

Medication Administration

FAQS - Self-Medication Administration

Question: What does it mean for a consumer to be self-directed for the purposed of medication administration?

Answer: The RN is responsible for determining if the consumer is self-directed. A consumer who is self-directed for the purposes of medication administration is defined as one who is able to demonstrate a consistent ability to self-medicate once the container is adequately prepared. This shall include the ability to: correctly recognize the time the medication is to be taken, ingest or inject the medication, and know the correct storage method for the medication

This is the State Board for Nursing and State Board for Pharmacy definition of "self-directed". While it is not exactly the same as the definition of self-medication as contained in 14 NYCRR part 633.99, it is very close. 633.99 defines *self administration of medication* as follows:

"The act of taking the right medication at the right time, in the right dose and manner. This includes the ability to recognize the time medication is to be taken; to identify the container; to open the correct container; to remove the correct dosage and close the container; to obtain appropriate fluids or materials needs to ingest, apply, inject or use as ordered; and to return medication to the appropriate storage area. Independent self-administration of medication. To consistently self-administer medication in accordance with all of the above criteria. Supervision and/or assistance is needed in exceptional circumstances only."

Please note that neither definition requires the consumer to know what the medication is for, nor what the side effects are. It also does not include items such as "ability to independently obtain medication from the pharmacy" or other items that have been added by some agencies over the years.

These definitions separate *self-administration* (the task) from *self medication management*.

Self medication management includes the ability to know what the medication is, why you are taking it, what are the possible side effects, possible drug interactions, what things would have to be reported to the prescriber, how to store the medication and how to maintain an adequate supply of medication.

A consumer can be self-medicating without being capable of self medication management. In such instances, it is the role of staff, under the direction of the registered nurse, to monitor the medication to ensure that it is producing the desired effect and that there are no untoward side effects, to maintain an adequate supply, etc.

Question: How often should a person be evaluated for self-administration of medications?

Answer: Self-administration of medication evaluations are to be reviewed no less frequently than on an annual basis, or more frequently as needed.

Question: If someone has a mobility problem, can the direct care staff open the container, and would the person still be considered self medicating?

Answer: Yes. A person with a physical disability can still be considered self medicating if they know which medications they are supposed to take, but are just physically not able to open the med bar or container.

Question: Can staff assist a consumer in applying body cream?

Answer: It depends on what you mean by "assist." Staff can give them the correct amount to apply and ensure that they administer to the correct location.

Question: Can the staff sign for a person who self-administers their own medication?

Answer: Only if the staff has personal knowledge that the person has taken the medication. The agency is to decide on the designation, perhaps "S" for "self" and indicate on the MAR that the designation means that the person administered their own medication.

Question: For a consumer who lives in a certified residence and is able to self administer their own medications, can an AMAP staff pre-pour medications into a medication organizer or is this function relegated only to RNs?

Answer: The exemption in the nurse practice act would allow the RN to delegate this task to an AMAP provided the RN has properly educated the AMAP, the AMAP has demonstrated competence in performance of the task, and there is appropriate RN oversight. It is widely held as best practice to have two AMAPs check the organizer whenever possible (one to actually set it up and one to either observe or to check it against the MAR). Alternatively, an LPN or RN may prepare the medication organizer.

Question: If a consumer is going out of state can AMAP staff pre-pour and replenish medication supply in a pill organizer or should it be managed by the RN only?

Answer: Setting up a pill organizer for someone who is able to administer their own medications is not pre-pouring. If the person is going out of state for a week, the pill organizer should be replenished to ensure there is a week's worth of medication in it. If they are going for more than a week, staff accompanying the person should be able to replenish the supply (however, they cannot administer medication out of state).

Question: What do you do for tracking client medication errors for a person who self-administers their own medications?

Answer: This is an agency decision. The agency or DDSO needs to have a policy to track the types and frequency of medication errors that individuals make.