicines depends on the nature of his/her training and experience. Any nurse who administers medicines is fully responsible for his/her actions. Any nurse who does not feel prepared for any aspect of the medicines management process for example: ordering, administering or storing medicines must not perform these tasks until he/she is confident about his/her own competence.

7. DUTIES

- 7.1 **The Chief Executive** is responsible for ensuring the Trust employs a comprehensive strategy to support the management of risk, including clinical risks associated with service users' mental ill health.
- 7.2 **The Executive Directors** are responsible for ensuring the Trust's has robust policies and procedures for the management of clinical risk. They are also responsible for the strategic and operational delivery of a high quality of service provision and ensure that learning is applied following any adverse incidents.
- 7.3 **Service Line Directors, Assistant Directors and Services Managers:** are responsible for ensuring that all staff within their service lines receives regular supervision, are properly supported, receive their mandatory training.

- 7.4 **The Trust's Chief Pharmacist** has the overall responsibility for the establishment, maintenance and monitoring of the system for medicines management across the Trust. This is in consultation with appropriate senior medical, nursing staff and other relevant healthcare professionals.
- 7.5 **The ward / unit manager:** Is ultimately accountable for ensuring adequate systems are in place to control all the medicines in his/her ward or unit and that these systems are followed at all times. It is the responsibility of the ward managers to ensure that these procedures are implemented, the responsibilities of nursing staff are clearly understood and self-administration of medicines by the patient is not a devolved responsibility

8. The Principles

- 8.1 Communication within the multi-disciplinary team (including the pharmacist) and patient must be paramount.
- 8.2 Patients who self-administer must have their own individually dispensed supply of medication.
- 8.3 Patients considered for self-administration schemes must have been assessed as competent to safely take responsibility.
- 8.4 The patient embarking upon these schemes must be provided with supportive material e.g. education and information.
- 8.5 Patients must agree and consent to participation within the scheme. Such participation, however, does not mean that all responsibility for drug administration has been transferred from the nurse to the patient.
- 8.6 All self-administration schemes must be subject to monitoring, supervision and review.
- 8.7 Secure storage must be available to the patient for the safe keeping of medication i.e. lockable cupboard or cabinet.
- 8.8 The self-administration of controlled drugs (CDs) – would be accepted within this scheme, but would involve the patient prompting the nurse to administer CDs.
- 8.9 Medicines considered not suitable for self-administration include injections (unless patient is self-administering their medications at home e.g. insulin), once only doses and “when required” medication.
- 8.10 The clinical criteria or condition of the patient, along with behaviour reliability must be considered. The opinion of the multi-disciplinary team must be sought and everyone must be in agreement before embarking on the scheme.

9. Storing Medicines

- 9.1 **Cabinets**
 Medicines supplied for all self-administering patients will be kept in locked medication cabinets near the patient's bed where applicable. Each lockable cabinet will have an individual and a master key. Patients must be reminded that medicine cabinets must be kept locked at all times outside of medication times.

10. Keys

- 10.1 All medicine cupboard keys must be kept together, but separate from other ward/department/team base keys. The medicine keys should be stored in a locked cupboard or drawer. The keys should never leave the ward or be left unattended.
- 10.2 There should be a master key to all lockable cabinets to be used in cases of an emergency.
- 10.3 The patient should be in control of their medicine cabinet key (where applicable) as well as the ward /unit staff having possession of the duplicate key.

Procedure if keys are lost:

- 10.4 If a nurse takes a key home, every effort must be made to retrieve it as soon as possible. A duplicate key can be borrowed if necessary.
- 10.5 If the master key cannot be found, all cabinet locks will have to be changed. If an individual cabinet key is lost, then only that lock needs to be changed.

11. Supervision

- 11.1 Supervision at some level is always required, but it needs to be kept as informal as possible. An informal check is needed every 24 hours by the named nurse to see if patients are happy and coping. This check should be recorded in the notes.

12. Accountability and Legal issues

- 12.1 The Trust board states: "We accept responsibility for the degree of risk involved in allowing normal in-patient medicine practices to be waived, but consider that the risk can be minimised by:
Careful selection of patients in order to identify and possibly exclude those who may endanger themselves or others; Particular vigilance on the part of staff involved in operating these schemes, especially nursing staff within whose professional responsibility medicine administration rests".

