

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

M-2, Part VII  
Chapter 11

August 20, 1993

1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Affairs," Part VII, "Pharmacy Service," Chapter 11, "Self-Medication Programs."

2. This chapter is being issued to provide direction and the minimum standards developed for those VA medical centers electing to have a SMP (Self-Medication Program).

3. Filing Instructions

Remove pages

Insert pages

iii through iv

iii through iv

11-i through 11-ii

11-1 through 11-3

4. RESCISSIONS: VHA Directive 10-92-023 is rescinded.

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Under Secretary for Health

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The following material is rescinded:

COMPLETE RESCISSIONS

a. Manuals

M-2, Part VII, dated May 10, 1955, and changes 1 through 25

M-2, Part VII, dated December 5, 1977, and changes 1 through 8

M-2, Part VII, Chapter 5, dated March 28, 1991

b. Interim Issues

II 10-75-2

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10-73-161

10-74-66

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RESCISSIONS

The following material is rescinded:

VHA Circulars/Directives

10-92-023

CHAPTER 11. SELF-MEDICATION PROGRAMS

11.01 POLICY

a. It is VHA (Veterans Health Administration) policy to establish programs which promote the self-esteem and independence of the veteran through individualized learning activities which foster knowledge and responsible self-care.

b. SMPs (Self-Medication Programs) are structured programs which provide a controlled, supervised environment where veterans learn and practice self medication skills prior to discharge.

c. VA (Department of Veterans Affairs) medical centers which elect to have SMPs must comply with the minimum standards developed by VHA.

11.02 PATIENT SELECTION CRITERIA

An initial assessment by members of the medical center staff is mandatory to determine the appropriateness of the patient for the program as determined and documented by:

a. The Prescriber in Progress Notes. Patients must be highly-functioning and motivated. Patients with mental impairment, or whose non-compliance with the SMP in the past has been documented, are not candidates (unless compliance problems were corrected with further instruction). Patients must have had no history of active suicidal ideation within the last 60 days.

b. A Substance Abuse Expert. Patients with a history of alcohol or substance abuse are not candidates unless participation is approved by a substance abuse treatment expert.

c. The Appropriate Staff (nurse, pharmacist, or prescriber). Patients must demonstrate the ability to document their compliance with therapy and be responsible for the security of their medication supplies.

11.03 MEDICATION SELECTION CRITERIA

Medication considered suitable for prescribing as self medication shall:

a. Not Include Controlled Substances. Exception is made for controlled substances administered by way of PCA (Patient Controlled Analgesia) infusion pumps which, by their design, ensure total drug accountability and prevent accidental overdose.

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b. Be Limited to no more than a 7-day Supply. In the case of PCA administered substances, supply shall be limited to no more than a 7-day supply or less (as guided by local infection control guidelines).

c. Be Medically Appropriate. Prescriptions shall indicate the patient's drug allergy status, including "no known allergy." No prescription will be dispensed without this notation.

#### 11.04 SECURITY CRITERIA

a. All self medications must be kept in a locked cabinet/locker accessible only to that patient and the medication nurse on the ward. Keys must be unique and not usable in other patients' cabinets or lockers.

b. Exceptions to security requirements are made for self medication which must be stored under refrigerated conditions or are administered by a PCA infusion device.

c. Patients must agree (in writing) to comply with all security requirements in order to participate in the program. The agreement will include a statement that the patient is responsible for the security of self medication(s) and key issued to the patient.

#### 11.05 COMPLIANCE DOCUMENTATION

a. Patients shall document the self administration of each dose of each medication on a continuous medication record or similar form.

b. Appropriate staff (as defined by local policy) shall perform weekly "pill counts" to validate patient compliance with prescribed regimens.

(1) Counts will be documented on the continuous medication record or progress note. NOTE: The volumes of externals, such as ointments and creams, and inhalers may be approximated and an assessment of compliance approximated.

(2) Non-compliance will be considered as evidence that the patient is a poor risk or needs further instruction for SMP.

(a) In such cases, the prescriber must immediately consider returning the patient's drug administration to the medical center's unit dose (or ward stock) system.

(b) The action taken will be documented by the appropriate staff (as defined by local policy).

#### 11.06 PATIENT EDUCATION

After the patient assessment described in paragraph 11.02, and prior to the initial supply of any self medication, patient education must be provided. SMP patient education will include the following:

a. An assessment of patient learning needs, i.e., patient concerns and priorities about medications, lifestyle issues, learning style, etc.

b. Identification of teaching points, as:

(1) Indications for medication use,

(2) Potential side effects,

(3) Proper administration and storage,

- (4) Integration of medication taking into the patient's lifestyle,
- (5) Documentation requirements,
- (6) Security issues, and
- (7) The need for compliance.

c. Educational intervention including:

(1) Counseling,

(2) Handouts,

(3) Devices,

(4) Audiovisuals,

(5) Other appropriate strategies about the medication (its purpose, side effects, proper administration and storage, integration into the patient's lifestyle), and

(6) Other components of SMP (security, documentation, and adherence to procedures during periods of pass).

d. Evaluation of the patient education.

e. Documentation in the patient's medical record about:

(1) The information provided,

(2) Educational modality used, and

(3) The patient's understanding and comprehension of information provided.

NOTE: Patient education documentation as defined by local policy shall be completed prior to the provision of any self medication to the patient.

#### 11.07 MEDICATION (QUALITY) INDICATORS

Each medical center will include indicators for its SMP which are sensitive enough to assess medical center compliance with the "pill count," patient education, and medication administration documentation requirements.