

SELF-ADMINISTRATION OF MEDICATION ASSESSMENT INSTRUCTIONS

The new self-administration of medication assessment form is designed to accomplish several things:

1. To focus on the essential elements of self administration of medication;
2. To emphasize the difference between self administration and self management of medication; and
3. To reinforce the concept that a person may be able to self administer by some routes of administration (e.g. topical) but not others (e.g. inhaler).

For the purpose of assessment, self administration is separated from self management. Self-administration of medication is a rote task that focuses on consistently taking medication correctly. Self-management involves more cognitive skills such as knowing the name of the medication, why it is prescribed, side effects, possible interactions, etc.

Someone may be assessed as capable of self administration of medication before they are assessed as capable of self management of their medications. However, no person should be kept from self administering their medications because they are not able to manage their medication.

SELF-MEDICATION ASSESSMENT FORM

Self medication assessments are to be completed by a registered professional nurse on no less than an annual basis. The RN should discuss the assessment with those staff who are familiar with the person and their abilities to ensure accuracy.

At the top, fill in the person's name. Under "Site" fill in the name of the residence where the person lives, or the day program they attend.

Check "Y" or "N" to the question related to the person being able and/or willing to participate in the evaluation. For Example: A "no" might be if an individual requires total support e.g. receives medications via a G-tube. . If the answer is "N" a note must be written in the "Additional comments" section on page 2 to provide the rationale.

"For all medication"

The items included in this section correspond to the requirements in 14 NYCRR 633.99. They apply to medications in all of the categories.

1. Can the person recognize the time the medication is to be taken? This does NOT mean that the person must tell time. The person could "recognize" the

time by other means such as associating medication with an activity like getting up in the morning, an alarm, etc.

The second part of that question asks if the person could recognize the time the medication is to be taken with the assistance of an alarm. Many of the medication organizers on the market have alarms that can be set to remind people to take their medication. A person who can respond appropriately to an alarm (i.e.: knows that when the alarm sounds they have to take medication) has met this standard.

2. Recognize the correct container/bottle/blister pack/medication organizer. This does NOT mean read the label. Any means that the person uses to identify the correct container/bottle/blister pack/medication organizer is acceptable. If the person uses a means other than reading, make a comment in the comments section to explain how the person recognizes the correct container.
3. Open the correct container/bottle/blister pack/medication organizer. If a bottle, it is acceptable to have the child proof caps replaced with non-child proof caps provided doing so does not put any person at the site at risk. If a person has significant fine motor difficulty, staff may assist the person with this task (at the discretion of the RN).
4. Remove the correct dose: If in a pill organizer, all of the medications may be removed simultaneously. The person DOES NOT have to identify each pill.
5. Close the container.
6. Return to appropriate storage area. In a residence with a medication storage area, this may mean handing to the staff to place in the storage area.

For oral, topical and all other routes of administration, if the person is not receiving a medication via that route, write "n/a" in the IND box.

"For Oral Medications"

1. Correct dose: The person either removes the correct dose from the container or removes all of the medication from the compartment of the medication organizer.
2. Obtain appropriate fluids or food: This includes pouring the fluid independently.
3. Taking the medication properly means that the person swallows the medication, does not "cheek it" and/or does not chew it (unless it is specifically intended to be chewed).

"For Topical Medications"

1. Prepare the site means such things as drying between toes before applying foot powder.
2. Appropriate amount
3. Apply a dressing (if appropriate). The person knows that a dressing needs to be applied and is able to apply (this may include asking for help to put on a dressing that is in a place that is difficult to reach, etc)
4. Hands should be washed using soap and water.

"Other Types of Medication"

These medication routes must only be assessed if the individual has a medication that is delivered by that route. For any route the individual does not require, place "n/a" in the IND box.

"Based on Observation and Assessment"

Indicate the level of independence/assistance the person requires for EACH route of administration. For any route the individual does not require, check the "not evaluated" column.

NOTE: Staff must assist in the administration of any type of medication for which an individual is not assessed as capable of independent self-administration and/or any medication type for which the person has not been assessed.

If a person has a new order that includes a new route (e.g. topical), the team should request the RN to evaluate the person for the new route.

If a person is found to be independent to administer all of his/her current medications, the RN should complete a Self-Medication Management Evaluation.