13. Practice Guidelines

Once a request or suggestion has been made to consider a patient for the self-administration scheme, the following is recommended:

13.1 Assessment

- 13.1.1 Agreement to proceed with the assessment must be discussed with and made by the multidisciplinary team including the doctor, nurse and pharmacist. The self-administration scheme must be fully discussed with the patient and the responsibilities involved explained.
- 13.1.2 The patient's named nurse and/or pharmacist must assess the patient's ability to self-administer.

This should include:

- Cognitive ability.
- Identifying and understanding the risks involved.

- Understanding the use of current medication and contra-indications.
- Understanding issues associated with frequency, dosage and side effects of current and potential OTC (over the counter) medicines.

The pharmacist role also involves visiting the patient and conducting an assessment on the following:

- Review of the patient's medication regimen.
- Review of the patient's knowledge and understanding of it.
- Review of the patient's medicines with a view to potentially reducing the number taken each day, therefore reducing the 'tablet load.'
- Review of the medicines with a view to potentially reducing the number of medicines that can be given 'when required.'
- Medicines related issues and the patient's level of compliance with their medicines.

13.1.3 Suggested inclusion criteria:

- Stable mental state.
- Capable of understanding the purpose of the medication, remembering the directions for use and agreeing to take the medication prescribed.
- Stabilised on medication and not likely to have changes to the medication regimen.
- Progressing well on current treatment.

13.1.4 Suggested exclusion criteria:

- Patients who do not self-administer when they are outside hospital.
- Patients who lack capacity.
- Patients who have an unstable mental state.
- Any patient who continues to misuse alcohol or drugs.
- Previous history of overdose.

13.2 Patient specific objectives

13.2.1 With help from the pharmacist, the patient should identify their specific goal, which may include:

- Remembering to take medication.
- Being able to visually identify pills and associate them with the right strength, dose, and frequency.
- To recognise medications dispensed in error
- To know what to do if a dose is missed.
- To order and pick up repeat prescriptions before medication run outs.
- Identification of common side effects.

13.2.2 The patient should be given a medication reminder card. The patient's named nurse or the pharmacist must complete this. The patient should also be given information leaflets on their medication. The unit should have access to the Trust medicines advice leaflets. These may be accessed through the Trust intranet and are available in a variety of languages. The manufacturer's patient information leaflet should also be given.

13.3 Stages for self administration

13.3.1 Each stage must be completed satisfactorily before moving onto the next stage. The patient should be on each stage for at least one week. The patient should start at the stage most appropriate to their ability and needs.

13.3.2 It is important to bear in mind that in general the aim is to progress from one stage to the stage above however, in mental health a patient's mental state can be variable and movement both up and down the stages may be required.

13.3.3 At all stages, the relevant monitoring form (Appendix 6 and7) should be attached to the drug chart.

Stage 1

13.3.4 Here the patient will receive 14 days supply of medication, dispensed by pharmacy and labelled as a TTA (to take away). This might include patient's own medication that they brought into hospital with them, which have been assessed as suitable for use (new medicines will be supplied to the patient before their supply runs out or if the patient is discharged). The medication should be put into a bag labelled with the patient's name and with the words "for self-administration stage 1."

13.3.5 The patient's medication is kept in the drugs trolley or in the patient's bedside locker where the nurse holds the locker key. The patient must request the medication at the appropriate times. If the patient has failed to request his/her medication within one hour of the prescribed time a verbal prompt should be given. Continued failure to attend for medicines despite prompts must be discussed with the multidisciplinary team who will advise the patient accordingly. The patient's progress should be recorded on the monitoring form.

13.3.6 The patient will be encouraged to dispense the medicines personally from the individual containers. This process will be supervised and checked throughout by the nurse. The nurse will engage in conversation with the patient to check for understanding about the selection of appropriate medicines. After the medication has been taken, the nurse signs the prescription chart.

13.3.7 PRN (when required) medication is not included in the scheme. The nurse, if necessary should give this to the patient.

13.3.8 CDs should still be kept locked in the CD cabinet and signed for as normal. Patients should be encouraged to prompt the nurse when CDs are due to be taken.

Stage 2

13.3.9 Here the patient will receive 1 to 7 days supply of medication, dispensed by pharmacy and labelled as a TTA. This might include patient's own medicines that they brought into hospital with them, which have been assessed as suitable for use (new medicines will be supplied to the patient, before their supply runs out or if the patient is discharged). The medication should be put into a bag labelled with the patient's name and with the words "for self-administration stage 2".

