SELF-ADMINISTRATION ASSESSMENT GUIDE

Individual’s Name: ______________________________

<table>
<thead>
<tr>
<th>Guardian Status</th>
<th>Medication Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is own guardian</td>
<td>Has prescribed medications</td>
</tr>
<tr>
<td>Has a guardian</td>
<td>* No medication prescribed at this time</td>
</tr>
</tbody>
</table>

I = Independent  VP = Verbal prompt required  MG = Manual guidance required  NAU = No apparent understanding/ability

1) Identifies each medication:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
2) Is able to indicate the purpose of each medication:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
3) Is able to remove correct individual prescription bottle:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
4) Is able to open each bottle/close each bottle (if unable due to mechanical reasons, can cognitively direct another):  [ ] I  [ ] VP  [ ] MG  [ ] NAU
5) Is aware of how many pills to remove from each bottle at the prescribed time:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
6) Is able to follow schedule of medication time:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
7) Is aware of side effects and consequences of not taking medications:  [ ] I  [ ] VP  [ ] MG  [ ] NAU
8) Knows when to contact prescribing practitioner for follow-up and has adequate knowledge to adjust PRN (as needed) medications:  [ ] I  [ ] VP  [ ] MG  [ ] NAU

Completed by: _______________________________ Date: _______________________________

Status of Medication Administration

☐ 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

☐ 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.

☐ The above named individual will require a nurse of Med Authorized staff person to administer and control access to his/her medications.

☐ * 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 _______________________________ Date: _______________________________

(Electronic signatures cannot be accepted at this time)

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

Updated 09/2015