

## Self-administration checklist for use by care home staff

Name of care home			
Name of resident			
Date of birth			
Name of assessor			
Designation			
Date of assessment		Review date	

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

The resident's capacity to make decisions in relation to self-administration has been assessed.	Yes		No	
The self-administration process has been explained to the resident and they have been given the patient information leaflet on self-administration of medicines.	Yes		No	
The resident has been given the opportunity to ask any questions and satisfactory answers have been provided.	Yes		No	
The self-administration assessment form has been completed and the resident has been deemed competent to self-administer.	Yes		No	
The resident's consent has been obtained.	Yes		No	
For residents who require additional support, the relevant information has been shared with the GP, pharmacy or dispensing practice.	Yes		No	
The resident's care plan has been updated accordingly.	Yes		No	
The resident understands that they can withdraw their consent at any time by informing a nurse or senior carer.	Yes		No	
The resident has been provided with the key to the cupboard or drawer in which their medicines are to be stored.	Yes		No	