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 Grave-RN, Ruthanne Jacobs-RN,   **Original Date:** August 2010
Lugeolyn Papa-RN, Sharon Bertin-RN, Kami Giglio,   **Revision Date:** July 15, 2024
John Eirdosh-Director of Community Services
Approved by: _____   Date: _____7/10/24_____

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

II. Policy:

The Division of Developmental Disabilities Services (DDDS) supports service recipients who want to self-administer their medications to be as independent as possible. Service recipients 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 provider-managed Residential Habilitation from the Division of Developmental Disabilities Services (DDDS) in either a Neighborhood Group Home (NGH) or Community Living Arrangement (CLA).
- All service recipients receiving Day services who take medications while at program.
- Service recipients who receive both Supported Living and Nurse Consultation services
- Community Services staff and contracted Targeted Case Management staff.
- Authorized Residential Habilitation, Day Services, and Nurse Consultation Providers.

IV. Definitions:

A. <u>Medication Administration Device:</u> a device that stores doses of medication and dispenses one or more medication doses at pre-programmed intervals. Refer to the Medication Administration Device Healthcare Protocol #6 for the assessment, use, and approval process for the use of devices.

B. <u>Limited Lay Administration of Medication (LLAM):</u> A process regulated by the Delaware Board of

1

Nursing by which LLAM trained Unlicensed Assistive Personnel (UAP) helps service recipients take or receive medication as ordered for the service recipient by a licensed healthcare practitioner authorized to prescribe.

C. <u>Self-administration</u>: The process of a service recipient administering a pharmacological substance to themselves.

V. **Standards**

A. When 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 conducting a self-medication assessment. 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. If the service recipient does not have a consultative nurse, a DDDS nurse will be assigned to participate in the support team meeting, conduct the assessment, and assist in writing the person-centered plan necessary to support self-administration as described below.

B. For service recipients who receive Nurse Consultation service, the Self Administration of Medication Assessment Form (Exhibit A) must be completed by a Registered Nurse currently licensed in the State of Delaware or compact state, and attached to the service recipient's Person Centered Plan (PCP) after it is completed along with a detailed description of the tasks the service recipient is not able to do independently and with which they continue to require assistance from LLAM trained UAP. The Significant Medical Conditions form and Electronic Comprehensive Assessment Tool (ECHAT) must also be updated to reflect his/her level of participation in medication administration if the service recipient receives Nurse Consultation. These documents must be updated anytime there is a change in the level of independence in medication administration.

C. For service recipients who do not receive Nurse Consultation service, the Self Administration of Medication Assessment Form (Exhibit A) must be completed by a Registered Nurse currently licensed in the State of Delaware or compact state, and attached to the service recipient's Person Centered Plan (PCP) after it is completed along with a detailed description of the tasks the service recipient is not able to do independently and with which they continue to require assistance from LLAM trained UAP. This document must be updated anytime there is a change in the level of independence in medication administration.

D. Service recipients whose assessment determines they are capable of full independence in self-administration will be supported to begin self-administering their medications immediately. The Self-Administration of Medication Approval Form (Exhibit B) will be completed, signed by all relevant parties, and attached to the service recipient's PCP along with the Assessment.

E. Service recipients whose assessment determines the need for self-administration training or LLAM trained UAP assistance with administration will be provided with these supports and encouraged to participate in

the medication administration activities they can complete. A Training Program will be developed by the support team under the direction of the nurse to support the service recipient in learning the full self-administration process. (See section VI of this protocol for information on the Self-Administration Training Program.)

F. All Limited Lay Administration of Medication (LLAM) Unlicensed Assistive Personal (UAP) assisting a service recipient in any part of their medication administration or participating in a Self-Administration of Medication Training Program must be a LLAM trained UAP in good standing and must follow all LLAM protocols as taught in the Delaware Board of Nursing (BON) approved curriculum. A LLAM trained UAP may not complete any tasks outside of the defined tasks approved by the BON. 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.

