Division of Developmental Disabilities Services

Community Services
Health CareServices Protocol # 5

Self-Administration of Medication Guidelines

Prepared by: Lisa Graves-RN, BSN, Teresa Mumford-RN,
Susan Poore-RN, CDDN
Revised by: Lisa Graves, Consultative Nurse Workgroup,   **Original Date:** August 2010
Kami Giglio-Assistant Director of Community Services   **Revision Date:** January 2023

Approved by: _____   **Date:** 3/8/2023 _____

I. **Objective:** To establish a systematic approach to assess and document the ability of a service recipient to self- administer medication.

II. **Policy:**

Service recipients who take medications and want to self-administer their medications are assessed of their skills and abilities to self-administer medications, provided training to safely self-administer medications when indicated by the assessment, and supported in their independence.

III. **Application:**

- All service recipients receiving Residential Habilitation services from the Division of Developmental Disabilities Services (DDDS).
- All service recipients receiving Day services who take medications while at program.
- Community Services staff and contracted Targeted Case Management staff.
- Authorized Residential Habilitation, Day Services, and Nurse Consultation Providers.

IV. **Definitions:**

A. <u>Self-administration:</u> The process of an individual administering a pharmacological substance to themselves.

V. **Standards:**

A. Whenever a service recipient expresses a desire to self-administer or a team member identifies a service recipient that may be capable of self-administration, a support team meeting will be scheduled to discuss the self-medication assessment and training. The meeting should include the service recipient, his/her family/guardian/ surrogate decision maker (if

applicable), consultative nurse and the service recipient's support team members.

B. All Limited Lay Administration of Medication (LLAM) Unlicensed Assistive Personal (UAP) working with a service recipient in the self-administration training program shall be knowledgeable of all aspects of the program prior to assisting any service recipient with this program. (See section VI for Training Program).

C. During a service recipient's participation in training, UAPs will continue to monitor and record assistance of all medications as outlined in the LLAM curriculum.

D. After being assessed by the nurse (Exhibit A), if the service recipient is found not suited for the self-medication program, the service recipient will continue to self-administer his/her medications to the best of his/her ability with UAP assistance.

E. After being assessed by the nurse, if the service recipient exhibits the skills necessary to self-medicate the self-medication training program will be implemented. (See section VI for Training Program).

F. Once completed, the Self Administration of Medication Assessment Form will be attached to the service recipient's Person Centered Plan (PCP).

G. After 30 days of the Self-Administration of Medication Training (30 independent trial days), a support team meeting will be scheduled with the service recipient, his/her family/guardian/surrogate decision maker, consultative nurse and the service recipient's support team members to discuss the results of the self-medication assessment and training. At that time the team will determine if the service recipient successfully completed the Self-Administration of Medication training or if the training needs to be extended.

H. When the majority of the team are in agreement that the service recipient is willing and capable to self-medicate independently, the Independent Self-Medication Approval form (Exhibit B) will be completed and signed by all relevant parties. The Approval form will indicate the Plan (level of participation) for the service recipient as agreed upon by the team. This form will be attached to the service recipient's PCP along with the completed assessment and completed data form(s) (Exhibit C).

I. The PCP, Significant Medical Condition form and Electronic Comprehensive Assessment Tool (ECHAT) will be updated to reflect his/her level of participation in medication administration. These documents must be updated anytime there is a change in the level of participation in medication administration.

J. A monthly MAR/EMAR will be maintained for any service recipient who self-medicates. If the service recipient is not capable of initialing the MAR/EMAR for each medication, then a UAP may initial to indicate that they observed the service recipient take the prescribed medication. A service recipient must have an individual account in the electronic client data management system in order to

initial their own EMAR.

K. The service recipient must date the medication cards/containers when started and each blister must be dated and initialed when the medication is removed. If the service recipient is not capable of completing these tasks, then a staff may complete the dating and initialing of the card/containers and each blister.

L. UAP staff will review the MAR/EMAR and medication containers for accuracy daily and weekly. Any discrepancies must be documented in a T-log in the service recipient's client data management system and reported to the consultative nurse. Any medication errors must be reported and a General Event Report (GER) completed.

M. Any new medication orders is to be transcribed on the service recipient's MAR/EMAR by a UAP or nurse as outlined in the LLAM curriculum. The new medication or dosage should be reviewed with the service recipient to ensure his/her understanding and ability to self-medicate as prescribed.

N. Staff will monitor/assist with all prescription renewals.

O. A mechanism for monitoring a service recipient's response to self-administering his/her prescribed medication will be described in the ECHAT.

P. If at any time a service recipient is discovered to be unable to safely self-administer his/her medications, self-administration of medications shall stop. A support team meeting should be held to discuss the continuation or discontinuance of the self-administration of medications for that service recipient.
   - Examples (This is not an all-inclusive list) of situations that may warrant the discontinuation:
      1. Service recipient begins refusing medications
      2. The service recipient is found initialing and dating the medication containers and/or MAR/EMAR in advance of the actual medication time
      3. Multiple medication errors are found
      4. General decline in ability to self-medicate

Q. A Self-Administration of Medication Assessment (Exhibit A) will be completed by the RN at least annually and whenever there is a decline in skill level, for service recipients who self-administer medication. This document shall be attached to the service recipient's PCP.

