Self Administration of Drugs

Objective:

1. The facility permits residents to self-administer their drugs and medications unless such practice for the resident is deemed unsafe.

Procedure:

1. Should a resident wish to self-administer his or her own drugs or medications, the care planning team will assess the resident's mental, physical, and visual ability to determine if the resident is capable of self-administration of drugs and medications.

2. Until a decision is made by the care planning team, drugs will continue to be administered in accordance with facility policies governing the administration of medications.

3. Should the care planning team determine that the resident is unable to carry out this responsibility for safety or physical reasons, the resident will not be permitted to self-administer his or her drugs or medications.

4. Should the care planning team determine that the resident is able to carry out this responsibility, the resident will be placed in a medication self-administration program.

5. Drugs and medications will be stored in a safe and secure place designated by the Director of Nursing services.

6. Quarterly reviews during care plan conference will include a re-evaluation of the resident's continued ability to safely self-administer their medications or drugs.
Self-Medication Administration Program

1. PRSC/SSA and Nurse complete their respective sections of the Prescreen for Eligibility for Self-Medication Education and determine resident’s eligibility for Self-Medication Education. Both PRSC/SSA and Nurse must determine that the resident meets the eligibility requirements for participation. For those resident who are determined to be ineligible, deficit areas will be care planned according to IDT priorities, as appropriate. A copy of the Prescreening form will be placed in the resident’s record. Facilities using EHR will have a copy of the form scanned and document attached to their medical record file.

2. A care plan will be developed to address the Self-Medication Administration Program.

3. PRSC/SSA and Nurse will conduct their sections of the protocol for Self-Medication Administration for eligible residents either in a group or individually.

4. Nursing will supervise a one-month practicum during which time resident(s) demonstrate the ability to come on time for his/her medications (MI facilities) and to correctly administer his/her medication him/herself.

5. Following successful completion of the one-month practicum, the Nurse will complete the Competency Criteria for Self-Medication Administration form. A copy of the Competency form will be placed in the resident’s record. Facilities using EHR will have a copy of the form scanned and document attached to their medical record file.

6. If the nurse determines the resident has met all the requirements necessary to be able to administer his/her own medication, the nurse will inform the respective physician(s) and obtain an order for Self-Medication Administration.

7. Once an order has been obtained, the information will be communicated to all nurses passing medications.

8. The Nurse will label on the top of the Medication Administration Record: Self-Medication Program. Facilities using HER will identify Self-Medication Program on each medication order in the Special Instructions section of the order.

9. The resident is expected to present him/herself to the nurse at the appropriate medication pass time for all medications including PRNs.

10. The resident is expected to identify name, dose, frequency and route of medication prior to self-administration.

11. When asked by the nurse, the resident is expected to identify common side effects of their medication(s).

12. The resident prepares their own medication under the supervision of the nurse. In rare circumstances, the nurse may be required to administer the medication while the resident is participating in the self-medication program.
13. After observing the resident prepare and take the medication, the nurse will record the medication as taken by using the self-medication code (if codes being used by the facility) or initialing under the correct date and time.

14. Nursing will complete a written monthly progress note for all residents participating in the self-medication program. This note may be incorporated into the monthly summary.

15. Once a resident is successfully participating in the self-medication program and a new medication is ordered, the nurse will review all relevant information with the resident including purpose, targeted symptom, side effects, etc.

16. At the end of 7 days, the resident will verbalize the drug name, dose, schedule, reason and potential side effects. The nurse will document the resident’s ability to self-medicate with the new medication in the progress notes.

17. If a resident who has been successfully self-medicating demonstrates an inability to handle the responsibility, he/she may be reassessed and removed from the program until he/she is able to pass the Competency Criteria again.

18. When a resident leaves the building during the period of medication administration, levels of responsibility follow:

A. Day Pass to Therapeutic Program
   1. How medication is handled at the day program and the medication schedule determines whether the resident must be capable of self-administration to attend the program.
   2. If the resident is able to self-medicate, a physician’s order is required and medication will be packed in an envelope.