13.3.10 The patient is to keep his or her own medication in a locked cupboard or cabinet and be responsible for it. The patient must understand that for the safety of others, the medicines must be kept locked within the bedside locker whilst the patient is on or off the ward.

13.3.11 The pharmacist/nurse must explain the new procedure to the patient and stress that the locker/cabinet must be kept locked. The patient will be given a key to the locker and the nurses will keep a duplicate key in their key cupboard.

13.3.12 As a nurse no longer supervises the patient taking their medication, the prescription chart does not need to be signed. The chart must be annotated to make it clear that the patient is self-medicating.

13.3.13 In order to confirm that the patient is taking their medication and that it is being kept in a locked cabinet, the key nurse should initially make daily checks. Gradually the frequency of checks can be decreased to weekly. This needs to be recorded in the nursing notes.

- 13.3.14 During the week the nurse will, as considered necessary, conduct a check with the patient that the medicines are being taken as prescribed. This will involve counting the remaining tablets or medicines. A record will be made of discussions with particular note regarding the patients's attitude and continued concordance.

Stage 3

- 13.3.15 Here the procedure is the same as for stage 2 except that the patient receives 7 days supply of medication.
- 13.3.16 The patient at this stage is expected to take their medication correctly with minimum intervention from the nursing staff. The patient must be able to articulate issues concerning safekeeping of medicines, safety of others and the need for medicines to be kept locked in the patient's bedside locker.
- 13.3.17 The nurse will engage in conversation with the patient to check for understanding about the intended management of medicines for the week.
- 13.3.18 During the week the nurse will, as considered necessary, conduct a check with the patient that the medicines are being taken as prescribed. This will involve counting the remaining tablets or medicines. A record will be made of discussions and particular note taken regarding the patient's attitude and continued concordance.

14 Training and Information (see Risk Training Policy For Mandatory and Best Practice Training Matrix)

- 14.1 ***The Trust has designated Best Practice status to Medicines Management training. It is a Trust expectation that all nursing staff (inpatient and community) and all medical staff attend Best Practice medicines management training, with three yearly updates.***
- 14.2 Each profession's Code of Professional Conduct will indicate what is expected from practitioners to satisfy its continuous professional development requirements with regards to medicines management.
- 14.3 Any nurse who does not feel prepared for any aspect of the self- administration scheme must not perform the tasks until he/she is confident about his/her competence. Managers are responsible for ensuring that all registered nursing staff have demonstrated their competence to administer medicines by working through the Trust Administration of Medicines Workbook. All newly qualified nursing staff or nursing staff recruited to the Trust must complete this workbook within the first three months of employment.
- 14.4 All staff involved in patient self-administration procedures are responsible for ensuring that their knowledge is up to date with respect to the medicine management policy and associated policies relating to the use of medicines.

15. Incident Reporting

- 15.1 All incidents are to be reported in accordance with the Trust Adverse Incident Reporting Policy and using the on-line DATIXWEB reporting system. Serious occurrences may require the Head Non-clinical Risk to complete a RIDDOR report form.

16. Monitoring Compliance and Effectiveness

- 14.1 This policy will be reviewed every three years as a minimum by the Drugs and Therapeutic Committee and any amendments will be ratified by the Governance and Risk Management Committee.

- 16.2 The Workforce Development Team will provide six monthly updates to the Workforce Development Compliance sub group on the uptake of best practice training in Medicines Management.
- 16.3 The Lead Nurse Compliance Unit will inspect inpatient and community teams against the requirements in the Care Quality Commission's Outcome 9. In particular the Compliance Unit will check whether there is documentary evidence that all registered nurses in the team have completed the Trust's Administration of Medicines Workbook. The Lead Nurse Inspection reports will be discussed at the monthly Scrutiny Panels, actions agreed where necessary and implementation of actions tracked at future Scrutiny Panels.
- 16.4 The Trust Pharmacy Department will ensure that there are six monthly audits to quality assure the process of self administration. The audit methodology will be approved by the Medicines Safety Group. The audit reports will be discussed at both the Medicines Safety Group and the Drugs and Therapeutics Committee. The Drugs and Therapeutics Committee will monitor the implementation of actions plans that are developed subsequent to the audits.