G. After 30 days of the Self-Administration of Medication Training Program (30 independent trial days), a support team meeting will be scheduled with the service recipient, his/her family/guardian/surrogate decision maker, consultative nurse (or DDDS nurse) and the service recipient's support team members to discuss the results of the self-medication training. At that time the team will determine if the service recipient has successfully completed the 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-administer independently, the Self-Medication Approval Form (Exhibit B) will be completed and signed by all relevant parties. The form will not be valid without the required signatures. This form must be attached to the service recipient's PCP along with the completed Assessment. The Significant Medical Conditions form and Electronic Comprehensive Assessment Tool (ECHAT) must also be updated to reflect that the service recipient is approved for self-administration. These documents must be updated anytime there is a change in the level of independence in medication administration.

I. A monthly MAR/EMAR will be maintained for any service recipient who self-administers and lives in a provider-managed setting. If the service recipient is not capable of initialing the MAR/EMAR for each medication, then a LLAM trained UAP may initial (using their own initials) 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. If the service recipient is not capable of initialing the MAR/EMAR on their own and need a LLAM trained UAP to initial, this must be indicated in the service recipient's PCP.

J. Service recipients who self-administer and live in a provider-managed setting must keep a "loose medication count" for any medications not contained in a blister pack or in packaging that cannot be written on, 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 LLAM trained UAP may assist with counting and/or complete the dating and initialing (using their own initials) of the card/containers and each blister. If the service recipient is not capable of completing the count or initialing the medication cards/containers or blisters on their own and need a LLAM trained UAP to count and/or initial, this must be indicated in the service recipient's PCP.

K. Service recipients living in a provider-managed setting must keep their medications locked per regulation , either locked in a space in their rooms, locked in a medication administration device, or kept in the medication administration storage area in the home. Controlled medications must be double-locked with locks requiring separate keys. If the service recipient must take their medications at day program, they must travel with and keep the medications in a locked bag or box so no one else can access their medications.

L. Service recipients living in a provider-managed setting must maintain count sheets for controlled medications with a LLAM trained UAP acting as the second count and signing the count sheet with the service recipient. If the service recipient is unable to sign the count sheet, the LLAM trained UAP may initial the count sheet on behalf of the service recipient. If the service recipient is unable to count the medication, then two LLAM trained UAPs must complete the count and each sign the count sheet. If the service recipient is not capable of initialing the count sheet on their own or completing the count and need LLAM trained UAPs to initial or complete the count, this must be indicated in the service recipient's PCP.

M. UAP staff will review the MAR/EMAR, medication counts, and medication containers for accuracy at least 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 or program manager if there is no consultative nurse. Any expired medications must be dealt with according to LLAM guidelines. Any medication errors found must be reported in Wellsky and a General Event Report (GER) completed. Medication errors made by the service recipient do not need to be reported on the LLAM Monthly Medication Error Report but must be reported in Wellsky and recorded in a GER. Medication errors made by a LLAM trained UAP must always be reported in Wellsky, on the LLAM Monthly Medication Error Report and recorded in a GER. The Consultative Nurse will check the MAR/EMAR , medication counts, and medication containers for accuracy when they complete an onsite Medication and Health Review.

N. Any new medication orders for service recipients living in a provider-managed setting are 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 must be reviewed with the service recipient to ensure his/her understanding and ability to self-medicate as prescribed. LLAM trained UAPs will observe the service recipient self-administer the new medication for at least one week to ensure they understand how and when to take it. This observation should be recorded in a T-log each time an UAP completes an observation. If the service recipient needs LLAM trained UAP assistance with taking the new medication for longer than a week, the Consultative Nurse (or DDDS nurse) must be notified and a team meeting should be held to determine if a Training Plan should be implemented, per Standards F and G above.

O. Any discontinue orders for medications for service recipients living in a provider-managed setting are to be transcribed on the service recipient's MAR/EMAR by a UAP or nurse as outlined in the LLAM curriculum. The discontinued medication must be disposed of immediately according to LLAM guidelines. Discontinued controlled substances must be removed from the service recipient's possession, labeled as "discontinued", and placed in the double-locked controlled-substances medication administration area of the home for the nurse to dispose of. Controlled count sheets must be maintained for any discontinued controlled substance until it is disposed of, per LLAM. A T-log should be written any time a medication is discontinued for a service recipient who self-administers with details

about how many doses were disposed of and what was done with the medication.