B. Day Pass to other than Therapeutic Program

C. Overnight Pass

D. Discharge
## Prescreen For Eligibility For Self-Medication Education

(Medical Records: Do Not Thin while resident is participating in Self-Medication Program)

Resident: ____________________________

### Section 1: To be completed by PRSC.

<table>
<thead>
<tr>
<th>States s/he wishes to self-medicate.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an MDS BIMs score of 13 or greater and has an MDS score of 0 or 1 on Cognitive Decision Making (Section C1000).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Verbalizes acceptance of mental illness and need for treatment (for MI residents only).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Verbalizes awareness of the importance of medication compliance.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has been compliant with medication and treatment regimen.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Would not put him/herself or other residents at risk by self-medicating.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does not abuse prescription medication.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can demonstrate the ability to count.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can discern between one and two objects.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can demonstrate the ability to tell time on the hour and the half hour.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can demonstrate the ability to distinguish the color of medications:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>White: Y / N</td>
<td>Purple: Y / N</td>
<td>Yellow: Y / N</td>
</tr>
<tr>
<td>Black: Y / N</td>
<td>Blue: Y / N</td>
<td>Orange: Y / N</td>
</tr>
<tr>
<td>Brown: Y / N</td>
<td>Green: Y / N</td>
<td>Pink: Y / N</td>
</tr>
<tr>
<td>Can demonstrate the ability to distinguish the shape of medications:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Square: Y / N</td>
<td>Round: Y / N</td>
<td>Oblong: Y / N</td>
</tr>
<tr>
<td>Oval: Y / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can demonstrate the ability to distinguish between size relationships involving two or more objects:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Same size: Y / N</td>
<td>Larger: Y / N</td>
<td>Smaller: Y / N</td>
</tr>
<tr>
<td>Can distinguish between the concepts of:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Small: Y / N</td>
<td>Medium: Y / N</td>
<td>Large: Y / N</td>
</tr>
<tr>
<td>Can demonstrate the ability to distinguish between a capsule and a tablet.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can demonstrate the ability to identify a scored vs. an unscored tablet.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can read a medication label.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**DETERMINATION:**

(NOTE: Deficit (“No”) areas will be care planned according to IDT priorities, as appropriate)

<table>
<thead>
<tr>
<th>Eligible</th>
<th>Ineligible</th>
</tr>
</thead>
</table>

PRSC Signature: ____________________________ Date: ______________
Section 2: To be completed by Nurse

<table>
<thead>
<tr>
<th>Section 2</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can hear adequately with or without assistive device according to MDS (B0200 and B0300).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to understand verbal and written communication according to MDS (B0800).</td>
<td></td>
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<tr>
<td>Is able to express his/her needs and concerns according to MDS (B0700).</td>
<td></td>
<td></td>
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<tr>
<td>Is able to see in regular light with or without eyeglasses/contact lenses or magnifying glass according to MDS (B1000 and B1200).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has fine motor ability sufficient to accurately prepare and administer the medication either independently or with an assistive device.</td>
<td></td>
<td></td>
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<tr>
<td>Is able to pour liquid medication, if applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has no other physical or mental limitation that would present him/her from self-administering medication.</td>
<td></td>
<td></td>
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</tbody>
</table>

DETERMINATION:
(NOTE: Deficit (“No”) areas will be care planned according to IDT priorities, as appropriate)

<table>
<thead>
<tr>
<th>Eligible</th>
<th>Ineligible</th>
</tr>
</thead>
</table>

Nurse Signature: ___________________________ Date: ______________

List Deficit (“No”) Areas:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
**Competency Criteria For Self-Medication Administration**  
(To be completed after completion of Self-Medication Curriculum and Practicum)

Resident: ___________________________________  Date: ____________________

<table>
<thead>
<tr>
<th>For each of his/her own medications, resident is able to:</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>State his/her own medications.</td>
<td></td>
<td></td>
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<tr>
<td>Identify the exact number of tablets or capsules per dose.</td>
<td></td>
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<tr>
<td>State the daily frequency and times of administration.</td>
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<tr>
<td>Accurately measure 10 out of 10 trails any liquid doses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify shapes and colors of each tablet and capsule.</td>
<td></td>
<td></td>
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<tr>
<td>Recite each medication by name, strength, color, purpose, and possible side effects as well as state the time of administration.</td>
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<tr>
<td>Spontaneously approach the medication nurse and initiate a request for each of his medications by name at the correct time of administration.</td>
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<tr>
<td>Timely and correctly administer own medication to him/herself.</td>
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<tr>
<td>Request staff to unlock medication cart and take medication from the punch card container.</td>
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<tr>
<td>Opens medicine container(s) without assistance.</td>
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<tr>
<td>Demonstrate administration of medication by alternate route, i.e. eye drops, inhaler, etc. consistently and accurately.</td>
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<td>If discharge is planned:</td>
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<tr>
<td>Creates and marks documentation or other chart instrument when medication has been taken (i.e. a take-home Medication Administration Record).</td>
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<tr>
<td>Recognizes increasing symptoms and side effects and what to do about them.</td>
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<tr>
<td>Talks to the physician productively about medication issues.</td>
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</table>

