

## Self-administration assessment form

<b>Name of care home</b>			
<b>Name of resident</b>			
<b>Date of birth</b>			
<b>Name of assessor</b>			
<b>Designation</b>			
<b>Date of assessment</b>		<b>Review date</b>	

**This assessment should be conducted by a member of care home staff who is competent to administer medication, the GP or a Pharmacist.**

Did the resident self-administer their medication prior to being admitted to the care home? Have they expressed a wish to try self-administration now that they are supported with other aspects of care?	<b>Yes</b>		<b>No</b>	
<b>Comment</b>				
<b>Outcome</b>				

Does the resident wish to continue to self-administer?	<b>Yes</b>		<b>No</b>	
<b>Comment</b>				
<b>Outcome</b>				

Does the resident have any particular beliefs or attitudes about their medication or condition?	<b>Yes</b>		<b>No</b>	
<b>Comment</b>				
<b>Outcome</b>				

Does the resident understand the following:				
	Yes	No	Comment	Outcome
What each of their medicines is for?				
How to take each medication?				
When to take each medication?				
What to do if a dose is missed?				
Any special instructions for taking the medication?				
Can they identify each medicine?				

Is the resident experiencing any problems taking their medication or any side effects?		Yes		No	
<b>Comment</b>					
<b>Outcome</b>					

Does the resident find it convenient taking the medicines at the times or frequency prescribed?*		Yes		No	
<b>Comment</b>					
<b>Outcome</b>					

*\*It may be possible to simplify the prescribing, in terms of timing or reduce the number of medicines being prescribed. Liaise with the GP or Care Home Support Pharmacist for a medication review.*

Does the resident have a history of alcohol or drug abuse?		Yes		No	
<b>Comment</b>					
<b>Outcome</b>					

Was the resident using a medicine administration aid previously?		Yes		No	
<b>Comment</b>					
<b>Outcome</b>					

Does the resident have any dexterity problems and require support to take their medication safely?				
	Yes	No	Comment	Outcome
Can the resident open bottles with normal lids?				
Can the resident open bottles with child-resistant lids?				
Can the resident remove tablets and capsules from blisters?				
Does the resident have any difficulty opening medication boxes?				
Can the resident measure out liquids?				
Can the resident administer their eye, ear, or nasal drops?				
Can the resident use their inhaler? Slow, gentle, deep breath for aerosol inhalers. Short, sharp, deep breath for dry powder inhalers. Ask them to demonstrate use of their inhaler and				

Does the resident have any dexterity problems and require support to take their medication safely?				
	Yes	No	Comment	Outcome
spacer if they have one.				
Can the resident administer their insulin? Observe them administering their insulin.				
Can the resident apply their transdermal patch? Do they know when it should be removed? Do they know how to dispose of them safely?				
Can the resident apply their external preparations such as emollients, creams, ointments?				
Does the resident have any visual impairment and require additional support?  1. Check are they able to read the labels on the packaging? Ask them to demonstrate. 2. Check if they are colour blind or if they have problems differentiating colours?				
Has the resident been observed administering any medicines which require special techniques, e.g. insulin or inhalers?				
Is there any other reason why the resident should not undertake self-administration of their medicine?				

### **Do they need a medication review?**

#### **Could deprescribing help?**

Deprescribing is the process of tapering, withdrawing, discontinuing or stopping medicines to reduce potentially problematic polypharmacy, adverse drug effects and inappropriate or ineffective medicine use by regularly re-evaluating the ongoing reasons for, and effectiveness of medication therapy.

**How often is re-assessment?** (this should be based upon individual resident need)

#### **Inhaler technique assessment?**

<b>Did the assessment demonstrate that the resident is capable of administering any of their medication themselves?</b>	<b>Yes</b>		<b>No</b>	
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If **YES** please indicate below which medicines the resident will be able to self-administer safely and whether additional support is required.

If **NO**, discuss the issues with the resident. If they insist on self-administration arrange a case conference with the resident, the GP and their family (if the resident is happy for their family to be included). This is to discuss the risks involved.

<b>Medication</b>	<b>Support required</b>

<b>Signature</b>		<b>Date</b>	
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<b>Set review date</b>	<b>1 month</b>		<b>3 month</b>		<b>6 month</b>	
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At 12 months a new assessment should be conducted and a consent form (where applicable) should be completed.

**A resident's ability to self-administer should be reviewed more often if their medical condition changes, a new medication is initiated or a current medication dose is changed.**