

Self Administration of Medication (SAM), Maternity Centre

Skill Level: Specialized

Physicians, Midwives, Pharmacists and Nurses (RNs and LPNs) working in SPH Maternity Centre

Policy

Only Medications approved by the pharmacy and a multidisciplinary team will be available for the Self Administered Medication (SAM) program.

Need to Know

Approved medications for SAM program in the Maternity Centre at SPH:

- Docusate sodium
- Anusol ointment
- Acetaminophen
- Ibuprofen

Advantages of a SAM program

- Improved efficiency
- Increased independence for the patient
- Increased accountability for patient's own healthcare

Limitations of a SAM program

- Reduces medication security and control
- Provides opportunity for non-compliance and possible manipulation by the patient
- Cannot be used in patients who have communication, cognitive or behavioural problems

Physician/Registered Midwife responsibilities:

- Initial assessment of the patient with regards to their potential for understanding drug therapy (side effects, indications, dosage, etc.), compliance and physical ability/disability.
- Order drug therapy by checking the appropriate boxes for medications to be self-administered at the bedside on pre-printed order sheet.
- Sign the pre-printed post-partum orders.
- Delete inappropriate medications by crossing them out on the pre-printed orders.

Pharmacist responsibilities:

- Check the patient's profile for drug allergies, appropriateness and drug interactions.
- Provide drug information to the nurses or other health care professionals who care for the patient, as requested.
- Supply the unit doses of the approved medications and baggies for the SAM kits

NURSING PRACTICE STANDARD

B-00-13-10110 – SAM Maternity

Patient responsibilities:

- Sign the SAM Program Release Form ([Appendix A](#)).
- Document usage on the SAM Record ([Appendix B](#) and [Appendix C](#)).
- Report any side effects or problems with their drug therapy to the physician or nurse.
- Report to the RN/LPN if additional medications are required.
- Return SAM Record and all unused medication to RN/LPN on discharge

PRACTICE GUIDELINE

Equipment & Supplies:

Medications as required

Appropriate SAM Record (vaginal or caesarean birth)

SAM Program Release Form

Assessment:

- Assess awareness, interest and willingness to participate.
- Assess ability to understand and speak English. Patient must be able to understand, speak, and read English.
- On initial assignment of SAMs, and at least once a shift assess and document:
 - Patient understanding of drug therapy:
 - Indications
 - Possible side effects
 - Dosage, route, frequency
 - Storage
 - Compliance with drug therapy:
 - Appropriate use
 - Effectiveness of PRN analgesics
 - Documentation on the SAM Record

Interventions:

- Teach/educate patient about the various medications with the aid of the SAM Program patient information sheet (located in discharge envelope Catalogue No. GH.400.M4251). Information should include, but not be limited to:
 - Type and names of various medications
 - Indications
 - Possible side effects
 - Dosage, route, frequency
 - How to document usage
- Provide opportunity for patient to ask questions
- Obtain written consent from patient on the SAM Program Release Form ([Appendix A](#))
- Contact the pharmacist if additional information is required
- Place appropriate number of medications (as described on SAM Record) into baggie and label the bag with a patient label
- Give Medications to the patient

NURSING PRACTICE STANDARD

B-00-13-10110 – SAM Maternity

- Provide patient with labeled SAM Record (Separate records for [vaginal delivery](#)- and [Cesarean Section delivery](#))

Patient/Resident Education:

(Also see interventions)

- Review SAM program patient information sheet
- SAM Record
- Reinforce correct use and documentation of medications

Documentation:

- SAM Record
 - Patient to document date, dose, time with each self administered medication
 - RN/LPN to document all additional medications given on SAM Record
- SAM Program Release
- Postpartum Clinical Care Path
 - Variances from normal/expected
 - Interventions and patient response

References:

Medication Self Administration Education Mosby's Nursing Skills (2013). St. Louis, MO. Elsevier. Retrieved October 15 2013 from www.mosbysnursingskills.com

Persons/Groups Consulted:

Clinical Specialist, Pharmacy
Maternity Safety Quality Council

Developed By:

Nurse Educator, Maternity Centre SPH

Revised by:

Patient/Nurse Educator, Maternity

Reviewed by:

Clinical Nurse Leader – Maternity
Nurse Educator – Maternity (Interim)

Date of Creation/Review/Revision:

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Revised October 2013

Reviewed October 2017

Appendix A**MATERNITY CENTRE
SELF-ADMINISTERED MEDICATION
PROGRAM RELEASE**

Date: _____

I, _____ am participating in the Self-Administered Medication Program in the Maternity Centre. I have read and understand the information about Self-Administered Medications.