The above resident **has met** / **has not met** all requirements to administer his own medication.

Nurse Signature: ___________________________________  Date: ________________
Self-Medication Administration Assessment Tool
(To be used in conjunction with the Competency Criteria Assessment)

Resident: ________________________________  Date: __________________

Instructions:

Prior to self administrating medications, the resident will be required to correctly complete the assessment tool. Any incorrect response will require the nurse to continue to administer medications to the resident.

1. The nurse is to list the prescribed medications in column one.
2. In column two, the nurse is to list the medication dose and schedule.
3. For columns 3, 4, 5, 6, and 7, the nurse will ask the resident about their medication(s). If the resident was able to respond correctly to the question, the nurse will place a + in corresponding box. If response was incorrect, the nurse will place a – in the corresponding box.

<table>
<thead>
<tr>
<th>Can Resident Verbalize?</th>
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<tbody>
<tr>
<td>Drug Name</td>
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Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Group Protocol
(Note: This curriculum can also be used for individuals.)

Name of Group: Self-Medication Administration

Goals: 1) To teach residents the skills necessary to administer their medications in the facility.

2) To prepare residents to safely administer their own medications when they are discharged to the community.

3) To teach residents to be aware of all of the medications they are prescribed as well as any over-the-counter medications they are taking.

4) To make residents aware of the symptoms for which their various medications are prescribed.

5) To educate residents about the side effects of their medications and what to do about them.

6) To make residents aware of all of the safety measures and precautions to use with their medications.

At the end of this group, residents should be able to successfully self-administer their own medication, be aware of their medications, the symptoms for which they are prescribed and side effects associated with the medications, what to do about the side effects, as well as safety measures to take with medication.

Target Population: Residents who have stated an interest in self-medications; Subpart S Level III residents who are in discharge planning being prepared for a less supervised living arrangement; residents who have been determined as eligible to participate in Self-Medication Program by Nursing and PRSC.

Methods: 30 – 45 minute group once or twice / week using topics related to self-medication.

Section I: PRSC classes involve safety and support information.

Section II: Nursing classes involve actual hands-on training in self-medication.

*Classes can be run in tandem with two sessions/week or PRSC could complete all of Section I and then Nursing could complete all of Section II or vice versa.

Section III: One month individual practicum supervised by Nursing during which the resident demonstrates the ability to come on time for his/her medications and to take his/her medication themselves.
Lesson Plans

Section I: PRSC Classes

Topic I: My Psychiatric and Medical Diagnoses

Objective: Resident will list all of his psychiatric and medical diagnoses from the Physician’s Order Sheet.

Topic II: My Prescription Medication – Psychiatric

Objective: Resident will list his/her prescribed medications for psychiatric symptoms from the Physician’s Order Sheet.

Topic III: My Prescription Medication – Medical

Objective: Resident will list his/her prescribed medications for medical symptoms from the Physician’s Order Sheet.

Topic IV: My Over-the-Counter Medication

Objective: Resident will list his over-the-counter medication from the Physician’s Order Sheet.

Topic V: My Symptoms

Objective: Resident will list the symptoms for which he/she is taking his/her prescription psychiatric, medical and over-the-counter medications.

Topic VI: My PRN Medications

Objective: Resident will list his/her PRN Medications and the symptoms for which they are prescribed.

Topic VII: My Medication Schedule

Objective: Resident will list the times of day he/she takes all of their medications.

Topic VIII: My Medication Dosages

Objective: Resident will list the amounts of each drug he/she takes.

