

NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 10	
Self-administration of Medicines in Clinical Areas	
Approved by: ADTC Safer Use of Medicines Committee	March 25
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Please note – Guidance Section 9 (Medicines Administration) should also be consulted.

10. General principles

- 10.1 People at home usually administer their own medicines. With appropriate checks and controls it is logical for hospital in-patients to have custody of and administer their own medicines. Self-administration of medicines accords well with the use of patients own medicines scheme and promotes patient empowerment.
- 10.2 Self-administration of medicines can be carried out only after patient assessment and agreement, which should be formally documented. Local procedures must be produced by medical, pharmacy and nursing staff prior to the introduction of self-administration systems. Regular review and audit must be undertaken in areas using self-administration of medicines systems.
- 10.3 In certain circumstances medicines may be stored at a patient's bedside to facilitate prompt administration (including self-administration) e.g. salbutamol inhalers, GTN prays etc. Local SOPs will apply which must take account of general safe storage requirements for medicines / patient safety.

Controlled Drugs: Additional Requirements

- 10.4 Many clinical areas are unsuitable for near-patient storage of CDs required for self-administration. The exception to this will be PCA systems in use in hospital settings.
- 10.5 CDs should not be routinely stored in POD lockers unless deemed absolutely necessary to do so and a local risk assessment carried out. If CDs are stored in the POD locker they must be recorded in the usual manner in the Ward Controlled Drugs Register or Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions. Any CDs that must be stored in POD lockers must be included in the daily stock check of CDs held in that clinical area undertaken by ward / department staff.
- 10.6 While a patient is self-administering a PCA / syringe driver, the prescriber must inform the nurse and patient (if appropriate) of any change to the prescription.

10.7 While a patient is self-administering his or her PCA / syringe driver, the registered nurse must undertake and document the following checks each day:

- A correctly labelled supply of the prescribed PCA CD is in the infusion device for the patient to self-administer from.
- The patient is able to continue self-administering.
- The administration and monitoring records show that the PCA / syringe driver is being administered correctly.
- The infusion device is kept in a locked, tamper-free position.
- The nurse / midwife must act on any concern, or change of circumstances, to inform medical staff of a change in the patient's condition as soon as possible.