

## APPENDIX 1

# INFORMATION ABOUT PARTICIPATING IN THE HOSPITAL SELF-ADMINISTRATION SCHEME AND ASSESSMENT/CONSENT FORM FOR PATIENTS WHO SELF-ADMINISTER AT HOME (SELF-ADMINISTRATION SCHEME A)

Dear Patient,

A self-administration programme is offered on this ward to allow patients to be responsible for taking their own medicines.

Self-administration is not compulsory and you need not feel that you have to take part.

Your own medicines from home will be used where suitable. Any other medicines you require will be given to you from the hospital pharmacy.

Your medicines will be locked in your medicine locker and you will be responsible for keeping the key in a safe place and out of sight.

All your medicines should have your name, the name of the medicine and instructions on how often to take them on the label. Use your medicines according to these instructions.

If you have any questions regarding your medicines, please ask one of the nursing staff or the ward pharmacist.

Please remember to give the key to your nurse before you go home

**Please do not hesitate to ask a member of staff if you are unsure about any of the information provided here.**

If you wish to self-administer your medicines whilst you are in hospital please complete the reverse of this form and give it to your named nurse.

Thank you.

Addressograph label

*This box to be completed by ward staff*

Ward:.....

Date.....

**SCHEME A**

*This section to be completed by the patient – please tick boxes as appropriate and sign at the bottom. Thank you.*

QUESTION	YES	NO
<b>Do you wish to self-administer your medicines?</b>		
<b>Are you able to open your medicines?</b> Consider any restrictions to movement from surgery/injury Your medicines will be kept in a locked cabinet by your bed – will you be able to open the locker and get them out?		
<b>Do you understand your medication?</b> Do you know what they are for, how and when to take them?		
<b>Are your medicines in good condition?</b> For example, have they been bought or dispensed within the last few months?		
<b>Have you read and understood the information provided on the reverse of this sheet explaining self-administration?</b>		

Patient signature.....

Name in capitals.....

Date.....

Please give the completed form to your named nurse.

FOR NURSING STAFF ONLY: once form completed requesting self-administration, endorse drug chart with “Self-admin”.

**THIS FORM MUST BE FILED IN THE PATIENT’S HEALTH CARE RECORD**