Topic IX: My Medication Regimen

Objective: Resident will list all of his/her medications, the dosages and times of administration.
Topic X: How to Read a Prescription Label

Objective: Resident will demonstrate how to read a prescription label.

Topic XI: Rules, Guidelines and Important Information to Note Re: Taking Medications

Objective: Resident will state three rules, guidelines or other information he/she learned about taking medications.

Topic XII: Side Effects: Severe

Objective: Resident will state less severe side effects associated with his medications and what to do about them.

Topic XIII: Side Effects: Less Severe

Objective: Resident will state less severe side effects associated with his medications and what to do about them.

Topic XIV: Hot Weather Reminder

Objective: Resident will state what precautions to take in hot weather when taking medications.

Topic XV: How to Store Medications

Objective: Resident will state how safely to store his medications.

Topic XVI: Skills for Negotiating Medication Issues with the Doctor

Objective: Resident will demonstrate skill in discussing medication issues with Doctors.

Topic XVII: Location of a Pharmacy

Objective: Resident will demonstrate the ability to locate a pharmacy.

Topic XVIII: Payment for Medications

Objective: Resident will demonstrate knowledge of how to pay for medications.

Topic XIX: Prescription Refills

Objective: Resident will state what he/she should do when he/she is running out of medications.
Topic XX: Medication Organization and Management

Objective: Resident will state how he/she plans to organize his/her medications and remember to take them.

Topic XXI: Ability to Find Information about Medication Use and Potential Side Effects

Objective: Resident will state sources of information to learn more about his medications and their side effects.

Topic XXII: Tracking Information to Discuss with the Physician Re: Symptoms and Side Effects

Objective: Resident will demonstrate how to keep a written record of the issues to be discussed with his/her physician.

Section II: Nursing Classes

Topic I: Identification of Medication

Objective: Resident will identify his/her medications placed in a cup by the nurse by shape, color, size, number and purpose of medications.

Topic II: Identification of Medications Requiring Special Handling or Special Instructions

Example: Fosamax, Synthroid, Pravachol or certain Antibiotics which may react with food or other medications

Objective: Resident will identify any of his/her medications which require special handling or special instructions and be able to state the special requirements.

Topic III: Times to Report for Medication

Objective: Resident will state the times he/she is to report for his/her medication.

Topic IV: Medication Administration Record (MAR)

Objective: Resident will be able to read the Medication Administration Record.

Topic V: Reasons for Taking the Medication

Objective: Resident will identify the reasons for taking each of the medications.

Topic VI: Liquid Medications

Objective: Resident will demonstrate the ability to pour liquid medications.
Topic VII: Laboratory Monitoring

Objective: Resident will identify any laboratory testing required to monitor his/her medications.

Topic VIII: Reorders for Medication

Objective: Resident will demonstrate awareness of need to reorder medication.

Topic IX: Prescription Labels and Instructions

Objective: Resident will demonstrate the ability to read the prescription label and an understanding of the instructions thereon.

Topic X: Record of Medication Administration

Objective: Resident will demonstrate how to make record having taken their medication.

Topic XI: PRN Medications

Objective: Resident will describe how to use PRN medications as part of symptom management.

Topic XII: Medication History

Objective: Resident will list medications he/she has taken in the past and effects.

Topic XIII: Allergies, Sensitivities

Objective: Resident will state all of his allergies and sensitivities and how to handle them.

Topic XIV: Medication Interactions

Objective: Resident will state medication interactions which are incompatible with his/her medication regimen.

Topic XV: Childproof Caps / Safety Caps

Objective: Resident will demonstrate the ability to remove childproof caps / safety caps from prescription bottles.

Topic XVI: Monitoring Vital Signs

Objective: Resident will demonstrate the ability to monitor his vital signs, i.e., pulse, blood pressure, blood glucose monitoring, etc., as indicated for his/her particular condition.
Topics XVII: Alternative Methods of Administration

Objective: Resident will demonstrate the ability to take medication in liquid form, use patches, given injections, use ointments/creams/powders or special breathing devices (i.e. inhaler, nebulizer)

Section III: Individual Practicum (supervised by Nursing)

Topic I: Demonstration of Medication Self-Administration for 14 days

Objective: Resident will demonstrate the ability to report for and successfully take all of their medications on the self-medication program for 14 days.
SELF MEDICATION TEST