



**Self-Administration Audit Tool**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_ Auditor: \_\_\_\_\_

	Yes	No	N/A	Comments
Is there documentation in the medical record that the resident requested self-administration of medication?				
Is there a completed self-administration assessment upon initiation, quarterly, annually and with changes in medical and decision-making status?				
Is there evidence in the clinical record that the Interdisciplinary Team determined it was safe for the resident to self-administer medications?				
Is there documentation of the determination by IDT on the care plan?				
Is there a physician order for self-administration with the specific medications that can be self-administered?				
Has resident been provided with equipment necessary for self-administration: Locked box/drawer/secured area?				
Is resident provided with medication resource information?				
Is resident completing documentation of medication administration on the MAR provided?				
Locked box/drawer/secured area is locked upon inspection?				
Medications observed: <ul style="list-style-type: none"> <li>• In proper containers</li> <li>• In proper amounts</li> </ul>				
Other:				

Comments: \_\_\_\_\_