

Community or Facility Name

# SELF-ADMINISTRATION OF MEDICATIONS EVALUATION OF RESIDENT'S ABILITY

This form should be completed upon initial move-in for any resident who wishes to self-administer his/her medications (both oral and non-oral). The evaluation should be repeated on a regular basis (no less than annually) as long as the resident continues to self-administer medications. Reports should be kept in the resident's file and discussed with the resident and family members, if appropriate.

### Instructions:

Be seated at a table in a comfortable and private location with the resident. Have the resident bring all of his/her medications, including over-the-counter (non-prescription) medicines, topical medications, eardrops, eyedrops, inhalers and injectable medicines such as insulin. Ask the resident to describe the name, purpose, dose and administration instructions for each medication. Record the results of the discussion on the chart below.

Resident Name

Prefers To Be Called

Room #

Is this an initial evaluation?  Yes  No If no, list reason for evaluation \_\_\_\_\_

and date of most recent evaluation \_\_\_\_\_

<b>1</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		
<b>2</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		
<b>3</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		
<b>4</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
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<b>5</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		
<b>6</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		
<b>7</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
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<b>8</b>	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____
	<b>DOSE (including amount, frequency and time)</b> <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)		

9	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____ _____
	<b>DOSE</b> (including amount, frequency and time) <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)	<b>SUB TOTAL</b>	<b>TOTAL SCORE</b> <input type="text"/>

10	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____ _____
	<b>DOSE</b> (including amount, frequency and time) <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)	<b>SUB TOTAL</b>	<b>TOTAL SCORE</b> <input type="text"/>

11	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____ _____
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12	<b>MEDICATION NAME</b> <input type="checkbox"/> Correctly named (score 1) <input type="checkbox"/> Incorrectly named (score 0)	<b>PURPOSE</b> <input type="checkbox"/> Understands purpose (score 1) <input type="checkbox"/> Misunderstands purpose (score 0)	<b>SUB TOTAL</b>	Observations and Comments: _____ _____
	<b>DOSE</b> (including amount, frequency and time) <input type="checkbox"/> Knows correct dose (score 1) <input type="checkbox"/> Does not know correct dose (score 0)	<b>ADMINISTRATION</b> <input type="checkbox"/> Demonstrates correct procedure (score 1) <input type="checkbox"/> Cannot demonstrate correct procedure (score 0)	<b>SUB TOTAL</b>	<b>TOTAL SCORE</b> <input type="text"/>

**RATING SCALE FOR EACH MEDICATION:** This scale is designed to provide the evaluator with a consistent, objective determination of the resident's ability to self-medicate. Each drug should be scored separately. Ideally, the resident should score a total of 4 on each medication. Failure to correctly answer the items in the red section may pose an immediate danger to the resident's safety; these errors should be corrected before self-administration is allowed. Failure to correctly answer items in the green section should be corrected as soon as possible; these errors, however, are not likely to result in harm to the resident and thus should not be grounds alone for stopping self-medication.

- 0 or 1 subtotal in the green shaded area: Instruction necessary for improvement but not required for continued self-administration.
- 0 or 1 subtotal in the red shaded area: Self-medication not recommended until score can be improved after instruction.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature/Title	Date
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**If interdisciplinary team determines resident is capable of self administering medications, attending physician should be contacted for appropriate order.**  Addressed in order.

\* Note: If the resident insists on self-administering medications even though he/she is considered incapable of doing so correctly and safely, a negotiated risk form should be completed by appropriate staff and signed by the resident.

**NEGOTIATED RISK**  
Resident's Name: \_\_\_\_\_  
I (resident or power of attorney) understand and am aware that based upon the results of an objective assessment, the self-medication evaluator at this community/facility believes it is not safe for me to self-administer my medications. I also understand that I may make one or more mistakes in administering my own medications and that these mistakes could result in serious harm, illness or even death. I have been advised to no longer self-administer my own medications. I hereby agree to expressly assume and accept all responsibility for any and all risks or negative outcomes that could result from self-administering my medications.

Signature of Resident	Date	Print Name
Signature of Witness (staff person)	Date	Signature of Interested Family Member/Responsible Party
Print Name		Date
		Print Name

The information contained herein is designed to serve only as a guide. It is the responsibility of health care professionals to use their professional judgement in determining accurate resident assessment and needs.

Resident Name	Community/Facility Name	Apt./Room #
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