



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: SELF-MEDICATION PROGRAM FOR
REHABILITATION PATIENTS**

Policy No.: B872
Supersedes: January 25, 2012
Revision Date: July 29, 2022
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POLICY STATEMENT:

Rehabilitation is a process of helping patients strive to become more independent in all aspects of activities of daily living; therefore, the management of medications is an integral part of the rehabilitation program.

PURPOSE OF PROCEDURE:

To provide a process to assist the interdisciplinary team to promote and evaluate the patient's ability to self-administer their own medications safely under the direct supervision of an RN/LVN in an inpatient rehabilitation unit, **72 hours prior to discharge**. Additional aspects to the program include:

- a) Increasing the patient's knowledge about their medication regimen;
- b) Teaching the patient the safest and most effective way to take medications;
- c) Promoting independence in self medication and adherence to medication therapy;
- d) Preparing patients/ family members for discharge.

Physician's Order Required Yes.

Performed By: Assessment of Patient by Speech Language Pathologist (SLP) in collaboration with the Interdisciplinary Team (IDT).
Direct supervision for self-medication administration by RN/LVN.

POLICY:

1. The process includes an assessment of the patient's judgment, memory, understanding, and functional ability to participate in a self-medication program.
2. The Speech Language Pathologist must assess and document the patient's eligibility.
3. A physician's order is required to initiate the self-medication program.
4. Any subsequent medication orders written by the physician is included in the self-medication program, unless otherwise specified.
5. The RN/Speech Language Pathologist will develop the self-medication plan with the patient.
6. The RN will assess, educate, and evaluate the patient's progress; the LVN will work in collaboration with the RN.

EFFECTIVE DATE: January 25, 2012

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

7. Speech therapy may collaborate with nursing staff or other disciplines to identify alternative styles of medication lists to facilitate patient's independence in self-medication (i.e. symbol system for patients who are illiterate).
8. The physician may discontinue the patient from the program if any of the following are identified unsafe practices; changes in patient's health status; or changes in patient's discharge plan.
9. The pharmacist may recommend re-evaluation of the patient's eligibility to self-medicate and recommend removal of medication on the patient's self-medication supply.

PHARMACY CONSIDERATIONS:

1. Any medication may be eligible for use in the self-medication program with the **exception** of controlled medications intravenous and prn medications.
2. The following medications may be included **ONLY** after careful consideration and assessment of:
 - The patient's ability to safely self-administer
 - The frequency of administration

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| <ul style="list-style-type: none">• Oral anticoagulant medications with changing dosages• Anti-rejection medications• Non-IV injectable medications• Refrigerated medications• Medications provided in a multi-dose format• Insulin by subcutaneous injection |
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PROCEDURAL STEPS:

A Speech Language Pathologist, (after collaboration with the IDT) will assess and document the following in the Speech weekly progress note or the speech section in the Patient Centered Rounds Note (PCR), in the comments box.

- Patient's willingness to participate
 - Current cognitive status: orientation, memory, concentration, and judgment
 - Primary language and literacy level
 - Past experiences administering own medications
 - Current understanding of medications
 - Patient's current adherence to treatment plan
 - Manual dexterity/vision/coordination to open containers, need for adaptive containers
 - Available support post-discharge
1. It is recommended for the Speech Language Pathologist to document patient's qualification for self-medication program in the speech section on the Interdisciplinary Team (IDT) Conference Note, under the comments box.
 2. RN/Speech Language Pathologist will obtain a physician's orders to begin self-medication program at least 72 hours prior to patient's anticipated discharge date.
 3. The physician will write an inpatient order to begin the self-medication program and list all medications included in the program.

4. It is recommended for the provider to complete an e- prescription by 1pm prior to the day before start of the "Self Medication program, indicating the quantity of medications to be supplied and add a comment to identify "Self-Medication Program"

Key Point: Patients should be regulated on their medications, prior to the initiation of the program. Changes in medication regimens should be avoided as much as possible.

5. It is recommended for Pharmacy to deliver the medication on the following day by 1 pm.
6. **On the Medication Administration Record (MAR)** after the direction of each individual medication, Self-Medication Program will be indicated. The PRN MAR will not be labeled, as nursing will continue to administer PRN medications.
7. RN/LVN will document the training provided to the patient regarding the self-medication program on the patient education record, the patient's understanding, willingness to participate, and any concerns expressed by the patient.
8. RN/LVN will update the patient's medication list, and provide the patient with a copy.

Key Point: The patient will be expected to have their list with them during each self-medication administration time.

9. During the self-medication administration times, the nurse will document the time the patient received their medication and follow the appropriate procedure that is outlined in the RLANRC Nursing Clinical Policy/Procedure C207 - Medication Administration Documentation.

10. The RN/LVN will document adherence or any barriers with the program on the progress note,

Key Note: The MAR continues to be the permanent record of all medications ordered for that patient during their admission.

11. Should the program be stopped at anytime, the physician must write an order to discontinue the Self-Medication Program and notify both inpatient and outpatient pharmacy.

REFERENCES:

RLANRC Nursing Policy/Procedure C207 - Medication Administration Documentation

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Laan, D., Elders, P., Boons, C., Bosmans, J., Nijpels, G., Hugtenburg, J. (2022)*The (cost-) effective of a patient-tailored intervention programme to enhance adherence to antihypertensive medication in community pharmacies: study protocol of a randomized controlled trial*. Retrieved 7/27/22, <https://pubmed.ncbi.nlm.nih.gov/28103948/>

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