WHITING FORENSIC HOSPITAL

Nursing Policy and Procedure Manual

SECTION F: MEDICATION POLICIES & PROCEDURES

CHAPTER 23:   MEDICATION MANAGEMENT

**POLICY & PROCEDURE 23.8:   PATIENT SELF-ADMINISTRATION
                                        OF MEDICATION**

Standard of Practice:
   The Registered Nurse ensures that patients wishing to self-administer their medications can knowledgeably and competently do so.

Standard of Care:
   The patient can expect to receive education, instruction and support as the Registered Nurse assesses and observes the patient self-administer medications.

Policy:
   Self-administration of medication is defined as the preparation and administration of medication to self, by a patient, under the direct supervision of a nurse. A Physician, APRN/PA may write an order to allow a patient to self-administer an Epi-pen or Inhaler without direct supervision by the Nurse.

   All patients will receive medication education and have the opportunity to self-administer medication, as appropriate, prior to discharge.

Procedure:
   The Nurse will educate the patient on prescribed medication(s). The Registered Nurse will complete the Assessment for Self-Administration of Medication (WFH-515) on any patient identified as a candidate for self-administrating medication. Complete a new assessment for new modes of administration and/or new medications, before a patient re-institutes self-medication following discontinuation, annually, and whenever clinically indicated.

   Review results of the assessment with the attending physician responsible for authorizing self-medication. A physician's order is required for patient self-administration of medication. The order must be renewed every thirty (30) days.

   Once the Physician approves this and writes the order, then Nursing will educate the patient using the **care notes** print out from the Micro-medex, Healthcare Series. A patient will be given a copy of each medication they are on. The educational pamphlet will be the tool the nurse teaches from. It is available in **fifteen languages**.

File the completed assessment in the clinical data section of the patient's medical record. Identify patient-teaching interventions in the Nursing Plan of Care/Master Treatment Plan, and Progress Notes.

Note "SELF MED" in the medication box(es) for designated meds on the Medication Administration Record (MAR).

11/15/xx	LE/MF	Clozaril	2/28				
		150 mg po					
					MF		
		SELF MED 4pm					

Supervise the patient's self-administration of medication:

Check the label(s) of the patient's medications before giving them to the patient.

Have the patient identify the medications he/she is going to take with the label(s), recheck the label with you, and pour meds into a med cup, informing you of the following:
* name of medication
* prescribed dose
* purpose of medication
* directions for taking the medication
* special considerations/side effects
* time of day to take the medication

Have the patient return the medication container to you and recheck the label.

Observe/supervise the patient's self-administration of his/her medication(s) and document in the MAR.

The patient need not document his/her initials in the MAR. Documentation by the RN supervising self-administration signifies that the patient received the appropriate medication at the appropriate time.

Assess the patient daily and discontinue the program if clinically indicated. Clarify further orders with the Attending Physician.

Insulin Self-Administration
The nurse checks the Physician's Order Sheet against the MAR and checks the vial for the prescribed insulin before giving it to the patient for self-administration. After the patient administers the Insulin, the nurse places his/her initials in the first hour box of the MAR, signifying the patient received the appropriate medication at the appropriate time. The same Nurse also records his/her initials in the second hour box, verifying with the patient the correct type, dose and units were administered by the patient.