

Name of Care Home

Self Medication Assessment Tool

Definition

A self medication assessment tool is used for assessing a service users ability to self medicate if they so wish.

Why is a self medication assessment tool necessary?

National Minimum Standards (National Essential Standards from Oct 2010) for Care Homes include that the care provider:

- Supports people who wish to and are capable of self-administering their medicines to do so safely.

To ensure that this is the case **all** service users should be assessed for suitability using a risk assessment tool.

Points of consideration when assessing a service user

In all cases the first priority is the person's wishes. People are free to choose whether or not to keep and take medicines themselves. This important element of choice promotes independence and dignity. If care providers chiefly promote administration of medicines by care workers, residents may not be aware of the support that can be offered to them.

- Care providers should assess any risk to the person who looks after his/her own medicines and the potential risk to other people in the care home.
- Care workers should identify whether people who are confused or lack cognitive awareness can safely keep and take their own medicines. The Mental Capacity Act and linked Code of Practice are key documents to consider.
- For those service users who, following assessment are deemed suitable for self-medication need to be provided with secure storage for keeping their medication in their own rooms.
- Prescribed medicines belong to the person they were supplied for, identified by the name on the label. The care home does not own them, even though care workers may request and take receipt of medicines. This applies whether or not the home provides nursing care.
- People who have a physical or mental disability should not have their medicines automatically given by care workers. Community Pharmacists undertake assessments under the Disability Discrimination Act and may be able to adjust the way that medicines are packed or labelled for individual people in order to promote self-administration. Examples include large print labels if their eyesight is

poor, containers with ordinary caps instead of child-resistant closures that are difficult to open.

- There are reasons why some people do not choose to keep their own medicines, preferring instead to allow the care staff to take the responsibility for them. The service users' choice should always be documented.
- There are situations when people are keen to look after some medicines and not others. An example is when a resident keeps an inhaler for immediate use but prefers the care workers to look after tablets and liquid medicines.
- Risk assessments should involve the residents GP as their knowledge of the resident will aid the decision.

Recording of assessment

All assessments must be formally recorded in the service users care plan and if ever the service user is unable to administer their own medicines i.e. through sudden illness the care provider must document this. The assessments should be reviewed regularly with any change in circumstances clearly recorded.

Suggested Self-Medication Risk assessment tool

	YES	NO	ACTION REQUIRED
1. The service user can verbalise that he or she wants to self medicate.			
2. The service user can explain what each drug is for (not in medical terms) ie. Furosemide – this is my water tablet, Digoxin – this is for my heart			
3. The service user can read the instructions on his/her medications and can verbalise these to you:- a) The dose required b) How many times to be taken c) Any special instructions ie. Before food d) Date it expires			
4. The service user is unable to undertake point 3, have they marked their drug containers with their own symbols, to distinguish between each drug, or have they a checklist designed by themselves?			
5. The service user is aware that their medicine can cause side effects and that any concerns that the service user may have should be reported to the person in charge			
6. The service user will inform the person in charge when his/her medication is “running out”			
7. The service user has the right aids to assist him/her in self medication, ie not child proof containers if the service user has dexterity problems			

	YES	NO	ACTION REQUIRED
8. The service user agrees to store the medication in the secure storage provided in his/her room at all times – for Health & Safety reasons			
9. The service user accepts that any “controlled drug” must be stored in the controlled drugs cupboard in the treatment room. These will still be dispensed as prescribed by their GP			
10. The service user must only take drugs as prescribed for him/her and if any “homely remedies” are used the person in charge is informed in case of any drug interactions.			

Explanation given by:

Is the service user deemed suitable for self-administration Yes/ No

Signature of Nurse/ Senior Carer:

Date:

GPs signature:

Date:

Comments:-