

## **SELF-ADMINISTRATION ASSESSMENT GUIDE**

**Individual's Name:** \_\_\_\_\_

Guardian Status	Medication Status
<input type="checkbox"/> Is own guardian <input type="checkbox"/> Has a guardian	<input type="checkbox"/> Has prescribed medications <input type="checkbox"/> * <b>No medication prescribed at this time</b>

I = Independent	VP = Verbal prompt required	MG = Manual guidance required	NAU = No apparent understanding/ability
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1) Identifies each medication:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
2) Is able to indicate the purpose of each medication:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
3) Is able to remove correct individual prescription bottle:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
4) Is able to open each bottle/close each bottle (if unable due to mechanical reasons, can cognitively direct another):	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
5) Is aware of how many pills to remove from each bottle at the prescribed time:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
6) Is able to follow schedule of medication time:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
7) Is aware of side effects and consequences of not taking medications:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU
8) Knows when to contact prescribing practitioner for follow-up and has adequate knowledge to adjust PRN (as needed) medications:	<input type="checkbox"/> = I	<input type="checkbox"/> = VP	<input type="checkbox"/> = MG	<input type="checkbox"/> = NAU

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Status of Medication Administration**

<input type="checkbox"/>	The above named individual may independently self-administer his/her own medication and maintain possession of the medication in accordance with HE-M 1201.05
<input type="checkbox"/>	The above named individual will require Med Authorized staff person to assist in the administration of his/her medication, but is able to participate in self-medication administration training with supervision in accordance with a Service Agreement objective.
<input type="checkbox"/>	The above named individual will require a nurse of Med Authorized staff person to administer and control access to his/her medications.
<input type="checkbox"/>	* The above named individual will be assessed for the ability to self-administer and maintain possession of his/her own medication if/when medication is prescribed.

\_\_\_\_\_  
**Signature of Nurse Trainer**

*(Electronic signatures cannot be accepted at this time)*

\_\_\_\_\_  
**Date**

**The nurse trainer shall re-assess individuals who self-administer medications no later than the last day of the 12<sup>th</sup> month from the date of the prior assessment; or more frequently, if necessary.**