

SELF-ADMINISTRATION OF MEDICATIONS

POLICY

If a resident requests to self-administer medication(s) that the interdisciplinary team will assess the resident to determine if it is clinically appropriate to honor the resident's choice, in order to maintain the resident's highest practicable level of functioning. The resident has the right to defer the responsibility to the facility. A resident may only self-administer medications after the IDT has determined which medications may be safely self-administered.

OBJECTIVE OF SELF-ADMINISTRATION OF MEDICATIONS POLICY

When a resident requests to self-administer medications, the interdisciplinary team will assess the resident to determine if self-administration of medication is clinically appropriate, safe and feasible, to honor the resident's request and to maintain the resident's independence consistent with the individualized plan of care.

PROCEDURE

1. When determining if self-administration is clinically appropriate for a resident, a licensed nurse will complete the Assessment for Resident Self-Administration of Medications to aid in the determination of resident's ability to self-administer medication. In addition, if resident's medications include respiratory inhalants, the Self-Administration Evaluation of Respiratory Inhalants will be completed. The IDT will consider the following:
 - a. The medications that are appropriate and safe for self-administration;
 - b. The resident's physical capacity to swallow without difficulty and to open medication bottles;
 - c. The resident's cognitive status, including their ability to correctly name their medications and know what conditions they are taken for;
 - d. The resident's capability to follow directions and tell time to know when medications need to be taken;
 - e. The resident's comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff.
 - f. The resident's ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs.
 - g. The residents' ability to ensure that medication is stored safely and securely.
2. If resident requests self-administration of respiratory inhalants only, complete the Self-Administration Evaluation of Respiratory Inhalants form.

Resident Name: _____ **MR #** _____ **Room#** _____



3. Determination of the residents' ability to self-administer medication by the IDT will be documented in the resident's medical record and on the care plan. The documentation will also include the participation of the resident and resident representative, if applicable, in the assessment and care plan process.
4. A periodic assessment of the residents' ability to self-administer medication will be performed by the IDT, based on changes in the residents' medical and decision-making status.
5. A periodic assessment of the resident's ability to self-administer medication will be performed by the IDT, based on changes in the resident's medical and decision-making status.
6. A physician's order will be obtained and recorded in the chart. The order also will include which specific medications can be kept at the bedside.
7. Transcribe physician's order on Medication Administration Record.
8. Provide equipment to facilitate self-administration, demonstrate use and implement return demonstration. (Lock box, large print MAR etc.)
9. Nurse to check with resident each shift for appropriate medication administration.
10. Licensed nurse to monitor for medication side-effects, adverse events, and provide ongoing education. (Provide information on side-effects as needed). If resident is self-administering a controlled substance, the nurse will reconcile the medication number with the documentation each shift.
11. If self-administration is determined not to be safe, the IDT will consider, based on the assessment of the resident's abilities, options that allow the resident to actively participate in the administration of their medications to the extent that is safe (i.e., the resident may be assessed as not able to self-administer their medications because they are not able to manage a locked box in their room, but they may be able to get the medications from the nurse at a designated location and then safely self-administer them).
12. If resident has a planned discharge and self-administration of medication is part of the discharge care planning, the nurse will provide education, monitoring and documentation per individualized plan of care.

Resident Name: _____ **MR #** _____ **Room#** _____



13. The resident or resident representative, if applicable, will sign the Self-Administration Policy Signature page indicating their right to self-administer medications, choice and determination.

SIGNATURE:

I have been informed of my right to self-administer medications and I choose to defer this responsibility to the facility.

(Signature of Resident or Resident Representative)

(Date)

I choose to self-administer medications. I understand that this decision will be reviewed by the interdisciplinary team as stated in the above guidelines. I understand that I will be informed of the decision of the team.

(Signature of Resident or Resident Representative)

(Date)

Resident is not a candidate to self-administer medications due to: _____

(Signature of Nurse)

(Date)

Resident Name: _____ **MR #** _____ **Room#** _____