Collated summaries of medicines incidents will be presented at every meeting of the Health and Safety Committee, and action taken where necessary

17. Dissemination and Implementation

17.1

- This medicines management policy supersedes all previous medicines policies and is to be read and abided by all individuals who deal with medication throughout BEHMHT.
- It is expected that nursing assistants will familiarise themselves with this policy.
- A copy will be held in all clinical areas.
- A copy may be accessed through the Trust intranet

18. Trust's Related Documentation

18.1

- Policy for Doctors Self-Prescribing and Prescribing for their Families or other Members of Staff
- Policy for Patient's Own Medicines
- Policy for Faxing Prescriptions
- Procedure for issuing Tablet Reminder
- Risk Management Strategy and Risk Training Policy

19. References

19.1

- Self-administration of medicines in Mental Health Trusts; National Prescribing Centre; April 2008
- The NMC 'Guidelines for the Administration of Medicines (2002)'
- The UKCC 'Code of Professional Conduct (1992)'
- The 'Medicines Act (1968)'
- The 'Safe and Secure handling of medicines, "A team approach" RPSGB March 2005'
- Misuse of Drugs Act (1971)
- Medicines, Ethics and Practice: A guide for pharmacists. Royal Pharmaceutical Society of Great Britain, 2004.
- Policy for the self –administration of medicines, St Ann's Hospital 2002
- Administration of Medicines: Policy for Community Mental Health Services – Camden & Islington Community Health Services (NHS) Trust 1995
- NPSA Rapid Response Report – Reducing harm from omitted and delayed medicines in hospital, 24 February 2010.
- NPSA Rapid Response Report – Safer Administration of Insulin, 16 June 2010.

20. APPENDICES

Appendix 1

Patient Consent Form

The self-administration scheme has been explained to me and I am willing to take part and be responsible for ensuring the safe storage of my medication in the facilities provided.

I understand that these medicines are for my use only.

I undertake to inform the nurses if I am experiencing any difficulties.

I understand that I can withdraw my consent at any time.

Signature of patient.....

Date.....

Witnessed by

Status of witness.....

Date.....

WITHDRAWAL OF CONSENT

I **do not** wish to remain involved in the self-administration system because

.....
.....
.....

I therefore withdraw my consent.

Signature of patient.....

Date.....

Witnessed by.....

Status of witness.....

Date.....

Appendix 2

Self-administration of medicines – Risk Assessment

Patient name..... Date of assessment.....

Ward.....Psychiatrist.....

Is the patient responsible for or going to be responsible for the administration of his or her own medicines in the community?	YES	NO
Is the patient's mental state currently stable?	YES	NO
Is the patient confused or disorientated?	YES Reassess later if appropriate	NO
Does the patient have a history of drug or alcohol misuse?	YES	NO
Has the patient misused his or her medication in the past?	YES	NO
Does the patient have a history of overdose?	YES	NO
Is the patient likely to give or sell medicines to other patients?	YES	NO
Does the patient have a history of non-concordance?	YES	NO
Has the self- administration scheme been explained to the patient?	YES	NO
Has the patient signed a consent form?	YES	NO Exclude
Does the patient require a pharmaceutical referral for medication education?	YES Refer to pharmacist	NO
Does the patient understand the importance of taking his/her medication regularly?	YES	NO
Is the patient currently experiencing difficulties attending ward medication rounds on time?	YES	NO
Is the patient's medication regimen stable?	YES	NO
Does the patient have comprehension difficulties?	YES	NO
Can the patient read labels?	YES	NO
Can the patient open bottles and foil strips?	YES	NO
Has the patient previously self-medicated?	YES	NO
Previous attitude to receiving medications		

Comments by the **patient** regarding the desire for the involvement in self-administration of medication. This may be facilitated by the named nurse

Signature:

Date:

Assessment comments by the **named nurse** regarding patient suitability for involvement in self-administration of medication.

Signature:

Date:

Assessment comments by the **pharmacist** regarding patient suitability for involvement in self-administration.

Signature:

Date:

Assessment comments by the **psychiatrist** regarding patient suitability for involvement in self-administration

Signature:

Date:

Appendix 3

Self-Administration scheme

Contract for stage 1

Patient
name.....

Key
nurse.....

Psychiatrist.....

Date of commencement.....

Stage 1: The patient will attend the clinic/ treatment room at the designated times and dispense his or her own medication from their medication bag.

Pharmacy will supply 14 days of medication, labelled as patient's own medication and with instructions for use. This medication will be kept with all other medication in the medicine trolley.