I understand that:

- My Doctor/Midwife has ordered medication for pain and bowel function.
- I am taking responsibility for taking these medications myself.
- I will read and follow the directions on the Self-administered Medication (SAM) Record.
- I am responsible for recording when I take each medicine every time I take it, including; the amount, date and time on the SAM record.
- I am to return any unused medications and the SAM Record to the nurse before I go home.
- I can stop the program at any time and I will still receive any medication I need.

The health care team has provided me with detailed explanations about these medications and the risks if I do not take them as directed. I have been given an opportunity to ask questions about these medications. All of my questions have been answered thoroughly and to my satisfaction.

By signing this form:

- I understand the risks involved in the self-administration of these medications
- I voluntarily assume the responsibility of following the instructions I have received.

Signature of patient_____
Printed name of patient

I have issued a SAM kit to the patient as indicated on the SAM Record. I have reviewed the patient education pamphlet 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 she understands the above consent and voluntarily signed it in my presence.

RN signature_____
Printed name_____
Date/time

Form No. OB095 (R. Nov-08)

Appendix B



SELF ADMINISTERED MEDICATION (SAM) RECORD

[for PH321 Cesarean Section Post-op Orders (R. Jul 20-17)]

Initial Supply:		Additional Supplies:					
Date:	Initials:	Date:	Initials:	Date:	Initials:	Date:	Initials:
<input type="checkbox"/> docusate 100 mg capsules x 4							
<input type="checkbox"/> ANUSOL EQUIV ointment x 1 tube							
<input type="checkbox"/> acetaminophen 325 mg tablets x 8							
<input type="checkbox"/> ibuprofen 200 mg tablets x 8							

Please return this form and any remaining medications to the nurse before discharge

Date:								
	Time	Dose	Time	Dose	Time	Dose	Time	Dose
docusate 100 mg capsules Take 2 capsules once daily								
ANUSOL EQUIV ointment Apply to hemorrhoids as needed								
acetaminophen 325 mg tablets Take 1 to 2 tablets every 4 hours as needed for mild pain; do NOT take more than 12 tablets of acetaminophen in 24 hours								
ibuprofen 200 mg tablets Take 1 to 2 tablets every 4 hours as needed for mild to moderate pain; do NOT take within 8 hours of last naproxen dose								

Appendix C



**SELF ADMINISTERED
MEDICATION (SAM) RECORD**
[for PH158 Post Vaginal Delivery Orders (R. Jul 20-17)]

Initial Supply:		Additional Supplies:					
Date:	Initials:	Date:	Initials:	Date:	Initials:	Date:	Initials:
<input type="checkbox"/> docusate 100 mg capsules x 4							
<input type="checkbox"/> ANUSOL EQUIV ointment x 1 tube							
<input type="checkbox"/> acetaminophen 325 mg tablets x 8							
<input type="checkbox"/> ibuprofen 200 mg tablets x 8							

Please return this form and any remaining medications to the nurse before discharge

Date:								
	Time	Dose	Time	Dose	Time	Dose	Time	Dose
docusate 100 mg capsules Take 2 capsules once daily								
ANUSOL EQUIV ointment Apply to hemorrhoids as needed								
acetaminophen 325 mg tablets Take 1 to 2 tablets every 4 hours as needed for mild pain; do NOT take more than 12 tablets of acetaminophen in 24 hours								
ibuprofen 200 mg tablets Take 1 to 2 tablets every 4 hours as needed for mild to moderate pain; do NOT take within 8 hours of last naproxen dose								