V. Training Program:

- **General Instructions**
    - Training is to take place at the prescribed times of medication assistance.
    - Only a LLAM trained UAP or a nurse may act as the trainer.
    - For each step, the trainer supports the service recipient to perform the task. If the service recipient does not perform the task correctly, the trainer will provide verbal instruction and assistance as needed.
    - For each step that is unfamiliar to the service recipient, the trainer will first demonstrate the correct way of performing the step.
    - As a service recipient increases his/her independence in the skills necessary to self-administer his/her medications, the trainer will decrease or fade the level of assistance.
    - During the training process, staff will continue to document the assistance of medication on the MAR/EMAR.

- **Steps**

    The service recipient will:
    1. Request to take medication at the appropriate time.
    2. Complete hand hygiene.
    3. Obtain food or beverage of choice, as needed.
    4. Select his/her medication for the designated time from the medication storage area and take to designated area.
    5. Compare the label on the medication container with the MAR/EMAR to ensure they have the correct medication and dosage for that time frame.
    6. State the medication:
        a. Name
        b. Dosage
        c. Purpose
        d. Side effects (at least two)
    7. Remove the prescribed medication from the medication container. If two or more medications are involved and the service recipient prefers to take each medication individually; place each medication as dispensed in/on an appropriate surface (i.e., med cup, paper towel, bowl, etc.) to avoid contamination.
    8. Close medication container if applicable.
    9. Take prescribed medication.
    10. For topical treatments: apply medication to prescribed area.
    11. Initial MAR/EMAR for each medication taken (For MAR: initial under the UAP initials, for EMAR: initial in "Detail Mode" in the "Comments" box.)
    12. Initial and date blister card and complete count sheet if applicable.
    13. Return medication to locked storage area.

VI. Exhibits
    A.   Self-Administration of Medication Assessment Form
    B.   Self-Administration of Medication Approval Form
    C.   Self-Administration of Medication Data Form

Division of Developmental Disabilities Services
Community Services

Self Administration of Medication Assessment Form

Individual: _____   MCI Number: _____

Date of Birth: _____   Date of Assessment: _____

Able to:	Code	Comments
Follow verbal directions and instructions		
Recognize written name		
Comprehend simple number concepts		
Complete hand hygiene		
Identify medication container(s) from others in the cabinet		
Obtain medication from designated locked storage area		
Read and compare medication label with MAR		
State the name and dosage of each medication		
Identify the time of day the medication(s) is to be taken		
Identify the purpose and side effects (at least 2) for each medication		
Remove correct amount of medication from container (i.e., blister pack, card, bottle)		
Swallow medication		
Apply topical medication to prescribed area		
Write date on blister card and initial MAR		
Return medication to designated locked storage area		

Coding:
I – Independent
V – Verbal Prompts
G – Gestural Prompts
P – Physical Assistance
0 – Unable to Complete

Signature of Nurse:_____   Date: _____

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Self Administration of Medication Approval Form

This verifies that _____ successfully completed the DDDS Self

Medication Program on _____.

The undersigned are in agreement that _____ continues to

exhibit/exhibits the interest, ability, and skills necessary to self-medicate.

_____	_____
Individual	Date
_____	_____
Registered Nurse	Date
_____	_____
DDDS Case Manager	Date
_____	_____
Agency Case Manager (If Applicable)	Date
_____	_____
Behavior Analyst (If Applicable)	Date
_____	_____
Parent/Guardian/Family Member (If Applicable)	Date

Exhibit C

Self Administration of Medication
Data Form

Individual: _____   MCI#: _____   Month/Year: _____

Goal: _____ will take his/her medication independently for thirty (30) consecutive trials.

I- Independent   V- Verbal Prompts   G- Gestural Prompts   P- Physical Assistance   O- Unable to Complete

Steps	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Requests to take medication at appropriate time.																																
Completes hand hygiene																																
Obtains beverage or food of choice and takes to designated area																																
Selects medication for the designated time from medication storage area; takes to designated area																																
Compares the label with the MAR																																
States the medication name																																
States the medication dosage																																
States the medication purpose																																
States at least two side effects of the medication																																
Removes prescribed medication from medication container																																

Self-Administration of Medication Data Form
Signature Sheet for Page 1

STAFF SIGNATURE AND TITLE	INITIALS

Self Administration of Medication
Data Form- Page 2

Individual: _____   MCI#: _____   Month/Year: _____

Goal: _____ will take his/her medication independently for thirty (30) consecutive trials.

Steps	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Closes medication container if applicable																																
Takes prescribed medication																																
Topical treatments: applies medication to prescribed area																																
Initials MAR for each medication																																
Dates medication card or completes count sheet if applicable																																
Returns medication to locked storage area.																																

Coding:
I – Independent
V – Verbal Prompts
G – Gerstural Prompts
P – Physical Assistance
0 – Unable to Complete

Self-Administration of Medication Data Form
Signature Sheet for Page 2

STAFF SIGNATURE AND TITLE	INITIALS