

# MEDICATION SELF-ADMINISTRATION ASSESSMENT

**REASON FOR ASSESSMENT:**  Move-In/Admission  Readmission  
 Change of Condition  Annual  Other: \_\_\_\_\_

DATE OF ASSESSMENT: \_\_\_\_\_

ASSESSMENT CRITERIA	NOT APPLICABLE	FULLY CAPABLE	ABLE WITH ASSIST	UNABLE
1. Correctly reads and follows instructions for use on each medication container	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Correctly states what each medication is prescribed for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Correctly states common side-effects of each medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Correctly states the time each medication is to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Correctly states the proper dosage for each medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Demonstrates ability to open/close medication containers correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Correctly measures the appropriate amount of medication from each container	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Correctly records self-administration of each medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Demonstrates secure storage for all medication kept in room/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Correctly states situations warranting administration of PRN medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Correctly documents the administration of PRN medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Correctly administers eye drops and/or eye ointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Administers ear drops correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Administers rectal suppositories correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Administers vaginal suppositories correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Administers inhalant medications correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Applies topical ointments, creams or transdermal patches correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Demonstrates administration of subcutaneous injections correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### ASSESSMENT RESULTS/DETERMINATION

- Resident is deemed able to safely self-administer medications.
- Resident is deemed unable to safely self-administer medications for the following reason(s): \_\_\_\_\_
- \_\_\_\_\_
- Resident requires staff assistance to administer medications. Specify: \_\_\_\_\_
- Physician notified of assessment results  No  Yes, date: \_\_\_\_\_
- Physician orders received re: self-administration of medications  N/A  No  Yes, date: \_\_\_\_\_
- Self-administration or assistance addressed in service/care plan  No  Yes, date: \_\_\_\_\_

Resident/  
Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Completed by Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Next Reevaluation Date: \_\_\_\_\_

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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# MEDICATION SELF-ADMINISTRATION ASSESSMENT

## NOTES/COMMENTS

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NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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