Department of Pharmacy

Medication Administration – Self-Administration of Medications by Patients and/or Caregivers  (N 11-21A)

Intent:
Some medication regimens that will be continued after discharge from the hospital are complex and/or require special medication administration techniques. To improve a patient’s understanding of and ability to comply with these medication regimens after discharge, it may occasionally be necessary for a patient to self-administer medications while in the hospital (e.g., insulin, metered dose inhaler). Assessment of the patient, education and training of the patient and/or caregiver, monitoring of self-administration efforts, and adjustment of the medication regimen will promote safe and effective use of medications.

Policy:
1. Patients may be allowed to self-administer some or all of their medications only if a specific prescriber’s order for the self-administration exists in the patient’s medical record.
2. Self-administration of medications is allowed only if the following requirements are met:
   a. The patient’s ability to safely and correctly self-administer the medication(s) in question is assessed and found sufficient for mastery of the self-administration techniques. The special learning needs of the patient are considered in the assessment and training process. The results of the assessment and training processes are recorded in the patient’s medical record according to the hospital’s policy for patient education.
   b. The nurse who assesses the patient for supervision determines if direct supervision by a nurse or other designated personnel who are authorized to administer the prescribed medication(s) is required.
   c. Education in the safe and accurate administration of the specified medication(s) for the patient and/or caregiver is provided.
   d. All doses that are self-administered by patients are recorded in the patient’s medication administration record by a nurse. When direct supervision is not required, the nurse is required to document only what the patient or caregiver reports to the nurse as to the time and amount of medication administered. In this situation, nurses are expected to assess that the patient is receiving the medications as ordered.
   e. If self-administered medications are to be kept at the patient’s bedside, the order must state this. The security of these medications must be ensured. (See Pharmacy Policy VI-L, Medication Distribution – Medications Kept at the Patient’s Bedside.)
3. Self-administration of medications by patients can be ordered for one or more of the following reasons:
   a. To increase the patient’s ability to appropriately self-administer medications after discharge from the hospital.
   b. To assess the patient’s ability to self-administer medications.
   c. To train the patient or caregivers in new medication administration techniques or schedules.
   d. To evaluate the patient’s success at complying with the prescribed medication regimen.
4. Patients who self-administer medications will receive training and appropriate information about the following:
   a. The nature of the medications to be administered.
   b. How to administer medications, such as the appropriate frequency, route of administration, and dose.
   c. The expected actions and side effects of the medications to be administered.
   d. How to monitor the effects of the medications on the patient.
   e. Who to contact after discharge if questions arise.
      (See Pharmacy Policy X-B, Patient and Family Education – Medication Teaching.)
      This training is documented in the medical record.
5. If the patient or caregiver is unable to demonstrate appropriate self-administration ability, the nurse and/or pharmacist shall collaborate with the attending physician to adjust the medication regimen.
6. Nursing may resume administration of the medication(s) whenever the patient’s condition prevents him or her from appropriately self-administering, or in the caregivers absence at the time a medication dose is due.
7. Examples of situations in which self-administration of medications may be required are:
   a. Newly diagnosed persons with insulin dependent diabetes. Mastery of blood glucose monitoring and insulin administration is necessary for successful management of diabetes after discharge.
   b. Patients with respiratory diseases who will be required to use metered dose inhalers or hand-held nebulizers after discharge. Self-administration may be monitored by the pharmacist, nurse, or respiratory therapist.
   c. Patients in whom inappropriate medication administration techniques or poor compliance with prescribed medication regimens have contributed to this or previous hospital admissions.
8. If self-administration of a patient’s own medications is allowed, additional provisions for the identification and confidence of the integrity of the medication(s) must be addressed (see Pharmacy Policy VI-T, Medication Distribution – Home Medications Brought to the Hospital).