

**Division of Developmental Disabilities Services
Community Services/Adult Special Populations**

Health Care Services Protocol #8

Self-Administration of Medication

Date: August 16, 2010

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Approved By: 

I. Purpose

To establish a systematic approach to assess and document the safe implementation of self-administration of medication.

II. Objectives

- A. To assess the skills and abilities of an individual to self administer his/her medications.
- B. To support the independence of individuals to self administer medications.

III. Standards

- A. When an individual expresses a desire to self-medicate or a team member identifies an individual that may be capable of self-medication administration, a team meeting will be scheduled to discuss the self medication assessment and training. The meeting should include the individual, his/her family/guardian (if applicable), and the individual's team members.
- B. All staff working with an individual in the self medication training program shall be knowledgeable of all aspects of the program prior to assisting any individual with this program.
- C. During an individual's participation in training, staff will continue to monitor and record assistance of all medications as outlined in the Assist with Self-Administration of Medication (AWSAM) policy.
- D. After being assessed by the nurse (Exhibit A), if the individual is found not suited for the self-medication program, the individual will continue to self administer his/her medications to the best of his/her ability with staff assistance.
- E. After being assessed by the nurse, if the individual exhibits the skills necessary to self-medicate the self medication training program will be implemented.
- F. Upon successful completion of the Self-Administration of Medication Training (30 independent trial days), a team meeting will be scheduled with the individual,

- family/guardian, and the individual's team members to discuss the results of the self medication assessment and training.
- G. If the majority are in agreement that the individual is willing and capable to self medicate independently, the Independent Self-Medication Approval form (Exhibit B) will be signed by all relevant parties and will be kept in the record (following the ELP Nursing Assessment) along with the completed assessment and completed data form(s) (Exhibit C).
 - H. The ELP will be updated to reflect his/her level of participation in medication administration.
 - I. A monthly MAR will be maintained for any individual who self-medicates. If the individual is not capable of initialing the MAR for each medication, then a staff may initial to indicate that they observed the individual take the prescribed medication.
 - J. The individual must date the medication cards/containers when started and each blister must be dated. If the individual is not capable of completing these tasks, then a staff may complete the dating of the card/containers and each blister.
 - K. Any new medication orders would be transcribed on the individual's MAR by staff as outlined in the AWSAM policy. The new medication or dosage should be reviewed with the individual to ensure his/her understanding and ability to self-medicate as prescribed.
 - L. Staff will monitor/assist with all prescription renewals.
 - M. A mechanism for monitoring an individual's response to self administering his/her prescribed medication will be described in the ELP Nursing Assessment, "supports needed for taking medications section".
 - N. A Self-Administration of Medication Assessment (Exhibit A) will be completed by the RN at least annually and whenever there is a decline in skill level, for individuals who self administer medication.

IV. Training Program

A. General Instructions

- Training is to take place at the prescribed times of medication assistance.
- For each step, the trainer supports the individual to perform the task. If the individual does not perform the task correctly, the trainer will provide verbal instruction and assistance as needed.
- For each step that is unfamiliar to the individual, the trainer will first demonstrate the correct way of performing the step.
- The trainer should frequently use expressions such as please, thank you, very good as appropriate when giving verbal directions.
- As an individual increases his/her independence in the skills necessary to self administer his/her medications, the trainer will decrease or fade the level of assistance.
- During the training process, staff will continue to document the assistance of medication on the MAR.

B. Steps

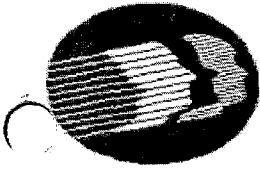
The individual will:

- Request to take medication at the appropriate time.
- Complete hand hygiene.

- Obtain beverage or food of choice and take to designated area.
- Select his/her medication for the designated time from the medication storage area and take to designated area.
- Compare the label on the medication container with the MAR to ensure they have the correct medication and dosage for that time frame.
- State the medication:
 - A. Name
 - B. Dosage
 - C. Purpose
 - D. Side effects (at least two)
- Remove the prescribed medication from the medication container. If two or more medications are involved and the individual prefers to take each medication individually; place each medication as dispensed in/on an appropriate surface (i.e., med cup, paper towel, bowl, etc.) to avoid contamination.
- Close medication container if applicable.
- Take prescribed medication.
- For topical treatments: apply medication to prescribed area.
- Initial MAR for each medication taken.
- Date medication card or complete count sheet if applicable.
- Return medication to locked storage area.

VI. Exhibits

- A. Self-Administration of Medication Assessment Form
- B. Self-Administration of Medication Approval Form
- C. Self-Administration of Medication Data Form



Division of Developmental Disabilities Services
Community Services

Self Administration of Medication Assessment Form

Individual: _____

MCI Number: _____

Date of Birth: _____

Date of Assessment: _____

Able to:	Code	Comments
Follow verbal directions and instructions		
Recognize written name		
Comprehend simple number concepts		
Complete hand hygiene		
Identify medication container(s) from others in the cabinet		
Obtain medication from designated locked storage area		
Read and compare medication label with MAR		
State the name and dosage of each medication		
Identify the time of day the medication(s) is to be taken		
Identify the purpose and side effects (at least 2) for each medication		
Remove correct amount of medication from container (i.e., blister pack, card, bottle)		
Swallow medication		
Apply topical medication to prescribed area		
Write date on blister card and initial MAR		
Return medication to designated locked storage area		

Coding:

- I – Independent
- V – Verbal Prompts
- G – Gestural Prompts
- P – Physical Assistance
- 0 – Unable to Complete

Signature of Nurse: _____

Date: _____

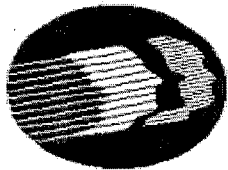


Exhibit B

**Division of Developmental Disabilities Services
Community Services**

Self Administration of Medication Approval Form

This verifies that _____ successfully completed the DDDS Self
Medication Program on _____.

The undersigned are in agreement that _____ continues to
exhibit/exhibits the interest, ability, and skills necessary to self-medicate.

Individual

Date

Registered Nurse

Date

DDDS Case Manager

Date

Agency Case Manager (If Applicable)

Date

Behavior Analyst (If Applicable)

Date

Parent/Guardian/Family Member (If Applicable)

Date

Self-Administration of Medication Data Form
Signature Sheet for Page 1

STAFF SIGNATURE AND TITLE

INITIALS

STAFF SIGNATURE AND TITLE	INITIALS

Self Administration of Medication Data Form- Page 2

Individual: _____

MCI#: _____

Month/Year: _____

Goal: _____ will take his/her medication independently for thirty (30) consecutive trials.

Steps	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Closes medication container if applicable																																		
Takes prescribed medication																																		
Topical treatments: applies medication to prescribed area																																		
Initials MAR for each medication																																		
Dates medication card or completes count sheet if applicable																																		
Returns medication to locked storage area.																																		

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