

Self-Administration of Medication (SAM), Radioactive Iodine Inpatient (10B)

Site Applicability

SPH Inpatient Surgical Unit 10B, Room 1016 only

Practice Level

RNs and LPNs working on 10B

Requirements

Medication Reconciliation Admission Orders on patient must be completed by physician upon admission to ward. Regularly scheduled medications to be self-administered by the patient must be ordered by prescriber/pharmacist with “BEDSIDE” in the order comments.

Need to Know

This decision support tool applies to Radioactive Iodine (I-131) Therapy inpatients during (radioactive iodine) isolation while admitted on 10B.

During isolation, the patient will self-administer regularly scheduled medications at the bedside (excluding opioid and controlled medications) as per Medication Reconciliation Admission Orders. The patient will document these medications on the Radioactive Iodine Self-Administered Medication (SAM) Record ([Appendix A](#)). The nurse confirms self-administration of all regularly scheduled medications and documents “self-administered” on the e-MAR next to each dose.

All opioid, controlled medication and PRN medication will be administered by the nurse and documented on the e-MAR.

Patient Responsibilities:

- Read and sign the Radioactive Iodine (I-131) SAM Program Release Form ([Appendix B](#))
- Document date and time with each dose of self-administered regularly scheduled medication on the SAM Record
- Report any side effects or concerns with medications to the physician or nurse
- Report to the physician or nurse if additional medications are required
- Leave SAM Record and all unused medication in the room on discharge for the nurse

Equipment and Supplies

- Regularly scheduled medications as ordered with patient instructions on label as per pharmacy
- Radioactive Iodine Therapy (I-131) SAM Record (print from FormFast)
- Radioactive Iodine Therapy (I-131) SAM Program Release Form (print from FormFast)

Protocol

Assessment

- Assess patient's readiness and interest in learning about self-administration of medication
- Assess patient's literacy skills and ability to understand, read and speak English
- Assess that the patient is taking their regularly scheduled medications as ordered
- Assess that the patient is documenting on the SAM record correctly

Interventions

- Check for drug allergies/sensitivities on patient's chart (under "Allergies" on banner bar)
- Explain the SAM Program Release Form, witness the patient signing the release form, and co-sign the form (before patient is on isolation)
- Review ordered medications (i.e. dose, route, frequency, indications, and possible side-effects) and administration instructions that are written on pharmacy label with patient (before patient is on isolation)
- Provide explanation to patient on how and when to document self-administered medications on SAM Record (before patient is on isolation)
- Provide patient with opportunity to ask questions
- Consult unit clinical pharmacist as needed
- On discharge, file the SAM Record in the patient's chartlet and return remaining medications to pharmacy

Documentation

- Radioactive Iodine Therapy (I-131) SAM Record:
 - The nurse transcribes regularly scheduled medications as per Medication Reconciliation Admission orders onto the SAM Record and documents initials next to "order transcribed by"
 - The nurse verifies accuracy of order transcription and documents initials next to "order verified by" for each medication that has been transcribed
 - Patient documents date and time on the SAM record with each self-administered medication dose of regularly scheduled medication
 - The nurse confirms self-administration of all regularly scheduled medications and documents "self-administered" on the eMAR for each dose



- Radioactive Iodine Therapy (I-131) SAM Release Form:
 - Signed by the patient once explained by the nurse and any questions have been answered
 - Witnessed and signed by nurse who has provided explanation of the SAM process
 - Once signed, file in patient chartlet

Patient and Family Education

- Reinforce correct documentation of medication administration on SAM Record
- Patient Brochure: Guidelines For Inpatients Receiving Radioactive Iodine (I-131) Treatment

Related Documents

1. [Guidelines For Inpatients Receiving Radioactive Iodine \(I-131\) Treatment](#) (FL.224.in7.PHC)
2. Radioactive Iodine Therapy: [Care of Inpatients Receiving Radioactive Iodine Therapy \(I-131\)](#)
3. [Learning Hub](#) course- Radiation Safety: Working with Iodine-131 Therapy Patients (for Nurses)
4. [Medication Administration Policy](#): Section 2.24 Self-Administered/Family Administered Medication
5. PHC [Patient Self-Administered Medications Policy](#)

References

Medication Self-Administration Education. Elsevier Clinical Skills (2022). St. Louis, MO. Elsevier.
Retrieved May 26, 2023 from www.elsevierskills.com

Appendices

- [Appendix A: Radioactive Iodine \(I-131\) Therapy Self-Administered Medication \(SAM\) Record](#)
- [Appendix B: I-131 Patient Self-Administered Medication Program Release](#)



Appendix A: Radioactive Iodine (I-131) Therapy Self-Administered Medication (SAM) Record



Radioactive Iodine (I-131) Therapy
**SELF ADMINISTERED
MEDICATION (SAM) RECORD**

Please leave this form and any remaining medications in your room at discharge for the nurse

Date:	Time		Dose		Time		Dose		Time		Dose		Time		Dose	
Medication: _____																
Order transcribed by _____ (initials)																
Order verified by _____ (initials)																
Medication: _____																
Order transcribed by _____ (initials)																
Order verified by _____ (initials)																
Medication: _____																
Order transcribed by _____ (initials)																
Order verified by _____ (initials)																
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Order verified by _____ (initials)																
Medication: _____																
Order transcribed by _____ (initials)																
Order verified by _____ (initials)																



Appendix B: I-131 Patient Self-Administered Medication Program Release



Radioactive Iodine (I-131) Therapy Patient SELF-ADMINISTERED MEDICATION PROGRAM RELEASE

Date: _____

I, _____, am participating in the Self-Administered Medication Program for patients receiving Radioactive Iodine Therapy. I acknowledge that the Self-Administered Medication program has been explained to me and I voluntarily agree to participate. I have had an opportunity to ask questions and understand my responsibilities involved.

I understand that:

- My Doctor has ordered my usual at home medication that St. Paul's Hospital pharmacy will provide.
- I am taking responsibility for taking these medications myself.
- I agree to follow the directions on the Self-Administered Medication package.
- I am responsible for recording when I take each medicine every time I take it, including; the amount, date and time on the Self-Administered Medication (SAM) Record.
- I will leave any unused medications and the SAM Record in my room for the nurse once I am discharged.
- I absolve St. Paul's Hospital and its staff from responsibility for any misuse by me of the medications supplied to me in the self-medication program.

Patient signature

Printed name

Date/time

I have reviewed the SAM program general instructions with the patient and have answered any questions raised by the patient. The above consent has been read by or read to the patient, who has acknowledged that he/she understands the above consent and voluntarily signed it in my presence.

Nurse signature

Printed name

Date/time

Groups/Persons Consulted:

Corporate Director, Quality, Patient Safety, Risk Management, Patient Relations & Infection Prevention and Control

Nurse Educator, Surgery, SPH

Clinical Pharmacist

General Nurse Educator

Clinical Nurse Leader, Surgery, SPH

10AB Nurses

Developed/Revised By:

Nurse Educator, Surgery, SPH

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Owners: <i>(optional)</i>	PHC
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