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 and the medications for only that dose shall be administered by a LLAM trained UAP. If three consecutive errors are made or two or more errors per week for a period of not less than 2 weeks, 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 to take their medications regularly. The Consultative Nurse must be notified immediately when staff are aware the service recipient is not taking their medications as prescribed. The Consultative Nurse will evaluate the type of medication and reason for the medication and determine how to proceed. If there is no Consultative Nurse assigned, the prescribing healthcare provider must be immediately notified.

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.

5. Service recipient communicates they no longer wish to self-administer.

Q. A Self-Administration of Medication Assessment (Exhibit A) will be completed by the nurse 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.

R. Service recipients living in provider-managed settings may use medication administration devices approved by the Division for use. Please see Medication Administration Devices Healthcare Protocol #6 for more information.

S. Service recipients who live in provider-managed settings and are insulin dependent must self-administer insulin or have skilled nursing in place to administer insulin. Please see Diabetes Management Healthcare Protocol #7 for more information.

T. Service recipients who live in their own home and receive Supported Living drop-in supports and are receiving nurse consultation must be assessed by the nurse for their ability to self-administer

medications. If the service recipient is not able to self-administer and/or requires staff support with medication management, staff providing any assistance with medications must be LLAM trained UAPs and must follow LLAM requirements. The consultative nurse should assist the service recipient in exploring assistive technology or medication administration devices that may increase their independence. (Please see the DDDS Community Services Guidance Document "Nurse Consultation Guidance for Supported Living" July 15, 2024, and other Healthcare Protocols for more information.)

VI. Training Program:

a. General Instructions

1. The support team must develop a person-centered Training Program, under the direction of the nurse. The Training Program must be added to the Person Centered Plan.

2. An Individual Service Plan (ISP) must be created by the residential provider in the client data management system to track the implementation and success of the Training Program. A LLAM trained UAP must document on the ISP each time the service recipient participates in the Training Program. The ISP entries must document the service recipient's level of independence in self-administration and any assistance provided by the UAP, per the Training Program in the Person Centered Plan.

3. Training is to take place at the prescribed times of medication assistance.

4. Only a LLAM trained UAP or a nurse may act as the trainer.

5. 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.

6. For each step that is unfamiliar to the service recipient, the trainer will first demonstrate the correct way of performing the step.

7. 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.

8. During the training process, staff will continue to document the assistance of medication on the MAR/EMAR, demonstrating this skill to the service recipient and assisting them in double-signing (see b.11 below.)

9. For medications that a service recipient self-administers, but a

LLAM trained UAP is not allowed to assist with (ex: insulin injections), the consultative nurse shall write out clear instructions on how the service recipient should administer the medication. The LLAM trained UAPs shall observe the service recipient administer the medications using the instructions to ensure compliance and will call the nurse for guidance or transport the service recipient to the Emergency Room for evaluation if the medication was administered improperly.

b. Steps

The service recipient will:

1. Request to take medication at the appropriate time.

2. Gather all medication and supplies needed for that particular administration.

3. Complete hand hygiene.

4. Obtain food or beverage of choice, as needed.

5. Select his/her medication for the designated time from the medication storage area and take to designated area.

6. Compare the label on the medication container with the MAR/EMAR to ensure they have the correct medication and dosage for that time frame. During the training program, the UAP observing must also compare the healthcare provider's orders to the MAR/EMAR and prescription label to satisfy the three checks required by LLAM. If the UAP discovers a discrepancy the consultative nurse or residential program manager must be notified immediately.

7. State the medication:
   a. Name
   b. Dosage
   c. Purpose
   d. Side effects (at least two)

8. 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.

9. Close medication container if applicable.

10. Take prescribed medication.

11. For topical treatments: apply medication to prescribed area.

12. For medications that need to be prepared, such as a powder, the preparation of that medication shall be performed according to the directions and taken as prescribed.

13. Initial MAR/EMAR for each medication taken (For MAR: initial under the UAP initials, for EMAR: initial in "Detail Mode" in the "Comments" box.)

14. Initial and date blister card and complete count sheet if applicable.

15. Return medication to locked storage area.

16. Complete hand hygiene.

VI. **Exhibits**

A. Self-Administration of Medication Assessment Form

B. Self-Administration of Medication Approval 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: _____

1.1.2023

Exhibit B

Division of Developmental Disabilities Services
Community Services

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

1.1.2023