

SELF-MEDICATION ADMINISTRATION ASSESSMENT FORM

Location: _____	Date of Determination: _____
Name: _____	Case# : _____

Self-Med Administration Criteria	YES	NO
1. The person can effectively verbalize understanding of the purpose for the medication(s)		
2. The person can effectively verbalize common possible side effects , including: <ul style="list-style-type: none"> i. What to do if dose is missed ii. What to do if extra does(s) taken iii. What to do if adverse reactions occur 		
3. The person can recognize the medication(s)		
4. The person can perform return demonstration/correctly verbalize how and when meds will be self-administered including the appropriate documentation		

The MAS RN/LPN shall make one of the following determinations:		YES	NO
A	CAN self-medicate independently		
B	Can self-medicate with LIMITED assistance (Describe limitations below)		
C	Can self-medicate, but REFUSES to do so		
D	Other: (Describe limitations below)		

<u>Assistance with medications by a MAC Worker is authorized by the MAS Nurse</u> (Check "Yes" here if MAC Workers will assist with med administration)		
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privacy and dignity. Assessing for safe and accurate medication administration is the MAS nurse responsibility and should be completed with the expectation that the people served in ADMH certified community programs are both encouraged and allowed to maintain as much independence as possible, including the right to retain control of their medications when it can be done safely. A person with the mental and physical capacity to develop increased independence in medication administration should be supported with self-administration instruction/education/training.

SIGNATURE OF MAS RN/LPN MAKING THE DETERMINATION:

MEDICATION TRAINING RECOMMENDED

MAS RN/LPN GOAL/RATIONALE/NOTES:
