



Division of Developmental Disabilities Services
Community Services

Self-Administration of Medication Using a Medication Administration Device
Assessment Form

Individual: _____

MCI Number: _____

Date of Birth: _____

Date of Assessment: _____

Able to:	Code	Comments
Follow verbal or gestural directions and instructions		
Request to take medication(s) at the appropriate time		
Complete hand hygiene		
Gather medication supplies needed		
Obtain food or beverage of choice		
Locate medication device and take to the designated medication area		
Activate medication administration device to dispense prescribed medications (reference the manufacturer's guidelines for the specific device used)		
Remove medication from the medication administration device		
Take prescribed medication(s)		
For routes other than oral: apply or instill medication as directed by the HCP		
Initial MAR/eMAR (if used) for the medication time (to indicate all medications that were dispensed by the machine were taken)		
Return device to designated medication storage area		
Complete hand hygiene		

Code:
I – Independent
V-Verbal
G- Gestural
P- Physical Assistance
S- Self Direct
O- Unable to Complete

Signature of Nurse: _____

Date: _____