The nurse will actively assist and assess the patient when he/she dispenses his/her own medication, guiding and providing support when necessary. They must ensure that they check carefully that the patient has selected the correct medication and dose.

The patient will be expected to:

- Attend the treatment/ clinic room at specified times.
- Show that they can read and understand the labels on each container.
- Dispense the correct medicine and dose safely.
- Administer the correct medicine and dose safely.
- Discuss any issues relating to their medication with his/her key nurse or pharmacist.

Completion

The patient has completed all of the above criteria and can move to stage 2 of the scheme.

Signature of patient.....

Signature of key
nurse.....

Signature of
psychiatrist.....

Date of
completion.....

Appendix 4

Self-Administration scheme

Contract for stage 2

Patient
name.....

Key
nurse.....

Psychiatrist.....

Date of commencement.....

Stage 2: The patient will receive 1 to 7 days supply of medication and will safely and correctly administer his/her own medicines.

Pharmacy will supply 1 to 7 days of medication, labelled as patient's own medication and with instructions for use. This medication will be kept in the patient's lockable cabinet in his/her room.

The nurse responsible for the medication round should ensure that the patient has his/ her supply of medication and that it is safely stored in the patient's room. At the designated time interval, it is the responsibility of the key nurse to check the patient's concordance to medication.

The patient will be expected to:

- Store medication safely in a locked facility within his/her bedroom.
- Attend the treatment/clinic room to collect further supplies of medication with minimal prompting.
- Show that they can read and understand the labels on each container.
- Dispense the correct medicine and dose safely.
- Administer the correct medicine and dose safely.
- Demonstrate concordance with the prescribed medication.
- Discuss any issues relating to their medication with his/her key nurse or pharmacist.

Completion

The patient has completed all of the above criteria and can move to stage 3 of the scheme.

Signature of patient.....

Signature of key nurse.....

Signature of psychiatrist.....

Date of completion.....

Appendix 5

Self-Administration scheme

Contract for stage 3

Patient name.....

Key nurse.....

Psychiatrist.....

Date of commencement.....

Stage 3: The patient will receive 7 days supply of medication and will safely and correctly administer his/her own medicines.

Pharmacy will supply 7 days of medication, labelled as patient's own medication and with instructions for use. This medication will be kept in the patient's lockable cabinet in his/her room.

The nurse responsible for the medication round should ensure that the patient has his/ her supply of medication and that it is safely stored in the patient's room. At the designated time interval, it is the responsibility of the key nurse to check the patient's concordance to medication.

The patient will be expected to:

- Store medication safely in a locked facility within his/her bedroom.
- Attend the treatment/clinic room to collect further supplies of medication without prompting.
- Show that they can read and understand the labels on each container.
- Dispense the correct medicine and dose safely.
- Administer the correct medicine and dose safely.
- Demonstrate concordance with the prescribed medication.
- Discuss any issues relating to their medication with his/her key nurse or pharmacist.

Completion

The patient has met all the above criteria successfully, demonstrating the ability to remain concordant with medication for sustained periods of time, independently.

Signature of patient.....

Signature of key nurse.....

Signature of psychiatrist.....

Date of completion.....

Appendix 7

Monitoring Form 2 (stages 2 and 3)

PATIENT NAME.....

WARD..... WEEK COMMENCING.....

Name of drug, dose and frequency	Number of doses received from pharmacy	Number of doses remaining	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
		ACTUAL							
		THEORETICAL							
		INITIALS							
		ACTUAL							
		THEORETICAL							
		INITIALS							
		ACTUAL							
		THEORETICAL							
		INITIALS							
		ACTUAL							
		THEORETICAL							
		INITIALS							
		ACTUAL							
		THEORETICAL							
		INITIALS							
		ACTUAL							
		THEORETICAL							
		INITIALS							

COMMENTS:

From the screening process, do you consider the policy / function / service development will have a positive or negative impact of equality groups?

Please rate the level of impact and summarise the reason for your decision.

NEUTRAL

IMPACT: no specific impact or is not relevant to equalities.

POSITIVE: likely to promote equality and improve relationship between groups.

POSITIVE

NEGATIVE: where a function results in inequalities.

Reasons for your decisions:

Patients on the wards who fit the policy selection criteria will be given the opportunity to develop routines for self-administration and therefore allow them to take some ownership of managing their illness and promote their independence.

Date completed: 29/12/10

Print Name: Gbemi Kuforiji/ Elida Mudaly