

ASSESSMENT FOR SELF-ADMINISTRATION OF MEDICATIONS (front)

Instructions- Before performing this assessment:

1. Verify that there is a **providers order** in the resident's chart for self-administration of the specific medication under consideration.
2. The **resident has signed** the appropriate document stating the desire to self-administer his/her own medication.
3. Proceed by checking the appropriate response below for each of the items listed. Licensed Nurse to date and initial as completed.
4. The resident must be able to perform each step indicated below prior to beginning the self-administration of medication.
5. The interdisciplinary team will be responsible for approving self-administration using this assessment as a guide.

| Assessment Criteria | N/A | Unable | Able w/Assist | Fully Capable |
|---|-----|--------|------------------|------------------|
| 1. Can correctly state the name of medication? | | | | |
| 2. Can correctly state what each medication is for? | | | | |
| 3. Can correctly read the label on each bottle or blister pack? | | | | |
| 4. Can correctly state what time medications are to be taken? | | | | |
| 5. Can demonstrate proper hand wash technique prior to and following medication administration? | | | | |
| 6. Can correctly measure the appropriate amount of medication from the container? | | | | |
| 7. Can correctly check the expiration dates on the medication containers? | | | | |
| 8. Can correctly state situations warranting administration of PRN medications? | | | | |
| 9. Can correctly request medication stored at nurses station or need to re-order from the pharmacy? | | | | |
| 10. Can apply topical ointments, creams, or transdermal patches according to proper procedures? | | | | |
| 11. Can administer eardrops according to proper procedure? | | | | |
| 12. Can administer rectal suppositories according to proper procedures? | | | | |
| 13. Can administer vaginal suppositories according to proper procedure? | | | | |
| 14. Can administer inhalant medications according to proper procedures? | | | | |
| 15. Can demonstrate administration of subcutaneous injections? | | | | |

This assessment was completed by: _____ Date: _____
 Date reviewed: _____ Approval granted to self-administer? ___ Yes ___ No
 If approval not granted, explain: _____

Resident Name: _____ MR# _____

