

SELF MANAGEMENT OF MEDICATION EVALUATION

NAME: _____ **Date:** ____/____/____

Purpose: To observe and assess the reliability and predictability of a person to self-manage medications safely.

Procedure: Administer this evaluation **ONLY** to individuals who have already been assessed to be **INDEPENDENT** in self-medication administration.

Observations	Yes	No	Comments
1. Can the person tell you the name of the medication?			
2. Can the person tell you what the medication is for?			
3. Can the person tell the most common side effects of the medication?			
4. Does the person know what they need to call the nurse or doctor for?			
5. Does the person know how to call the nurse and/or doctor?			
6. Does the person know <u>not</u> to give his/her medication to others? (Ask the person what s/he would do if another person asked him/her for his/her medications?)			
7. Does the person know not to replace his/her medication with another person's medication? (Ask consumer what s/he would do if s/he ran out of medication)			
8. Does the person know not to change his/her medication dose(s) without consulting his/her health care provider?			
9. Does the person know when it is time to refill the prescription?			
10. Does the person know how to refill prescriptions?			
11. Does the person know that if the pills look different they should ask the pharmacist before taking it?			
14. Can the person lock medication in an approved storage box (if this is required)?			
15. Is the box and key kept in a safe and accessible place?			
16. Can the person indicate on an MAR that medication was taken? (if this is required)			
IF USING A PILL ORGANIZER: Can the person independently correctly fill the pill organizer?			

Complete assessment on other side

Self-Medication MANAGEMENT Evaluation Determination

Based on the observations and assessment, I have determined that the person:

- Is capable of self-managing medication **INDEPENDENTLY.**
(occasional monitoring by RN, LPN or AMAP)

- Is not capable of self-managing medication. The person needs assistance, supervision and/or additional instruction in the following areas:
 - ___ Names of medications
 - ___ Purpose of medication
 - ___ Importance of not changing dose without permission from their health care provider
 - ___ Common side effects
 - ___ What to call nurse/doctor for
 - ___ How to call the nurse/doctor
 - ___ What to do if another person asks for his/her medication
 - ___ When and how to order medication refill
 - ___ How to store medication
 - ___ IF USING A PILL ORGANIZER: correctly filling the pill organizer

RN: _____ Date: ___/___/___

Additional Notes: _____

