

MEDICATION RISK ASSESSMENT AND AGREEMENT FORM

Service User Name: _____ Date: _____ Service: _____ SSID _____

POSSIBLE RISK	A-Initial Decision			IF NO	B -SUPPORT REQUIRED TO ENABLE SERVICE USER TO SELF-MEDICATE	C-Final Decision		
	YES	NO	N/A			YES	NO	N/A
Is the service user able to order and collect prescriptions if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Can family members/informal carers collect? • Does community pharmacy deliver? • Consider level 1 support if no other option 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can service user provide a list of their medicines? Do they know where all medicines are stored in the home/service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Contact GP if unable to establish what service user should be taking • Can informal carers tell you where medicines are kept? 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If able to assess, do medicines appear to be stored appropriately and does the service user understand how to store each medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Advise • Seek advice from community pharmacist if necessary 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do quantities of medicines in the house appear to be appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Advise service user or informal carers to return unwanted medicines to the pharmacy • Advise service user to contact GP surgery if large amounts of waste medicines – so repeat prescription can be checked 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does service user know and understand what medicines they should be taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Advise service user/carer to contact GP surgery or pharmacist • Simplification of regime, explanation and/or issue of reminder chart may help • If unable to cope with regime after advice, consider level 3 support 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Is service user aware of date, day, time?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Is help available from informal carers? • Consider safety/storage issues • Consider level 3 support • Inform all relevant parties if storage out of service user's reach is planned 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Does the service user always want to take their medication?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Explore reasons – encourage service user to discuss with GP or community nurse (or assessor to liaise on service user's behalf as appropriate) • Inform GP or Community Nurse if service user considered to be at risk 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Does the service user usually remember to take their medication at the right time?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Can informal carers help? • Can community pharmacist offer reminder chart? • Seek advice from pharmacist/GP, community nurse, community matron 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Can service user read the labels on medicines?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Can an informal carer help? • Seek advice from community pharmacist – may be able to produce larger print labels or consider alternative packaging • Consider level 1 support if no other options 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Can service user remove tablets/capsules from the container themselves?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply alternative packaging, or aids to open? • Consider level 2 or 3 support 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Is the service user able to swallow their tablets/capsules?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Can community pharmacist advise alternative options? • Seek advice from GP 		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Can service user pick up a bottle and pour out a dose of liquid medicine accurately?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply a device to assist? • Consider level 2 or 3 support if no other option 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If applicable, does the service user describe any problems using inhalers?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Seek advice from community pharmacist or nurse • Consider level 2 support if physically unable to manage, even with device to assist 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If applicable, does service user describe any problems instilling eye drops?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply a device to assist? • Consider level 3 support if unable to manage even with assistive device 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Can the Service User retain enough information to ensure they take the correct drug at the correct time?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply reminder aids? • Consider level 3 support if unable to manage even with reminder aids 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Does the Service User understand the importance of his/her medication?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Advise 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is there any known medical reason why self medication should not be allowed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Seek advice from GP • Consider level 3 support if no other alternative feasible 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the Service User administered their own medication previous to admission?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Can informal carers/relatives/GP offer comments on ability of service user to self-medicate? • Consider level 1 or 2 support to identify any issues and keep under review 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have monitoring arrangements to evidence compliance been set and agreed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

General Points

The aim should be to promote independence with medicines wherever possible. Informal carers should be encouraged to help if able. If substantial help is given by informal carers, their contact details should be available and arrangements agreed for unexpected situations e.g. carer illness.

ASSESSMENT OUTCOME

- | | | | |
|---------|--|-------------------------------|--------------------------|
| Level 0 | No Support Required | Service user to Self Medicate | <input type="checkbox"/> |
| Level 1 | Service user needs help ordering and collecting their medicines, reading the labels, reminders on safe storage, occasional verbal reminders to take medicines | | <input type="checkbox"/> |
| Level 2 | As level 1 and also: Service user is responsible and able to manage their own medication but needs help to open containers etc due to physical disability or frailty | | <input type="checkbox"/> |
| Level 3 | Service user unable to take responsibility for their medicines. Tasks form ordering or collecting prescriptions to some direct administration of medicines may be required.
Note: Involve GP or Community Nurse before proceeding with Level 3 arrangements | | <input type="checkbox"/> |

Informal Carer can assist (Details):

Name of Assessor (print) (print)

(sign) Date

Statement by Service User/Agreed Representative:

I confirm that I have given all necessary information to support the planning of any assistance with my medicines

I agree to the support being offered

Signed (Service User) Date

Representative Date

Relationship to Service user Date

FIRST REVIEW DATE:

DATE	REVIEW OUTCOME	SIGNATURE