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| **[Title](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Enter a Title that is reflective of the content of the policy):** | | | **Self-Administration of Medications** | | | | | |  |
| **[Manual](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Drop down list. Categorizes policies into groups. Depends on content of the policy. Choose from list.):** | | | Clinical | | | | | |  |
| **[Section](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Drop down list. Groups policies within Manuals. For Clinical policies that are hospital-wide - Use INTERDISCIPLINARY.):** | | | Interdisciplinary | | | | | |  |
| **[Approval Body](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Committee with authority to approve final version of policy. Depends on policy content. Enter the name of the Final Approval committee):** | | | Medical Advisory Committee | | | | | |  |
| **[Original Effective Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Enter date the original version of this policy was issued.  This date, once entered does not change):** *(mm/dd/yyyy)* | | | | May/2018 | **[Reviewed Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Policies are to be reviewed annually by Owners.  List all dates with the most current last. A review may or may not lead to policy revisions.):**  *(mm/dd/yyyy)* | | | July/2020 | |
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| **[Revised Date:](\\\\ychs2kdata\\deptshare\\QSR\\POLICY DEVELOPMENT\\Policy Development - MH\\Templates - New\\Proposed New Policy Template v4.docx" \o "Policies are to undergo a formal revision evedry 3 years. Enter date the policy received approval subsequent to a formal revision of the policy already in effect. List all dates with the most current last.)**  *(month/yyyy)* | | | |  | **[Next Revision Date](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Enter the date of future formal revision. 3 years from the Original or last Reviewed/Revised date (whichever is most recent)):** *(month/yyyy)* | | | October/2022 | |
|  | | | | |  | | | | |
| **[Cross References](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Other policies that may be impacted by this policy or may contain links to this policy):** | | | | Patient’s Own Medications policy, Medication Administration policy, Smoke Free Workplace policy, Medical Cannabis, Formulary System | | | | | |
|  | | | | | | | | | |
| **[Key Words](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Single words or phrases, separated by commas, that can be used when searching for this policy):** | Self-administration, patient’s own medications, complementary medicine | | | | | | | | |
|  | | | | | | | | | |
| **[Developed by](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Enter the name and title of Policy Lead responsible for creating and/or revising policy):**  *(Title)* | | **Pharmacy Manager** | | | | [**Owner**](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx)**:**  *(Title)* | **Operations Director, Clinical Support Services** | | |

[**POLICY**](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx)**:**

This policy sets requirements and parameters to allow patient self-administration of prescribed medications under specified conditions.

**[DEFINITION](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Define terms that may not be easily understood (e.g. by new staff) or may have an unclear or ambiguous meaning.Do not include acronyms here. Acronyms may be included in the policy providing they are written out in full with abbreviation in brackets. )(S):**

**Capacity:** A patient’s mental ability to make a particular health-related decision. A person is capable of making a particular decision if the individual is both:

1. able to understand the information that is relevant to making that decision; and
2. able to appreciate the reasonably foreseeable consequences of that decision or lack of decision.

**Complementary alternative therapeutics:** includes wellness therapies that are typically not part of conventional Western medicine. These therapies can be used along with or in place of conventional medicine. They are not assigned a Drug Identification Number or Natural Product Number by Health Canada.

**Self-administration**: the process of an inpatient or substitute decision maker (SDM) administering Medications or complementary alternative therapeutics to self while in hospital.

**[PROCEDURE](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Clearly details what actions need to be taken to achieve the policy. When action order is important, procedures should be numbered. Equipment should not be listed but included in the procedure. ):**

**Prescribing**

1. The most responsible provider (MRP) must approve self-administration of any medication or complementary alternative therapeutics by a patient or substitute decision maker, during hospital admission.
2. If possible, self-administration should be given primary consideration for medical cannabis and complementary alternative therapeutics.
3. For appropriately selected patients, self-administration of medications may be used as a tool to enhance knowledge about medication therapy, improve patient compliance and promote self-care and independence during hospital admission.
4. Self-administration of medications MAY be considered for patients:
   1. Demonstrating capacity and ability to self-administer medications during their hospital stay and;
   2. Willing to cooperate and assume responsibility for self-administration of medications and;
   3. whose medication regimen is stabilized and self-administration may be beneficial to support future compliance in the home setting (excludes narcotics and controlled substances, IV and IM injectable drugs).
5. The discussion with the patient will be documented by the MRP in the patient’s electronic medical record.
6. Ongoing assessment of the clinical appropriateness of self-administration, of either medications or complementary alternative therapeutics, throughout the hospital admission is the responsibility of the MRP. Other members of the health care team who identify the need for reassessment must inform the MRP.

**Patient Instruction**

1. Patients must be instructed at the time of admission that self-administration of medications or complementary alternative therapeutics requires MRP approval so that Mackenzie Health staff are aware of all medical interventions during a patient’s hospitalization.
2. The nurse and pharmacist will collaborate to provide instruction to the patient about appropriate administration of medications and storage of medications or complementary alternative therapeutics.

**Storage and Documentation**

1. Medications to be self-administered will be:
   * Stored in the patient-bin of the workstation on wheels (WOW) or the automated dispensing cabinet, as per the medication administration and patient’s own medications policies, unless ordered to be stored at bedside (see below).
   * Documented by a provider as a medication order authorized for self-administration in the EMR.
   * Documented by the nurse in the electronic MAR as “given by other” with a comment explaining who administered the dose.

**Storage at the bedside**

* + Medications (DIN or NPN products) with a low risk threshold (e.g. some over-the-counter medications, eyedrops, creams) and high frequency of use MAY be stored at the patient’s bedside to support a therapeutic rationale, in consultation with the pharmacist.
  + Administration instructions must be added to the order indicating that the “medication is stored at patient bedside” so that this is noted on the MAR.
  + Patients must be educated about their responsibility to ensure other patients or visitors cannot access these medications. The health care professional providing this instruction must provide documentation in the patient chart.
  + Storage at the bedside will not be allowed in the mental health or pediatric patient care areas.

**[REFERENCES](http://mhs12spapp01:9090/sites/datacenter/Pages/Policy-and-Procedures.aspx" \o "Check to ensure reference is current. Must list the author, year of publication, title and publishing information. Example style source: Publication Manual of the American Psychological Association. May include Clinical Practice Guidelines.):**

1. Accreditation Canada. (2019). *Medication Management Standards.* Canada